~~371.4~~
147A f.

THE TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

Published under the Auspices of the American Medical Press Association.

*

WILLIAM F WAUGH, A.M., M.D., Managing Editor.

*

VOL. XX. PART I. JULY, 1889, TO JANUARY, 1890.

*

PHILADELPHIA AND NEW YORK:
THE MEDICAL PRESS COMPANY, LIMITED,
1889.

The Times and Register.

A Weekly Journal of Medicine and Surgery.

Philadelphia Medical Times.
Vol. XX, No. 556.

PHILADELPHIA, MAY 4, 1889.

The Medical Register.
Vol. V, No. 18.

ROYAL COLLEGE OF SURGEONS LIBRARY 17 MAY 89

PAGE

CLINICAL LECTURE.

ARTIFICIAL FECUNDATION AND POSITION DURING COITION. By Dr. Luteaud, Paris, 1

ORIGINAL ARTICLES.

AUTO-INOCULATION IN TUBERCULOSIS. By Lawrence F. Flick, M.D., Philadelphia - 3

A CASE OF ABNORMAL DEVELOPMENT. By W. D. Bidwell, A.M., M.D., Leavenworth, Kan. - - - - - - - - - - - - - - - 4

AN ENORMOUS MULTILOCULAR OVARIAN CYST SUCCESSFULLY REMOVED. By Wm. S. Stewart, M.D. - - - - - - - - - - - 5

PHYSIOLOGICAL MORALITY. A Contribution to Social Science and Preventive Medicine. By F. S. Billings, M.D. [Concluded], 6

HOSPITAL NOTES.

UNIVERSITY HOSPITAL:
Acute Rheumatism Resulting in Ankylosis. *Pepper* - - - - - - - - - - - 8
Paraplegia from Spinal Concussion. *Ashhurst* - - - - - - - - - - - - - - 8

PHILADELPHIA HOSPITAL:
Paralysis Agitans. *Sinkler* - - - - - - 8
Arthritis. *Ransley* - - - - - - - - - 9
Abscesses in Diarrhœa. *Ransley* - - - - 9
Bubo. *Ransley* - - - - - - - - - - - 9

MEDICO-CHIRURGICAL COLLEGE:
Sarcoma. *Garretson* - - - - - - - - 9
Emphysema. *Waugh* - - - - - - - - - 9
How to Give Ether. *Pancoast* - - - - - 9
How to Cut for a Needle. *Pancoast* - - - 9
Mammary Fibroma. *Pancoast* - - - - 9

LONDON LETTER. *D. Williams*
The Cord in Epilepsy - - - - - - - - - 9
Precancerous Conditions of the Tongue - - 10

PAGE

Excision of the Tongue - - - - - - - - 10
Treatment of Strumous Glands - - - - - 10
Iodoform and Hydro-naphthol - - - - - 10
Milk Diet in Tropical "White Flux" - - - 11
Syphilis from Tattooing - - - - - - - - 11
Sizing Cotton Goods - - - - - - - - - 11
The Royal College of Surgeons - - - - - 11
Cocaine Poisoning - - - - - - - - - - 11

EDITORIAL.

SALUTATORY - - - - - - - - - - - - 12

ANNOTATIONS.

The Services - - - - - - - - - - - - 12
Art Studies in Medicine - - - - - - - - 13
The Dispensary Nuisance - - - - - - - 13
Obscure Epidemic Influences - - - - - - 13

LETTERS TO THE EDITOR.

ANOMALOUS CASES IN PRACTICE. *T. G. Stephens* - - - - - - - - - - - - 14
Hydrocephalus - - - - - - - - - - - - 14
Bilateral Fracture of Inferior Maxilla - - 14
Compound Fracture of Humerous - - - 14
Permanent Cure of Hydrocele - - - - - 14

TYPHOID FEVER. *W. O. Mendenhall* - - - 14

MULTIPLE ARTICULAR ABSCESSES IN INFANTS—RECOVERY. *Wm. S. Cary* - - - 15

DIVISION OF TENDO-ACHILLIS. *George Davenport* - - - - - - - - - - - - 16

NOTES FROM PRACTICE. *J. E. Meachan* - 16
Whooping-cough - - - - - - - - - - 16
Convulsions - - - - - - - - - - - - 16
Embolus of Popliteal Artery - - - - - 16
Bleeding in Apoplexy - - - - - - - - 17
Cancer of the Tongue - - - - - - - - 17

PRACTISING IN PARIS - - - - - - - - 17

PAGE

BOOK REVIEWS.

Electricity in the Diseases of Women. *Massey*, 17
Aix les Bains. *Monard* - - - - - - - - 17
The St. Louis Polyclinic - - - - - - - - 17
Annales de la Polyclinique de Bordeaux - - 17
Pamphlets - - - - - - - - - - - - - 17

ABSTRACTS.

Variola and Cocaine. *Cerni* - - - - - - 18
Tar with Iodoform. *Ehrman* - - - - - - 18
Hysteria and Pregnancy. *Brennan* - - - 18
Occiput Posterior. *Comstock* - - - - - - 18
Placenta Prævia. *Lancet* - - - - - - - 18
Trypsin in Diphtheria. *Merck's Bulletin* - 18
Coryza. *Carpenter* - - - - - - - - - 18
Respiration by Nose and Mouth. *Smelster* - 18
Nitrite of Amyl - - - - - - - - - - - 19
Massage. *Provincial Medical Journal* - - - 19
Examination of Urine. *Lancet* - - - - - 19
Treatment of Tetanus by Rest. *Rienzi* - - 19
Diphtheria. *Morot* - - - - - - - - - - 20
Toxic Effects of Cocaine. *British Med. Jour.* 20
The Potato Cure *Billroth* - - - - - - - 20
Erysipelas. *Behrend* - - - - - - - - - 20
Electrolysis in Stricture of the Œsophagus. *Fort* - - - - - - - - - - - - - - 20
Syphilis. *Gentz* - - - - - - - - - - - 20
Cocaine in Smallpox. *Ory* - - - - - - - 20
Pharmacology and Therapeutics. *Lancet* - 21
Cure of Bunions by Phenic Acid. *Salemi* - 21
Recent Statistics of Rabies - - - - - - - 21

MEDICAL NEWS AND MISCELLANY, 22

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - 24

NOTES AND ITEMS.

Advertising Pages - - - - - - iv, xiv, xviii

Clinical Lectures.

ARTIFICIAL FECUNDATION AND POSITION DURING COITION.

BY DR. LUTEAUD,
PARIS, FRANCE.

(From advanced sheets furnished exclusively to the Times and Register, by Thomas Linn, M.D.)

GENTLEMEN: Artificial fecundation had been tried on the inferior animals during the century before this, but Swammerdam and Roesel did not have any success with it, and it was the naturalist Spallanzani, in 1767, who made the first successful experiments in dogs. The prejudices of that time prevented him from trying it on man, although he several times expressed his belief that it was possible to produce fecundation in human beings as well as in animals. The first success in man we know of was made by Hunter, in 1799. The famous surgeon gave a consultation to a man who was afflicted with hypospadias, and wished to become a father. He was advised to inject the sperm, which he could only deposit in the vagina, and the injection was followed by a complete success. Girault gave the first authentic cases of artificial fecundation; which he obtained by injecting the fluid into the uterus, using a urethral sound and blowing the sperm through it. In 1869, he published twelve observations, the first of which dated from 1838; twenty-seven injections were made in all and only two cases failed, while none of them had any complications. Marion Sims, in 1866, related a case of success, and the same year Gigon published a thesis on the subject with several observations. In 1871, Courty gave a short account of the operation, and Professor Pajot now recommends it. He thinks it is advisable, *after all other means have failed*, and he proposes for the operation a new instrument, which he calls a "*fécundateur*," (which consists of a gutta percha sound terminated by a little sack or ampulla). Pajot advises artificial fecundation not only in the case of malformation in man, and in uterine deviation in woman, but also in sterile unions, where the spermatozoids are not found imperfect or wanting. Leblond, in his treatise on gynecological operations, gives this operation; so that it may be said, in fact, that all the classical authors admit its performance. Dr. Luteaud believes, with Pajot, that it is only to be tried after all other methods have failed. This is a fundamental point, but it is to be asked, all the same, if it might not be advised before performing amputation of the os, which, if it does not constitute a real danger to life, still is a traumatism that has certain dangers. This question may be left to a certain extent to the person most interested. There are women who prefer an operation to simple injection into the uterus, owing to the shock given to their modesty, which is perfectly legitimate, but these remarks do not apply to those cases where the operation of amputation is advised for other reasons than simple sterility.

It is understood that artificial fecundation is not to be attempted *after the meno-pause*, and it is also contra-indicated in cases of malformation of the pelvic

or genital organs in woman, and again in atrophy of the uterus. The existence of chronic pelvi-peritonitis gives but little chance of success, and again metritis and endometritis, with all the inflammatory uterine troubles, will prevent conception, unless they are treated and cured first of all. The operator must be certain that the fecundating fluid contains spermatozoids, for while we know but little of the pathology of these corpuscles we do know that sperm without them is useless; the microscope must then be used first. Then there are several *moral* considerations for the physician to consider. If there is a tubercular, cancerous, or even scrofulous diathesis present in one or both of the parents, ought he to advise progeny? No! Nature herself often refuses in such cases, as there may well be imperfect beings created. A first condition of success is that the menstrual molimen exists, and as said before, that the spermatozoids are present, while no malformation opposes conception and delivery. Modern physiological researches tend to prove that fecundation in women takes place before the menses rather than after the period, so that it is advisable to attempt artificial fecundation during the three or four days before the menses are expected; then, if there is a failure it can be tried again during the week after the period.

As to the method of operation: A large number of plans have been proposed, but only those will be mentioned which are compatible with the dignity of a physician and the modesty of woman. Marion Sims's operation is well known in America. It consists of an injection with a glass syringe with a rounded bulb on the end, and he insisted that only one drop be injected, as he feared that the uterus would contract and expel any larger quantity, but it has since been found that the uterus will retain two or three drops. Courty's method is something the same, except that he collected the fluid by advising the use of a condom cover to retain it. Professor Pajot's method consists in a syringe arranged to collect the sperm by aspiration and injecting it into the os some two or three centimetres. He first used the touch to find the os, but now operates *de visu*. Four or five attempts are as many as it is worth while to try, these to be done at the menstrual periods as mentioned. Any physician who is accustomed to passing a sound into the uterus, can do it. The most important point is in regard to the cervical canal. The operator must assure himself that it is permeable and also see what its direction is, so that at the last moment he will not have to lose time. This information should be secured some time ahead, and it is also well, beforehand, to institute a treatment of the vaginal mucous membrane. It is now well known that the vaginal secretions are often acid and that this condition is almost surely destructive to the spermatozoids. So that a treatment by alkaline injections should be commenced a week or more beforehand. M. Luteaud recommends a solution of nitrate of potash (1–1000) morning and evening injections. The husband must be advised to abstain for a certain time, so that the quality and quantity of the secretion will be secured. A basin is prepared with hot water (40°, centigrade) and a Ferguson speculum with a special form of intra-uterine sound is placed in it. Then the moment the coition is over, the operator is introduced, when by *Luteaud's* method, he simply passes the speculum, which collects the liquid by pushing it towards the os uteri. The special sound is then introduced with a rubber bulb on it, a few drops of the liquid is aspirated, and at once injected into the uterus. A small vaginal tampon of borated cotton is passed, to be left against the os for a few hours, and the patient is advised to remain in bed during that time.

M. Luteaud gives his statistics. He practiced artificial fecundation in twenty-six cases, in women from twenty-seven to thirty-nine years of age He only claims relatively little from it, for he had only two cases of entire success; besides one of hypospadias, and two other cases of incomplete success, where there had been conception produced, but abortion came on within three months. At the same time he feels that it is an operation that should be advised in the cases mentioned.

Position during Coition.—Dr. Luteaud concludes his lectures by some practical considerations on coition, which, as he says, is an impetuous act accomplished under the influence of an instinctive impulsion, without reflection, and in certain cases a physician should study the conditions under which it takes place so that he can give the interested parties good scientific advice that may allow them to succeed in the reproduction of the species. This result can sometimes be attained by a careful study, based on physiology and on the situation of the organs in the female, which are often so modified, that it is difficult if not impossible for the sperm to penetrate the cervical canal. The object of coition, practiced for fecundating purposes, is to introduce sperm into the uterus, or at least, to *project* it against the os uteri: and a doctor, consulted by a sterile woman, should inquire if coition has been so practised that that object could be obtained. He should also examine if the male organ is properly formed, if the os uteri is in the axis of the vagina, and if there are no false vaginal passages. Finally, he should see if there are not certain positions or attitudes that he could advise in the case given, that would produce the result desired, that is, to place the organs under the most favorable conditions for fecundation. Certain defective male organs are more frequent than we think (epispadias and hypospadias), and the physician should always examine the husband. Pajot has often insisted upon the *false routes* that may be created in the vagina, owing to deviations of the uterus, or to a conical disposition of the os, and, above all, to a hypertrophy with elongation of the uterus, which allows the male organ to penerate into one of the vaginal *cul-de-sacs*. The sperm is then destroyed by the acidity of the secretion, and conception is prevented. This goes on, for coition being usually performed in a uniform manner, the false route becomes a permanent one, and becomes a cause of infecundity that only increases with time. Uterine deviations are the principal cause that most often places the mouth of the organ out of the axis of the vagina. These are so well known that it is useless to describe them, but it is well to inquire if it is not possible to remedy these defective conditions by advising *certain positions dur-*

ing coition, which may bring the glans penis in more direct contact with the os uteri.

In the human species sexual intercourse takes place, as a rule, in the *dorsal decubitus*. The vertical transformation of man, which has taken place so gradually, did not, however, allow any extra accommodation to the uterus for the present upright position of woman, and the organ keeps the identical situation that it has in monkeys and other quadrupeds. It is normally in anteversion, and forms an angle with the vagina, which makes a most unfavorable condition for fecundation, according to the method of coition as practised by our race. It results from this, that the position *more canum* is the most favorable one for conception. This is confirmed by clinical experience and by a mechanical study of the organs. One has only to place a patient in the genu-pectoral position and apply the Sims' speculum to see how easily the os is reached in such a position. Not only is it more accessible, but it also changes the situation so that it, for the moment, at least, cures the retroflexion and the vaginal false passages that may have existed.

It is, therefore, well to recommend the position *more animalium*, above all in cases of retroflexion. Hegar also advised the husband to raise up slowly the abdominal mass, and let it go suddenly at the end. No matter how repugnant to the feelings of a woman such advice may be, it is certain that such is the desire of sterile women to have children that they will gladly submit to the modification of position; few but those who have had experience of it can understand the intense desire they have for maternity. M. Luteaud states that the female seated upon the male during coition brings the organ also into the same favorable position, and has the advantage of allowing the position to be kept for a time *post-coitum*, which is favorable for conception. Dr. N. Guéneau de Mussy advised the husband to practise certain manipulations to facilitate the entrance of the sperm into the canal of the uterus.

Sed aud illicitum mihi visum est, si post diversatentamina dicitius uxor infeconda manserit, ipsum maritum digitum pos' coïtum in vaginam immitere, et ita receptum semen uteri ostio admovere. Et cum ostiolo uteri hœret, ut in pervium canalem, spermatozoïdum motibus faventibus, prodeat sperare non absurdum.

These Latin directions may be useful in certain cases, but they would first require all husbands to practice the touch and be able to recognize the os uteri. Prof. Pajot advises women who have anteversion to *retain their urine* for some time before coitus, and when there is a retroflexion he brings on constipation, to fill the lower intestine and throw the uterine mouth forwards. In lateral versions the position on the side can be recommended.

In regard to the most favorable time for conception, M. Luteaud advises four days before and one week after the menstrual period; but he says that it cannot be contested but that it takes place at all times of the month. He also is inclined to believe that frigidity or a passive action in women is an obstacle to fecundation, and that the orgasm in them is useful for conception, but not actually necessary, for it cannot be denied that the conception takes place without it. But both complete erection and spasm opens the cervical canal and leads to the desired object better than passive action on the part of women.

Original Articles.

AUTO-INOCULATION IN TUBERCULOSIS.

By LAWRENCE F. FLICK, M.D.,
PHILADELPHIA.

EVERY physician who has had any large experience with tubercular diseases has no doubt frequently asked himself the question, why do my patients suffering from tuberculosis take relapses? By the use of the many modern resources of treatment he usually succeeds in getting most forms of tubercular inflammation to temporarily improve and some forms to get well. Where the tubercular inflammation is external and entirely within reach of mechanical interference, he is, indeed, master, and can always cure; but where it is beyond his reach, his best efforts are attended with uncertain results. In tubercular enteritis and pulmonitis, for example, his patient will improve under careful treatment, and just when he has arrived at that stage where he promises ultimate recovery, without any understandable cause he takes a relapse. The people say he has taken a fresh cold, and the physician, for want of a better explanation, says so, too. A somewhat careful and studied observation of the phenomena has convinced me that they are not the result of taking cold, but of auto-infection. I will relate one or two cases which had something to do with bringing me to that conclusion:

M. Q., a young lady, came under my professional care about five years ago. She had been running down lately and was developing a cough. Physical examination revealed a tubercular deposit in the apex of one lung. With a few months' treatment and a trip to the country she apparently recovered. A year later she came back to me with all her old symptoms in an aggravated form. There was not only tubercular deposit, but the beginning of softening. Prolonged confinement to bed, with nutritious diet, again arrested the disease. With summering in the country and wintering in the house, and such other treatment as was from time to time indicated, she again apparently recovered after two years. She was, however, left with an immense cavity, which, in spite of all treatment, continued to secrete some pus. She disappeared from under observation for about six months, when she one day came to my office saying that she had recently not been feeling so well, and that she was again running down. A physical examination showed both lungs to be studded with tubercular deposit. She went down rapidly, and is now in bed in a dying condition.

A. E., male, aged fifty-three years, was taken down with what was supposed to be pneumonia. After the acute symptoms had passed off he was left with shortness of breath, night sweats, profuse expectoration, and rapid emaciation. Physical exami-

nation revealed a condition of the base of the left lung which is usually called chronic pneumonia. After about six months' treatment he was very much improved, so much that he himself thought he was near enough well. Physical examination, however, showed that there was still tubercular deposit with the inflammatory condition which accompanies it in the base of left lung. He remained in this improved condition for about six months. Suddenly he again began to lose flesh, and to develop all the symptoms of acute phthisis. Cavities formed in the apices of both lungs, and in a very short time he died. A post-mortem examination showed the base of the left lung to be riddled with small cavities.

J. F., male, aged about thirty years, good family history, invited a consumptive friend to spend the first week of November with him. For some reason or other he took him into his own bed. Toward the end of November he was himself attacked with acute tubercular inflammation of the apex of the right lung. The symptoms were quite acute, but after several weeks' treatment began to subside. The cough grew less, the sweats ceased, the surface of inflamed lung diminished, strength returned, and the patient began to gain flesh rapidly. So favorable did everything look that I had great hopes of curing the case. Quite suddenly the improvement ceased, vomiting set in, the strength began to fail, the appetite, which had been excellent, changed places with anorexia, and the case took a rapid retrograde turn. Because of the vomiting, I suspected a new deposit of tubercle, and repeated examinations brought it to light in a few days. Not only was the inflammation extending down the upper lobe of the right lung, but a tubercular deposit was taking place in the middle lobe of the left. The patient was confined to bed, from which he may never again arise.

In these and other similar cases there was no exposure that could have accounted for the sudden change of the course of the disease. In none of the cases did the change come in extremely cold weather, and in one it came during the summer. Taking cold, moreover, would not satisfactorily account for the phenomena, as in each case there were new centres of disease, and taking cold should only have affected the old centre. Auto-infection not only gives a proper explanation of these and all similar cases, but renders intelligible many clinical facts about phthisis which are otherwise hard to understand.

Were it not for auto-infection I believe that most cases of tuberculosis, at least most cases in which the disease is outside the cranium, would get well. In every case which has ever come under my notice there was a decided effort on the part of nature to establish a cure, and in proportion as the victim had retained his powers of digestion and assimilation she made a good, bad, or indifferent struggle against the disease. In her very effort, however, seems to lie the danger, for by trying to resolve the tubercular deposits, she is liable to start up new centres of disease.

The theory of auto-infection not only explains to us why certain methods of treatment are successful, but points out to us the direction in which we have to look for the cure of tuberculosis. Out-door life and nutritious food have always been looked upon as the most useful measures in the treatment of consumption, and they have been useful because the former affords a partial sterilization and the latter enables the system to better combat the disease.

It is to sterilization that we must look for the means of curing tuberculosis when it is beyond the reach of mechanical interference. Nature is always able to repair the damage resulting from the presence of a foreign body, but in many cases of tuberculosis she seems to be unable to prevent the reproduction and colonization of the bacillus. Whatever will enable her to do this will help to cure tuberculosis.

736 PINE STREET.

A CASE OF ABNORMAL DEVELOPMENT.

(Read before the Leavenworth Medical Society, February 25, 1889.)

BY W. D. BIDWELL, A.M., M.D. (Harvard),
LEAVENWORTH, KAN.

DECEMBER 30, 1888, I was summoned in haste to attend a boy, who had accidentally shot himself in the neck.

On the way to the house I ascertained that Hugh C., had surreptitiously obtained possession of a 32-calibre revolver belonging to one of his father's tenants. His mother called him into the house, and being unwilling that she should see it he threw the revolver from him and it was discharged, the ball entering the neck a little over an inch and a half to the right of the median line in front and at the level of the cricoid cartilage, ranging upward and backward and emerging at the margin of the hair about one inch from the median line behind.

The hemorrhage was very profuse, and I fully expected the boy to bleed to death before I arrived. He was very faint from loss of blood, pulse 160 and weak. Removing his clothing, I made as near an approach to an aseptic dressing as was possible and had the boy supplied with all the iced milk and water he wished. He spit up no blood, but his breathing was quite labored. A subsequent rise of temperature with marked œdema of the neck led to drainage, and hot applications and antiseptic dressings were followed by a speedy recovery.

But the chief interest centres in the boy himself, not in the wound. Both his father and mother had been married twice. Mr. C., now fifty-six years old, had ten children by his first wife; of these three did not come to full term. One girl died at one year old, one at seven, and two boys, aged four and nine. Three children are still living; a son, aged thirty, and two daughters, aged twenty-six and twenty-eight. Mrs. C., now forty-nine years old, had four children by her first husband, all girls. Three died at the ages of four months, two years and three months, and seven years three months; one daughter now living is twenty-five. Mr. and Mrs. C. have been married twelve years and have five children; a boy eleven years old; a girl nine years old; Hugh, five years old, and a twin boy and girl three years old.

All of these children have been well formed and developed naturally except Hugh. At birth he was very large and strong and was estimated to weigh between

twelve and fourteen pounds. He has always appeared old in his ways and took kindly to men and boys, but would have nothing to do with girls or women if he could avoid them, even shunning his mother and sisters. He began to cut his teeth at four months and had them all before he was a year old. Began to walk and talk a little at fourteen months. When nearly 2½ years old he had a severe attack of whooping-cough followed by measles; for four months he was up and down and during two months was apparently about to die and lay helpless in the cradle. At about the middle of this sickness he had a spasm, the only one he has ever been known to have, followed by four passages of blood from the bowels; and when his mother changed his diaper at this time she noticed that the testicles were enlarged and thought the boy was ruptured, a belief shared by the attending physician for some time. After this spasm he had fainting spells and seemed to be at the point of death for two or three days, but recovering enough to talk, it was noticed that his voice was changed and hair appeared upon the pubes. During the last year he has been subject to erections and seminal discharges, and now, at the age of five years and two months, his condition is as follows:

Height, four feet three and a half inches; waist measure, twenty-eight inches; weight, eighty-two and a half pounds; circumference of head, twenty and a half inches; neck, twelve one-quarter inches; biceps, nine inches; calf, twelve inches. Hair of head very thick and black, eyebrows almost meeting and quite heavy, downy moustache at least three-eighths of an inch long, a few hairs under the arms and about the nipples, heavy growth of hair on the pubes, penis and testicles the size of those of most boys of seventeen or eighteen years, body and limbs plump and well developed, voice a deep bass, face apparently thirteen or fourteen years old. Mentally he is still a child, bears pain bravely, is fond of dogs, horses and fire-arms. He enjoys being with men and seeing them work, yet enjoys infantile toys. Avoids women, not allowing his sisters about his bed, even when he is sick. Is very headstrong, yet has listened to and obeyed rigidly all directions of the reporter. He has twenty-four teeth. He has been even heavier than he now is and presents the general appearance ot a chubby, bow-legged boy of twelve or fourteen, somewhat deficient mentally.

In the "Reference Handbook of the Medical Sciences" fourteen cases of early puberty are mentioned, six of which are in boys. This is the only account I can find in my library, but undoubtedly such cases occasionally appear and are not reported, as in this case the condition was known by another physician for two and a half years.

Such cases are, however, few and far between and interest us only as curiosities or freaks of nature.

I have been asked concerning the probable future of the child, but having no data to go upon I should merely say as a guess, that his mental condition is likely to keep about even pace with others of his age, but he is likely to show signs of senility earlier than the majority of men.

Of the six cases referred to above:

No. 1 showed enlargement of the sexual organs at the age of twelve months and died when five years old showing signs of premature senility.

No. 2 is not described at all.

No. 3, at three years of age, had enlarged organs, seminal discharges, the voice had changed in pitch, was three feet six and three-quarter inches in height, and weighed fifty pounds.

No. 4 was very large at birth, with hair like that of a child five months old, hoarse voice, prominent pudenda. From four to fifteen months, penis enlarged till at the age of three years, when flaccid it was three inches, when erect six inches. He was then three feet and seven inches heigh and weighed sixty-four pounds.

No. 5. Not described.

No. 6. At twelve months, change of voice and generative organs, hair on pubes. At three years was three feet four and a half inches tall; weighed fifty-one and a quarter pounds; waist measure, twenty-four inches; measure of cranium, twenty inches.

AN ENORMOUS MULTILOCULAR OVARIAN CYST SUCCESSFULLY REMOVED.

(Read at the Philadelphia County Medical Society.)

By WILLIAM S. STEWART, M.D.,
Professor of Obstetrics and Clinical Gynecology in the Medico-Chirurgical College.

MR. PRESIDENT AND GENTLEMEN: I am desirous of describing a recent operation, on account of the enormous size of the tumor and the highly satisfactory results of its removal.

Mrs. D. J., aged thirty-eight years, of Camden, N. J., was brought to my office in the fall of 1888, by her physician, Dr. W. H. Ireland.

The history of the growth and the examination made at that time convinced me of the presence of a multilocular ovarian cyst. During the six months following the patient was not seen, but the tumor continued to grow very rapidly until she was no longer able to endure it, and at last requested its removal.

Having made all of the necessary preliminary preparations as to the room, bedding and the patient herself, I performed the operation on April 10, 1889, being kindly assisted by Drs. W. H. Ireland, Palm and Ralston. It was with great difficulty the patient could lie on her back owing to the weight of the mass and its encroachment on the diaphragm. Respiration being very much embarrassed during the administration of the anæsthetic we were obliged to proceed with the operation in the most rapid manner, giving alternately hypodermic injections of whisky, digitalis and strychnia.

On reaching the cyst and penetrating its outer walls the previous diagnosis of its multilocular character was confirmed; but so exceedingly vascular was it, apparently more blood than albuminous liquid being poured out, in alarming quantity, it was thought best to desist from any further attempt to empty the many cysts of their contents. The abdominal incision was at once enlarged, and having separated with my hand the numerous adhesions of the cyst wall with the parietes of the abdomen and the internal viscera, the huge mass was lifted from its situation in the abdomen and

pelvis, drawn through the abdominal opening and left resting upon the pubes and thighs of the patient.

Another difficulty encountered was the ligating of a short and exceedingly thick pedicle. We succeeded in transfixing it with a double ligature of plaited silk, which was applied as firmly as possible, but on severing the pedicle it was found necessary to lift two arteries on the stump and secure them by extra ligatures. For a time there was considerable oozing from the various points of adhesion; but by the use of hot sponges the hemorrhage was checked, and no additional ligatures were applied.

The time occupied from the first administration of the anæsthetic till the removal of the tumor was one hour, during most of which time the patient was in an apparently lifeless and most critical condition. After thoroughly irrigating the abdominal cavity with warm water, the seven-inch incision was closed with sixteen sutures, a drainage tube being left in. No unfortunate symptoms have been shown to the present time (fourteenth day).

On the fourth day the drainage tube was removed, and on the eighth, half of the sutures; each alternate one being allowed to remain two days longer as a safeguard against gaping of the wound. Being of silkworm gut they are entirely unirritating.

The tumor was weighed shortly after its removal, the solid mass itself holding the beam of the steelyards on a level at eighty pounds, whilst the liquid that escaped was estimated by all present to have been not less then ten pounds, making in all a mass weighing ninety pounds.

PHYSIOLOGICAL MORALITY.

(SOME FIRST PRINCIPLES.)

A CONTRIBUTION TO SOCIAL SCIENCE AND PREVENTIVE MEDICINE.

By FRANK S. BILLINGS, M.D.

[Concluded from page 393.]

WHILE the functional activities of the child's brain are, in reality, thus limited, the limits are of such a nature, in the normal child, that they are never attained. They will answer all the demands which can be made upon them, but the nature of the result will ever be dependent upon their anatomical structure and the physiological condition in the centres of these activities. We cannot make children what we will. The child has more rights than the parents. Intelligent parents will learn to respect them. Nature determines them.

Why one child is determined to be, or do, one thing, and another something else, as a means of livelihood, against the wishes or will of its parents, is neither dependent upon pure cussedness, as is too frequently assumed, nor upon any especial influence hypothetically exerted by his Satanic majesty, or some of his agents, nor upon obstinacy or ill-will, but rather upon fixed and unchangeable anatomical and physiological conditions in the child's brain; the cause of which, or the rudiments of which, were present at or long before its birth. The parents are more frequently to blame for them than the child.

The more decided such idiosyncrasies are marked, the greater the task of the parents. If of a proper nature, the greater the character will be of the matured individual. Such conditions in children are too often the result of the incompatible and inconsiderate marriage of the parents.

I have in preparation a paper upon marriage from the historical, social, and physiological points of view, a few of which I desire to just touch upon here.

Marriage is the most momentous act in the drama of civilized life, because *bound with it is the creation of other men or women who may be innocently cursed or blessed by our act.*

While we have been differentiated, under certain exact physiological laws, into males and females for the continuation of our species, it must not be assumed that marriage is or was a necessity thereto.

Maraiage is an artificial institution, the result of social necessities.

In the early days of our species, and in quite a number of aboriginal races to-day, the institution of marriage did not, or does not exist.

Even in its crudest form the institution of marriage implies that mankind had found that indiscriminate and unregulated intercourse seriously interfered with the welfare of society. The "struggle for existence," as soon as it makes itself felt, leads to some sort of restrictions upon the production of children, and to the elucidation of some regulation by which the producer shall be made more or less responsible for the object produced until the latter is able to provide for and protect itself.

We must admit, to the disgrace of our species, that it does not multiply by the intelligent action of its individuals, nor by instinct and fixed law as is the case among the lower animals, but, in general, through the accidents of lust.

Here, again, man can distinguish himself from the other species of the animal world, *if he wills. He can be an intelligent actor in the phenomena of procreation or not, as he wills.*

Man has acquired this ability. In the majority of cases he gives no evidence of possessing it, however. Our race is increased more against the will of the chief factor in its production—woman—than with it.

Common sense, common decency, and due regard for the child, indicate that it should be a law in every family, that no more children should be produced than parents have the means to take care of until the child, or children, is, or are, able to take care of it, or themselves, even should both parents die during the minority of the child; or rather, to take care of it until it is fifteen years old.

Man has no right to gratify his passions at the expense of the community, and far less at the expense and misery of the object produced.

The above are not meant as restrictions upon marriage, but are regulations which should prevail in every family for the good of all concerned.

Marriage is, generally, the most unintelligent act which humanity performs. It is entered upon utterly regardless of the probable result.

As conducted, it is dependent upon a pretty face, a handsome form, and a replete pocket; three very essential factors, I admit, but the one great essential

is rarely considered, viz. : *physical fitness in both contracting parties to "multiply and replenish the earth."*

Lust and sensuality are looked upon as necessary concomitants and manifestations of love, when they have no possible connection with it, as is shown by many experiences which shock the moral element in society. The first two satiated, the hypothetic love leaves the home and its obligations, to seek sensual satisfaction elsewhere.

Physical fitness for the responsibilities assumed, financial fitness, to a certain degree, to carry them out, should be demanded by social law, if it has in mind the well-being of society, before men and women could marry.

Respect for each other's intellectual abilities, an interest in what interests each other, mutual respect for one another, are the other chief essentials to married happiness.

These attributes will generate a true love which will endure when all bodily enchantments have begun to wither, and which will burn the brighter as the animal fires flicker out with the increasing years.

Such a marriage should prove a blessing to the child produced. But that it may, it is necessary that parents should have a better and more exact idea of their natural relations to the child and of the *rights of children.*

Even these have their exact anatomical and physiological foundation.

We can only touch on a few principles in concluding this somewhat lengthy introduction to a grand subject.

In every child, soon after birth, the elements of the character centres in the brain begin to assume a certain fixity of form, position, and relation to one another; which, under normal circumstances, gradually increases in character with the years. That is, as these conditions become more and more solid the character of the child manifests itself more and more strongly.

This anatomical and physiological fixity in these brain-centres gives occasion to the intellectual idiosyncrasies of the child. They are its character centres. Its abilities and weaknesses have, therefore, a fixed structural foundation. Their causes existed before the child becomes such, or even before it was conceived, in many cases, in similar conditions in the parents or its ancestors.

These character centres are the pole, the centre, around which the entire personality of the individual is to revolve during life. Their careful development is the ultimate end of the science of parentage. Parents and teachers should study the developing phenomena by which these character centres manifest themselves to their observation. *They are the "magnetic needle" which nature places in each child to indicate to parents, guardians, or teachers the course that should be pursued in the education of the child.* The child will soon indicate some abilities in one direction more than another. Many parents say that "they cannot see this." The trouble is, they do not try to see it. They are indifferent to it. The child is theirs. Others do not know enough to seek it. This is the majority. They have not been properly instructed. They are not educated. The same is true of those growing up to be the parents of the next generation. Their teachers know nothing. Their parents know nothing. They know nothing of the great laws of life and their phenomena. Talk about our universities, our medical schools. Bah! The teachers in them have not learned the primary lessons in biology yet. They are not even primary schools of real instruction. They can cultivate fairly. They cannot instil the first principles of education. Free thought, honest thought, is not countenanced in them. The curse of the theological god rests on them. Theological ignorance rules in them whether it be admitted or not. They are fair asylums to bring up intellectual infants in. The teachers are fair intellectual nurses. They are poorly equipped to fit men and women to fight the battles of life according to law.

Parents must learn to seek this "Lebens-punctum" in their children. Having found it, every endeavor must be made to support it by the broadest education possible, while this special point must be developed in every available manner.

The work of the science of parentage is to fit the child to take care of itself in the struggle for existence of its mature years.

More gifted children have been spoiled through the ignorance and obstinacy of parents than have ever been blessed by them.

The advancement of the world has been checked by the ignorance of parents of every principle of the science of parentage.

More children have been cursed to a life of unsuccessful misery by that accursed puritanical family law "that a child should be subject to the will of its parents," than have ever been blessed by its other precepts.

No child is the property of its parents, to be bent to their wills; to be subjected to their stupid ignorance.

The very constitution of this country flatly denies any such doctrine.

The child is a distinct individual, with its own individual rights; with a developing will which must be respected as its peculiar and inherent right, but which must also be most carefully studied, guided and directed, that the lesson of self-control may be gradually learned, so that it may be well fitted for the work of life.

The child is to be directed, not controlled by parents.

The gradual development of the will of the child in right directions is one of the chief duties of parentage, and leads to the formation of the first principles in the education of the child.

The child is not to be controlled by parents. It is rather to be guided until, by the development of its own intellect, it gradually becomes able to distinguish between a right and a wrong peculiar to itself, and acquires some accurate ideas of the relation it bears to the outside world, as well as the relation of each part of its body to the other parts of the same unit. The right and wrong of an educated intellect must gradually take the place of a conflict between (to the child) *non-comprehended forces, within itself, and the will, it should be the matured judgment, of its parents.*

The child must learn to trust implicitly in the superior abilities and judgment of its parents as a saving power, until its own intellectual forces have been sufficiently

developed for it to stand upon its own knowledge. This can never be attained in families where that other accursed Puritan principle prevails, viz., "*to spare the rod is to spoil the child.*"

It would generally do the parents more good than the children!

This is the end. It is, has been my endeavor, to place before you as many physiological principles as possible without giving the detailed evidence, in order to cause you to seek that yourselves.

The study of the laws of physiology, practically applied, is the only means to the foundation and development of a solid personal morality. Let us then:

"Enter the path! There springs the healing stream. Quenching all thirst! There bloom immortal flowers carpeting life's way with joy; there throng swiftest and sweetest hours."

Then, and only then, the song of human misery will no more be; but in its stead ye shall read:

Lo! as the winds are, so is mortal life,
A moan, a sigh, a sob, a storm, a strife.

Hospital Notes.

UNIVERSITY HOSPITAL.

ACUTE RHEUMATISM RESULTING IN ANKYLOSIS.

PEPPER, at a recent clinic, presented a man aged twenty-nine years, who gave the following history: He had been in excellent health during childhood, but when he arrived at the age of puberty he contracted the habit of masturbation, which he practised to excess until the age of twenty. His constitution broke down under the excess, and he never recovered his previous good health. About four years ago he had an attack of acute articular rheumatism, which was followed by a number of attacks of a milder character. The left ankle-joint was most affected, and when the patient appeared before the clinic the articulation was completely ankylosed. There were no heart complications. Pepper mentioned that in his experience cases of articular rheumatism in which a number of joints were affected were much more liable to be followed by heart lesions than when only a single joint was involved.

As to treatment, he said he proposed to prescribe for the case as if it were one of chronic dyspepsia. He did not believe that the iodides or salicylates would be of the least service in improving the ankylosis, for which he indicated a local plan of treatment. Passive motion was to be applied twice a day, the patient not to be placed under the influence of an anæsthetic, as an acute inflammatory synovitis might easily be set up from excessive motion. The application of small blisters round the joint was also advocated, with attention to general hygiene, and avoidance of cold and damp.

COMPLETE PARAPLEGIA FROM CONCUSSION OF THE CERVICAL SPINE.

Ashhurst exhibited before his clinic a man aged twenty-four years, who a week previously, while intoxicated, fell off his car, the wheel passing over his neck. He was brought to the hospital in a comatose condition, but the symptoms were masked on account of the intoxicated condition of the patient. He had complete motor and sensory paralysis of both limbs, with priapism and involuntary discharge of urine and fæces. His temperature on admission was 97°, but rapidly rose to 100°, 101°, 102°, 103°. There was no paralytic affection of the upper extremities. An interesting feature of the case was the fact that although the weight of the car passing over his neck was very great, there was no injury to the larynx or the spinal column. Ashhurst said he considered the case one of concussion of the spine with some slight laceration of the cord, as the paralysis came on suddenly and rapidly improved. Since the patient was placed on treatment sensation completely returned in both legs, and motion was improved in the left leg, which showed that notwithstanding the severity of the injury the lesion was very light. He gave a very favorable prognosis. In discussing the clinical features of the case some interesting pathological facts were mentioned. When the patient was first seen his face was flushed and his pupils were contracted, due to irritation of the sympathetic, which also caused the elevation of temperature. The priapism, which was due to injury of the cervical portion of the cord, was very rare in dorsal or lumbar lesions. Ashhurst said it was formerly regarded as an absolutely fatal symptom, but now, while looked upon as very grave, it does not necessarily result in death.

Bed sores were caused either from constant pressure on prominent points or, what was more likely in cases of injury to the cord, to lesions of the trophic nerves which preside over the nutrition of the skin. The patient was at once placed on a water bed, the head being fixed by means of sand bags. Five-grain doses of iodide of potassium with twenty minims of fluid extract of ergot were ordered every four hours. When the acute symptoms subsided the patient would be placed on small doses of strychnia, with faradism to the muscles.

PHILADELPHIA HOSPITAL.

PARALYSIS AGITANS.

SINKLER showed a typical case of paralysis agitans, a man in whom the vacuous face, the Charcot hand, festination and muscular rigidity were all well marked. The man's position on standing was much stooped, and he walked with great difficulty on account of the constant rigidity of the muscles. Though Charcot says that there is never tremor of the head in paralysis agitans, Sinkler remarked that a case had been in the hospital some time since of undoubted tremor of the head. He attributes the rarity of this tremor partly to the fact that the muscles of the neck are nearly always in use holding the head in position, and in paralysis agitans tremor is slightly or not apparent when the muscle is in use.

The causes are many and sometimes obscure. Great shock is one. Under this head he related the

case of a business man who was standing by an elevator shaft, when suddenly the rope having parted the elevator dashed by him, having in it several workmen. The sudden shock gave rise to a tremor in the right hand; shortly afterward the left was affected, and in time the disease became general.

A woman was exhibited at the same time with this disease, the origin of which was traced to a fall from a chair while she was cleaning windows.

ARTHRITIS.

Ransley showed a case of beginning arthritis of the knee, rapidly improving under the simple treatment of absolute rest with extension and counter-extension. He dwelt on the importance of recognizing these cases early and beginning treatment, citing an instance of last week in which he had been compelled to resect the joint because the disease had progressed so far.

ABSCESSES IN DIARRHŒA.

A child, of about a year's age, has an ugly abscess in the left parietal bone. It has had diarrhœa for some time, and abscesses are likely to occur in such conditions. For diarrhœa with mucous and green stools, Ransley gives gr. $\frac{1}{80}$ mercuric chloride every three hours. In one day the mucus is generally absent from the stools and the green color gone.

If boils and abscesses have broken out he adds to each bottle of milk, preferably condensed, a teaspoonful of malt extract, and gives calcium sulphide gr. $\frac{1}{10}$, every two hours.

BUBO.

Ransley scraped out a suppurating bubo of the groin, and held that suppuration was seldom necessary in these enlargements.

His first treatment for buboes is to apply a preparation composed of collodion ℥ij, and iodoform ℥ij. If suppuration is threatened he gives calcium sulphide gr. $\frac{1}{10}$–$\frac{1}{8}$ every two or three hours. He also puts three or four sponges over the part, holds them securely in place by a tight bandage, then pours on water. Strong and even pressure is thus secured. He never uses poultices.

MEDICO-CHIRURGICAL COLLEGE.

SARCOMA.

GARRETSON removed a large sarcoma of the under lip, making a neat plastic by filling the gap with skin taken from under the chin.

AXILLARY GLANDS.

Seven enlarged glands were removed from the right axilla of a woman whose right breast had been excised about a year since for cancer.

EMPHYSEMA.

Waugh showed an interesting case of this disease. The patient, a man of fifty-five, had suffered from dyspnœa for twelve years, quite severely within the last year. At every inspiration it is noticed that the intercostal spaces are depressed and the abdomen drawn in. This is due to the fact that the diaphragm is depressed by the enlarged lungs, and the accessory muscles of respiration called into play. The liver is depressed about three inches by the lungs, and the heart pushed downward and to the left by the same organ, the usual area of absolute heart dulness being quite resonant. He will be given iodide of potash, which has been found of service, though used empirically.

HOW TO GIVE ETHER.

Pancoast holds that as men are made drunk sooner when standing or sitting, while taking alcohol, than when in a recumbent posture, in like manner it takes less ether to produce anæsthesia if the patient sits up.

HOW TO CUT FOR A NEEDLE.

"Never cut directly down on a pin or a needle you wish to extract, but make a curved incision in the line of the wrinkles, lift up the trap door, and pull out the offending body."—*Pancoast.*

MAMMARY FIBROMA.

A fibroma some three inches in diameter was removed from a woman's left breast by Pancoast. There was a history of mammitis in the first place, followed by this growth, the latter being just on the verge of suppuration.

London Letter.

THE CORD IN EPILEPSY.

MR. FRANCIS GOTCH, assistant to the Professor of Physiology (Burdon Sanderson) in Oxford University, and Prof. Victor Horsley, have communicated to the Royal Society the results of some experiments on the electro-motive changes in the spinal cord following excitation of the cortex cerebri. Excitation of the cortex, as is well known, is invariably followed, in the higher animals, by a definite and characteristic sequence of muscular movements. Observation of these movements, however, could not tell us whether their peculiar character was to be attributed to the cortex or to the bulbo-spinal centres. In this research the electrical phenomena of the conducting tracts in the spinal cord were tested; the experiments were made on etherized monkeys and cats. The spinal cord was exposed in the lower dorsal region as low as the upper end of the lumbar enlargement, and prevented from drying or cooling by bathing with warm saline solution; it was then ligatured and divided below the knot; the division of two or three roots then permitted the cord to be raised from the canal without any great interference with the blood supply; a non-polarizable electrode was then placed in contact with the cut end of the cord and the knotted ligature, another with the longitudinal surface, 2 cm. from the cut end. A very delicate capillary electrometer was then connected with these electrodes. It was found that the cut surface was always negative to the longitudinal surface. This had been previously observed by Du Bois Raymond.

When the area in the cerebral cortex in which the centres for the movements of the lower limbs are

localized was stimulated, the electrometer showed an excursion opposed in direction to that of the difference between the longitudinal surface and cut end of the cord. This excursion persisted as long as the excitation lasted, and ceased when this was left off. Then after an interval of from one to three seconds there ensued a rhythmical succession of excursions each opposed in direction to the resting difference, some apparently single and others multiple. These lasted from twenty to thirty seconds and suddenly ceased. From this it is seen that during a cortical epileptiform discharge the electro-motive changes in the spinal cord are exactly parallel as regards the character of their sequence to the convulsions of the muscles as recorded by the graphic method.

When, after the removal of the cortex the corona radiata was stimulated, the electrometer connected with the cord showed the prolonged effect during the excitation, but not the rhythmical movements after excitation. From these experiments the authors arrive at the important conclusion, which is entirely in accord with theory found on clinical observation, that, since by the method adopted the influence of the lumbar bulbo-spinal centres is excluded, the existence of the epileptic rhythm in the dorsal regions of the spinal cord points to its being almost entirely of cortical origin.

Precancerous Conditions of the Tongue.—An instructive discussion on conditions of the tongue precedent to cancer took place recently at the Harveian Society. It was raised by Mr. Butlin, who stated that in a series of cases of cancer of the tongue he had found that a precancerous condition had existed in 70 per cent. Warty growths were the most serious of these conditions, and were more common than was generally supposed. He thought that leucoma and superficial glossitis predisposed to cancer, but patients might have such conditions for many years, even to the end of life, without cancer developing. The wart on a leucomatous case never got well, and always became cancerous. He thought it dangerous to attempt to cut away the superficial layer of the tongue in leucoma. He was disposed, on the contrary, to recommend the removal of the whole of the diseased area, or, at least, the fore part of the organ in cases of leucoma and chronic superficial glossitis in which warty growths had formed. Where a chronic affection of the tongue was associated with chronic non-specific skin lesions he strongly advised the internal administration of arsenic. The only case of leucoma which he had ever seen absolutely recover was under this treatment. Several speakers pointed out the objection to too limited an operation. Mr. Jacobson, who advocated the removal of one-half of the tongue, observed that small operations gave rise to severe hemorrhage, which obscured the view of the operator, and led to diseased portions being left behind.

Mr. A. E. Barker condemned the removal of wedges of the tongue and of half the organ. He advocated free removal, and thought that special attention should be paid to the deep dissection by the side of the tongue, where the lymphatics ran. Epithelioma of the tongue had a great power of diffusing itself. He would watch leucoma carefully, and operate as soon as any decided induration was noticeable.

Excision of the Tongue.—Mr. Barwell has published his further experience of the operation for excision devised by him. The mouth being gagged open, the tongue drawn forward, and the head thrown back, an incision is made over the hyoid bone in the middle line; the mylo-hyoid is divided, and the genio-hyoid and genio-hyo-glossi separated. Silk ligatures are carried through this wound and brought out into the mouth behind the last molar, one on each side. The *écraseur* wire, which is made of a strand of park-fencing wire rope, is pulled through into the mouth by one ligature, hooked on to a loop left on the other ligature, and pulled back into the wound again. An eyeless Liston's needle is then passed into the hyoid wound and brought out far back in the middle of the tongue; the *écraseur* wire is hitched over this, and then tightened until it comes out of the hyoid wound, where upon the supra-hyoid wound the loop of another *écraseur* is pressed well down in the incision just made, and being set to work completes the separation of the tongue, which is taken out from between the teeth; the nerves which are left hanging frayed out in the mouth are now cut off short, and a drainage-tube put in the hyoid wound with a piece of absorbent cotton beneath the chin. The advantages claimed for the operation are that:

1. It is almost bloodless.

2. The sensory nerves are severed at their exit from the groove on the jaw, therefore the stump of the tongue is insensitive to pain.

3. The wound left is infundibular, the mouth of the funnel being, of course, at its lowest part, so that the cavity, completely drained, is very easily kept clean and pure; therefore, there is no danger of septic pneumonia.

4. The patient suffers less after the operation. The results so far as recoveries are concerned appear excellent.

Treatment of Strumous Glands.—The treatment of strumous glands, a subject of perennial interest to practitioners, has been discussed recently at the Edinburgh Medico-Chirurgical Society; the injection of perchloride of mercury solution was condemned on all hands, but there was some difference of opinion as to scraping. Cases occurred in which the operation was immediately followed by an outburst of general tuberculosis, owing to the bacillus being afforded access to the general bloodstream. Professor Chiene, who preferred excision, thought that if scraping was resorted to it ought to be followed by the application of a strong antiseptic. Professor John Duncan had got good results from rest to the parts, which he had obtained by making the patient wear a kind of cuirass with a collar.

Iodoform and Hydro-naphthol.—Speaking of iodoform, the antiseptic properties of which are, as is well known, of a very low order, Professor Chiene said that, though he had the greatest faith in iodoform as a dressing in strumous cases, he believed its beneficial action was due to its so altering the character of the tissues as to lead to the production of a granulating surface, whereby the secondary infection

was prevented. He thought hydro-naphthol a most promising substitute since it was a powerful parasiticide, and almost innocuous to the tissues.

Milk Diet in Tropical "White Flux."—There is a form of tropical diarrhœa characterized by soreness of the mouth and tongue from denudation of epithelium, degeneration of the intestinal mucous surfaces, and continued wasting; the stools contain little or no bilious coloring, are white, copious, frothy, and are largely composed of shreds of undigested food. There is no jaundice, and no evidence of liver disorder; all the organs shrink, the skin is inelastic and subcutaneous fat disappears. The disease is intractable to treatment by drugs and may not yield to change to a temperate climate. The only effectual treatment is, says Sir Joseph Fayrer, to put the patient on an absolute milk diet. Cows' milk, he said, which in rare cases may be diluted with a third or fourth of plain or alkaline water, should be the only food, and should be taken in small quantities (nothing else of any kind being given) of from four to six ounces every hour. When the patient is imbibing from two to three or four quarts of milk in the twenty-four hours he is obtaining enough nourishment to support life and enable him to recover. After a month or six weeks, when the glazed condition of the tongue has disappeared, the regimen may be cautiously relaxed. General experience seems to be that when this treatment can be enforced early enough, and the patient can remove to a temperate climate, recovery always follows.

Dr. F. R. Barker, Surgeon, Army Medical Staff, has described a curious epidemic of syphilis occurring among soldiers stationed at Portsea. The sores appeared at the site of tattoo marks recently made by a pedlar. This man was with some difficulty discovered, and it was found that the mucuous membrane of his mouth was covered with mucous tubercles. Eventually he admitted that he had used his saliva for moistening the wounds, and one of the soldiers said for rubbing up his colors also. Out of twenty-three men tattooed twelve certainly contracted the disease, and two others were believed to have contracted it, but could not be traced; four men had had the disease before and did not contract it again, and five, all of whom said that the pedlar had not put his needles in his mouth or used his saliva while tattooing them escaped. The period of incubation varied from thirteen to eighty-seven days.

The injurious effect on the health of the operatives of the process of sizing cotton goods has again begun to attract the attention of politicians; three official enquiries have already been held, the last in 1884, and the reports in every case concurred in recognizing the mischievous consequences of sizing to health. The practice was, it is said, introduced during the cotton famine produced by the civil war. Inferior short cotton is treated with China clay mixed with an adhesive flour or starch paste, and with the chlorides of zinc, magnesium, and calcium, and some sulphate of magnesium which are added mainly to prevent the mildew. In this way the customers are defrauded, and incidentally the health of the operatives is ruined, for the work has to be carried on in sheds carefully closed against ventilation and kept hot and moist by jets of steam. The operatives suffer from diaphoresis, prostration, vertigo, anorexia, and are very prone to rheumatism and to pneumonia, phthisis and other lung affections. Dr. Arlidge, in the third lecture of the course of four Milroy lectures before the Royal College of Physicians on Occupations and Travels in Relation to Public Health, has dealt with the subject briefly but clearly.

The date of the meeting of the British Medical Association in Leeds, this year, has been altered to suit local arrangements from July 30, 31, August 1 and 2, to August 13, 14, 15 and 16. The meeting is likely to be very successful unless the knot of metropolitan members who wish to alter the character of the journal, should raise a controversy and publicly secede; an intention with which they are credited in some quarters. Old members of the association treat this new agitation very lightly; the association they say has never been heartily accepted in London, and the more "influential" London members have already on two occasions seceded in a body, but have returned seriatim. The complaint now made against the management of the journal, which, in the estimation of the makers, appears to be most serious, is that some or many of the advertisements published are not consistent with the honor and dignity of the profession. That there is some truth in this cannot be denied, but the journal is far less open to the charge than almost any other medical periodical. The management has, as a matter of fact, refused a considerable number of advertisements which the other medical papers published in London insert without scruple; a good many more have to be modified by the advertisers before they are accepted for insertion. Whether anything of advantage to the profession at large will result from the agitation appears to me very doubtful. However this may be, the Leeds meeting ought to be very interesting.

The Royal College of Surgeons.—There is at present a state of armed neutrality observed between the members of the Royal College of Surgeons, and the Council of that body; but the conflict is likely to break out again as soon as the law courts have given decisions in the pending suits. Meanwhile the members are keeping careful watch on the council, and questions are frequently asked in Parliament, thereby giving the quarrel an amount of publicity little foreseen by the Council.

Dr. George Johnston, the well-known obstetric physician of Dublin, died recently, at the age of seventy-five. He was Master of the Rotunda Hospital from 1868 to 1875, and published the statistics of nearly fourteen thousand cases observed there.

Dr. J. A. Myrtle, of Harrogate, has recorded a case in which symptoms of poisoning followed the use of an eye lotion containing 1 per cent. of cocaine; not more than gr. $\frac{1}{11}$ could have been introduced into each eye, nevertheless the patient, a lady, aged forty-five, in a few minutes experienced numbness in the back of the tongue and throat, followed by intense palpitation, irregular action of the heart, disposition to faint, extreme nausea, and flatulent distension.

DAWSON WILLIAMS.

LONDON, April, 6, 1889.

The Times and Register

A Weekly Journal of Medicine and Surgery.

Philadelphia, May 4, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

COLLABORATORS:

GEORGES APOSTOLI, M.D., *Paris*,
J. M. BARTON, M.D.,
P. S. DONNELLAN, L.K.Q.C.P.I.,
P. D. KEYSER, M.D.,
THOMAS LINN, M.D., *Paris*,
G. BETTON MASSEY, M.D.,
E. E. MONTGOMERY, M.D.,
E. LA RUE VANSANT, M.D.,
DAWSON WILLIAMS, M.D., *London*.
CHARLES MEIGS WILSON, M.D.

Address all communications to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

SALUTATORY.

IN presenting to our readers the initial number of THE TIMES AND REGISTER we are not launching a new journal. Each of the periodicals represented has already filled a place in the journalistic field, and approved by success its right to exist. Their union means increased efficiency and greater value, by concentrating in one the best elements of three. There are certainly more medical journals than are needed. Our tables are loaded with sample copies enough to bankrupt the physician who subscribes to all. Scarcely a month passes when we are not called upon to chronicle the advent of new candidates for favor, and if their demise is not often announced their disappearance from our exchange table tells the story. And yet we rarely examine one of these which has not some good features; some valid reason for being, though, perhaps, not for independent existence. With all due deference to the shades of Charles Darwin, it is not always and in every respect the fittest which survives. A special and inestimable suitability may be lost by reason of unfitness in other respects. A journal is brought into existence either to introduce a single idea, or a man, who believes he has that to say which it imports the world to hear. It may represent a specialty sufficiently important in its way but not of enough general interest to win a supporting patronage. There are few, if any, specialties which are not better represented by departments in a general journal than in a publication intended exclusively for a class too small to support it properly. Even the most exclusive laparotomist would be benefited by perusing a journal devoted to general medicine with a gynecic department.

The one-man journal is quite as objectionable as that built on one idea. No editor, however versatile, can help becoming tiresome to his readers when they have become familiar with his methods, and he has written out his opinions. The field of medical thought is too vast for one eye to pierce to its bounds in every direction.

For these reasons we believe that the model journal should have a large editorial corps, composed of men whose opinions are entitled to respect, embracing general and special practitioners in as great a variety of conditions as can be secured. They should be active practitioners, as journals edited by men who do not practise invariably show the lack of that keen discrimination which comes from actual experience. Such publications inevitably lose their fitness as helps to the worker, and degenerate into museums for the preservation of curiosities. This unfitness for every-day needs has been not inaptly expressed by designating this class as "kid-glove journals."

As a beginning towards supplying such a journal as we believe the profession needs, we have united the Philadelphia MEDICAL TIMES, THE MEDICAL REGISTER, and THE DIETETIC GAZETTE. The publication will be a weekly, with a quarterly number devoted solely to physiological medicine. We have secured the coöperation of a number of distinguished physicians, in this country and abroad, forming the American Medical Press Association. The list of members will be published as soon as it has been completed. The Journal is strictly independent, and not an organ of any society, college, city, or firm. Its columns are open for the discussion of any matters of interest to the profession. It is especially the practitioner whose wants we seek to supply; and to this class we look for support in material as well as subscriptions. The departments which have met with approval in the three journals will be continued, and such others added as future experience may render advisable.

Annotations.

THE SERVICES.

IT seems to become more difficult each successive year to secure suitable men for the medical corps of the Army and Navy. Many candidates present themselves, but fail to come up to the requisite standard, which is high, but not more so than the importance of the service demands. The difficulty seems to be in the rank. Physicians who have devoted themselves to the study of their profession until they are able to pass the entrance examination, are not the class of men who care to be put with a parcel of prankish midshipmen in the steerage. A studious man under such circumstances has little opportunity to continue his work, and is apt to become the target for all sorts of practical jokes, unless he gives up his studies and joins the rioters. Were it not for this, the position would be very desirable, as the pay is fairly good compared with what a physician can reasonably expect to gain from his first years of private practice; and the opportunity to travel in foreign lands, with the advantage of an official character, is not to be despised.

ART STUDIES IN MEDICINE.

THE time is coming when painters will not only have to study anatomy, but will have to take a course in medicine if they desire to be above adverse criticism.

In a monograph, *Les Demoniques dans l'Art*, by MM. Charcot and Richer, they show the similarity between modern attacks of hystero-epilepsy and ancient works of art, paintings, mosaics, and the like, illustrating the exorcism of evil spirits by various saints, from those possessed by the devil. Some of the positions depicted are remarkably correct, but of others the authors say that, if a patient assumed such an appearance before a physician at the present time, he would be accused of shamming, so that if the old masters had lived till to-day, some of them at least would be compelled to make some alterations.

For instance, Raphael in his great picture of the Transfiguration, depicts the attitude of the young man possessed of an evil spirit thus: One arm is thrown up and the other contracted in pronation with the fingers extended; the head is thrown back and the mouth is wide open, but at the same time the feet are planted firmly on the ground.

THE DISPENSARY NUISANCE.

THE *Provincial Medical Journal*, April 1, contains a strong editorial with regard to dispensaries in English cities, where this nuisance has proportions probably as large as and perhaps larger than here. There are so many hospitals ready to give, without price, medicine and advice from the most eminent medical men, that ordinary practitioners and especially young ones are driven to the wall. Many of them to eke out a living establish private shilling dispensaries, numbers of people being willing to pay that trifling sum rather than go to a somewhat public hospital.

A paper recently written shows that over two hundred thousand patients received free treatment at our Philadelphia hospitals and dispensaries during the year 1888. Doubtless three-fourths of this number could have afforded to pay more or less for treatment, but when they can go to a dispensary or hospital and be treated for nothing by the great Dr. Bismuth, will they voluntarily hand the humble practitioner next door fifty cents or a dollar? Most decidededly they will not, and our dispensaries are attended by a yearly increasing percentage of people fully able to pay, if dress is any criterion, but who consider it not in the least humiliating to sit for two or three hours in close companionship with smirched representatives from the slums, all alike waiting for the gratuitous treatment from beneficent Dr. Bismuth.

Nor does the two hundred thousand mentioned above include the multitude whose ailments are treated over the counter by the intelligent pharmacist.

In fact matters have almost come to such a state that only the "upper crust," the wealthy, and the higher middle class go to a physician's private office for advice, and then it is generally to an eminent man rather than to the one unknown to fame; so that the struggle for existence is becoming as severe in this country as it already is in England.

Why should skilled medical advice, the result of knowledge gained by years of hard study and the outlay of many hundreds of dollars, be given promiscuously, thrown broadcast to whomsoever chooses to take it? Why should the medical profession be held in a manner responsible for the thousand and one physical ills that assail humanity, frequently arising from wanton violation of the known laws of health?

In short, what is peculiar about a physician's knowledge that it should be free to all, deserving or undeserving, when people are ready and willing, and expect to pay their butcher, their baker, and their grocer for physical food; their dentist and their lawyer for counsel and treatment; and even their clergymen for spiritual subsistence and religious opinions?

It is time for the profession to wake up and put some restrictions on this free dispensary nuisance, else in time it seems as if it might assume such proportions that even the great Dr. Bismuth may find his twenty dollar patient of one day calmly seated on the next in the doctor's dispensary room, waiting with one hundred others for the great man's free prescriptions.

OBSCURE EPIDEMIC INFLUENCES.

WE cannot recall a time when there was such a tendency for colds to develop into pneumonia as at present. Catarrhs, however trifling, need to be watched just now.

We all know how certain affections tend to appear in groups. Perhaps a case of tonsillitis will not appear on our books for months, and then within two weeks we shall have a dozen cases. Or, an apparent epidemic of felons, boils, rheumatism, myalgia, heart affections, or duodenal catarrh, makes its appearance. Beggars, tramps, and the scamps who clear off our hat-racks and office tables also seem to recur in nebulous groups, with certain intermissions. The former visitations are usually set down to "epidemic general influences," "waves of influenza," etc., which simply recognizes the presence of a morbific influence without attempting to account for it, or explain its nature.

Whether the human inflictions are also governed by generally prevalent influences of an epidemic nature is a question to which attention has not yet been given. The learned author of the theory that inebriety is a contagious disease would probably hold that the periodic appearance of the sneak-thief is due to a microbic invasion. In support of this position he could point to the hitherto unexplained actions of the small boy; who, throughout this broad land, begins to fly kites, spin tops, shoot marbles, etc., when the proper time arrives, without previous understanding or concurrence.

It is not enough that the bacteriologist attributes the various physiological functions to his little protegés, but we shall have the processes and emotions of the mind explained in the same manner. Not only are digestion, assimilation, and oxygenation carried on by armies of microbes, but if in the spring the young man's fancy lightly turns to thoughts of love, it is simply because the vernal season furnishes conditions suitable for the activity of the amatory microbe, and in the youthful male organization it finds a suitable nidus for its development. What next?

Letters to the Editor.

ANOMALOUS CASES IN PRACTICE.

HYDROCEPHALUS.

WAS called to see Mrs. Mc., an Irish woman, nineteen years of age, primipara, who had been under the care of a midwife for thirty-six hours, with hard labor-pains during the greater portion of the last twenty-four, but on my arrival she said that the pains had been stopped for two or three hours. I noticed that her abdomen was unusually large for an ordinary case; no fœtal circulation could be obtained; the pelvis was well developed. On examination, per vaginam, I found the os uteri well dilated and soft, and pressing against it a large and slightly convex surface, which seemed to cover every part of the superior strait without engaging, and varying in consistence at different points; soft and fluctuating pieces of bone were very perceptible, with soft interspaces. I diagnosed a case of hydrocephalus. Placing the patient in a proper position, I perforated the cranium, two and a half gallons of serum escaping. As soon as the head began to collapse, the pains returned, and by passing a blunt hook into the opening in the skull, and making gentle traction during the pains, I had no difficulty in removing a male fœtus, which had the appearance of having been dead for several days. The recovery was tedious.

BILATERAL FRACTURE OF INFERIOR MAXILLA.

C. S., forty-seven years of age, was kicked on the lower jaw by a horse, cutting loose the entire lip, except a small portion at one angle of the mouth, knocking off almost the whole of the alveolar process, with thirteen teeth, as well as three out of the upper maxilla, and producing a compound comminuted fracture on each side about the middle of the horizontal ramus. There was considerable hemorrhage, which was easily controlled. After cleansing the parts thoroughly we removed a number of fragments of bone, some quite small, the largest being about an inch in length, and quite slender. A few of them came from the upper maxilla where the three teeth were knocked out, the fragments in all amounting to thirty or forty. When I first saw him he was comatose, from which condition he did not entirely recover for seventy-two hours.

Treament.—Used Hamilton's apparatus for fracture of the inferior maxilla, changing it slightly for the accommodation of the wound in the lip, which was held together by an interrupted suture. The local application was a weak solution of carbolic acid. The fractures united readily, leaving but slight deformity.

COMPOUND FRACTURE OF HUMERUS.

Was called to see a boy, twelve years of age, who had been thrown from a horse and received a compound fracture of the lower extremity of the humerus; found the fractured extremity of the upper fragment of the bone resting in the bend of the elbow. After thoroughly washing the parts, I put him under the influence of ether and reduced the fracture, also taking a couple of stitches; I then placed the arm in a Day's angular splint, passing a few broad strips of bandage around it, leaving the wound as easily of access for frequent dressing as possible, depending mostly on sol. bichloride of mercury. Anchylosis was threatened, but the boy now says that his elbow and his arm are as good as ever.

PERMANENT CURE OF HYDROCELE.

Was summoned to visit some cases at the County Infirmary. The first was a middle-aged German with hydrocele, whom I tapped, leaving him in charge of the steward, intending to return in a few minutes and remove the canula, but forgot it. The next day, on my return to the Infirmary, the steward asked me how long I was going to let that tube stay in that fellow's scrotum, as it was paining him very much; I told him that I thought it had been in long enough, and on examining him I found the serum thoroughly evacuated, his scrotum swollen and feverish. I withdrew the canula and gave him some general treatment, and a permanent cure was the result.

T. G. STEPHENS, M.D.

SIDNEY, IOWA.

TYPHOID FEVER.

NOTICING the earnest discussion upon this fever, and the various opinions expressed, I desire to say, through the columns of your Journal, that I recognize the fact that typhoid fever is caused by the introduction into the system of a living germ, and that this germ has its origin in decaying organic matter, both vegetable and animal, and that it is taken into the system in the water we drink, the food we eat, and, possibly, in the air we breathe; that its favorite lodging place is the glands of Peyer, the mesenteric glands, and the spleen; that its active working existence is two weeks, at the end of which time it reproduces itself and dies. This new production springs at once into an active existence, does its life work, reproduces itself, and at the end of the next two weeks has died. Thus they would go on indefinitely but for the production of a ptomaine, which becomes so acrid as to prevent their reproduction. This typhoid germ reproduces itself by the giving off of spores, or by budding, as the yeast plant is reproduced.

This ptomaine I believe to be an exhalation from their bodies, while living, from their excretions, and the decaying bodies of the dead. I do not believe the fever is the result of the inflammation of the glands of the bowels, or that of the spleen, but it is caused by this ptomaine, which has been carried by the blood to every part of the system, producing such a depression upon the nerve centres as to destroy the soundness and purity of their action.

The great question now is, can typhoid fever be cured? Having recognized the cause, I will say yes. I know that most of our authorities say it cannot; that we must be content with following it down the stream, and guarding as best we can against the breaking shoal.

There are but few kinds of fever that start like typhoid. In a few days we know if it is of the inter-

mitting type, and but little longer to know if remitting. If neither, I at once suspect typhoid, and begin my treatment accordingly. I would think it almost criminal to let my fever run two, three, or four weeks before deciding it a case of typhoid.

My average treatment is simply this : One-tenth of a grain of calomel, or its equivalent of the bichloride of mercury, every four hours, and a teaspoonful of an emulsion of spts. turpentine half way between. At bedtime I give a warm sponge bath, under the covers ; bathe the bowels freely with turpentine and put the patient to bed for the night, giving no more medicine until after the next breakfast. Give all the cold water the patient wants, and liquid, nourishing food. If the bowels do not move freely each day I move them with castor oil. When they move too freely I combine with my calomel Dover's powder ; opium, if necessary. This I continue every day until the fever is broken, which result I confidently expect from the tenth to the fourteenth day. When the fever is broken and patient perspiring freely, I change the treatment to tonics and mineral acids, and expect a speedy and complete recovery. With this treatment the fever will not run very high ; the patient does not become delirious. But if you change the treatment to tonics before the fever is broken the fever will run high, the patient grow weak and trembling, and you will have delirium.

I have not had to visit an uncomplicated case of typhoid fever longer than the fourteenth day since I have strictly adhered to this treatment, which is now nearly seven years. With this treatment what have I done ? First, with the calomel, I have aroused to their best action all the secretions of the alimentary canal ; I have the best possible action of the liver. In these small doses I also get a pleasant tonic action, and recognizing the fact of its changing to corrosive sublimate while in the stomach, I have one of the finest germicides, by which with the germicidal action of the turpentine, I prevent the reproduction of the typhoid germ, so that at the end of the first two weeks the old germs have died, and I have prevented their reproduction. The cause of the fever is gone, and the patient speedily returns to health. With the small repeated doses of turpentine I have also secured its stimulating action upon the nervous system. The attack is shortened and the danger of heart failure and of perforation of the bowels is lessened. Dr. Henry Hartshorne will say, "I tried that treatment more than twenty years ago and got beneficial results, but not such as these." So he did, but he orders this treatment during the first week, only leaving it off the second, and in that second week the germ is reproduced and the fever goes on. Dr. G. B. Wood will say, "I ordered this treatment farther on in the disease. I also got good results, but not such as these." So he did, but he does not order it until the most poisonous symptoms have manifested themselves ; not until this ptomaine has become so abundant and so acrid as already to have almost, if not quite, stopped the further reproduction of the germ ; but he now has a patient whose nervous centres have become so depressed with the load of poison that it may take weeks of careful treatment to free them and restore to health, during which time the ulceration of the glands of the bowels has been going on, largely increasing the danger from perforation, and the heart's action may fail through nervous exhaustion and spinal complications, or pneumonia may occur. I hope my professional brothers will carefully test this treatment and report results.

W. O'Neall Mendenhall, M.D.
Richmond, Ind.

MULTIPLE ARTICULAR ABSCESSES IN INFANTS—RECOVERY.

L. E., born of healthy parents, flourished until she was two weeks old, when intestinal trouble of an indefinite character set in, manifested chiefly by disorded appetite, and greenish, though not frequent stools. A week later an indurated, globular swelling, about one-half inch in diameter, was observed suddenly to make its appearance directly under the left nipple. Almost simultaneously a similar enlargement was discovered at the sacro-vertebral articulation. This latter was at first mistaken for a spina-bifida, which, on account of its small size, had been previously overlooked. Both swellings were exquisitely sensitive to touch, and shortly began to enlarge, until that on the thorax was the size of an English walnut, while the one on the back became half as large in its original location, but the entire right hip was subsequently involved in the swelling. Palpation at this time disclosed fluctuation of the thoracic tumor, which was then enveloped in a flax-seed meal poultice. Forty-eight hours afterward I lanced it, liberating a large quantity of creamy pus, which continued flowing for several days. The supposed spina-bifida now showed signs of suppuration, and was accordingly poulticed a sufficient time, when it was lanced with a result similar to that of the former. The swelling of the hip, however, still persisted, and eventually developed fluctuation, pointing about a half inch from the last incision. This was also poulticed and lanced. After it was thoroughly evacuated, the hip resumed its normal appearance and functions, which had been hitherto suspended. The child would now have been considered convalescent had it not been for the persistence of pyrexia. This had been present from the incipiency of the attack, and ranged from 101° to 103.5° F. ; indeed, it continued thus for several days after the evacuation of the last two abscesses which appeared respectively on the right wrist joint, and on the inner side of the left foot. These last abscesses repeated the history of the three former, in progress and treatment, with the exception that the right wrist remained indurated for several days after its abscess was lanced, and finally suppurated and pointed again, after which it yielded to inunctions of iodine ointment. The duration of the attack was three weeks, at the end of which time the child was apparently as well as any child of its age, not afflicted as it had been. It will be noticed that with one exception the abscesses were located over articulations, and, before suppurating, closely resembled the swelling of acute rheumatic arthritis. Treatment was accordingly directed to that condition

at first, and consisted of small doses of salicylate of soda, supplemented by one-twenty-fifth grain doses of morphia sulph as anodyne. The diagnosis of rheumatism failing to be substantiated by the progress of the case, the soda salt was supplanted by the compound syrup of trifolium as an alterative. The morphine was used throughout the attack, the child not being able to rest or sleep unless under its influence.

WM. S. CARY, M.D.

GOTHENBURG, NEB.

DIVISION OF TENDO-ACHILLIS.

H. C., a strong, healthy young man, about eighteen years of age, stepped backward and struck his heel against the edge of a recently ground scythe, severing with a clean cut the "tendo-Achillis" about one inch above the astragalus. The upper portion of the tendon retracted in its sheath nearly four inches.

Only a few drops of blood were lost. To meet the indications in this rare injury, I put on his foot a common slipper, after making a hole in the heel, through which I passed a piece of strong tape, and then tied the ends of the tape to a strap or bandage fixed above the knee, flexing the leg upon the thigh as far as possible. He remained in this position some four or five weeks. This was all the treatment, and the result was a perfect cure. My excuse for putting this case on record is that I have seen recently in a medical journal rather elaborate diagrams demonstrating in what manner the upper portion of the severed tendon could be brought down, and united with the lower, making a formidable operation for a young practitioner to accomplish.

GEORGE DAVENPORT, M.D.

NOTES FROM PRACTICE.

WHOOPING-COUGH.

WHOOPING-COUGH has been quite prevalent here for the past three months, but it has been of a mild character as a rule. Some very severe cases, however, have occurred in families in which other members have hardly whooped at all. Two cases of the former class, patients of my own, after having coughed three weeks without lessening very much, came to an abrupt stop in one day, having hardly anything of it after.

They had both been taking ammonia bromide with ipecac and hyoscyamus for two weeks, which have rather been my favorite remedies this year. Very young children will take the bromide nicely if mixed with simple syrup.

The too free use of nauseants is apt to lower the tone and force of the system, and interrupt the appetite and digestion. I have found hive syrup quite extensively used by common people, especially the Germans; but I always forbade its use in the cases of young children on account of its depressing effects. Older and stronger subjects bear it very well, and are often benefited by its use. The objection to very young children taking it is, of course, on account of the antimony contained in the preparation. I have found that the simple wearing a belladonna plaster upon the chest has a modifying effect upon the cough. The elixir val. ammonia I have found useful in several cases; its stimulating and antispasmodic properties being often indicated. Chloral at night is safe and useful, bringing about refreshing sleep better than any remedy that I have ever tried.

CASE OF CONVULSIONS.

At about 11 P.M. I was called to see a girl twelve years of age, who had had several hard convulsions. She had attended school the day before as usual, and was as well as she had ever been; had no particular mental strain or excitement. Her evening meal was well relished, but consisted of nothing extraordinary in quality or quantity. She retired at 9 o'clock, and at 10 o'clock, without the least warning, went into a terrible convulsion.

She was in the third when I arrived, and had remained totally unconscious from the first. I succeeded after a while in getting her to swallow fifteen grains of ipecacuanha, with a view to clear the stomach of ingesta. In about fifteen minutes this was done most thoroughly, but she immediately passed into another convulsion, and as soon as it had ceased I gave a copious injection of warm water, to which was added a spoonful of common salt. Her bowls moved quickly and freely, but the spasms still continued to occur with no abatement in force or frequency. The warm bath had not been neglected, but used to the full extent of safety. I now put her under the influence of chloroform by inhalation, which I continued for two hours. Several times on my stopping the anæsthetic, the spasm would begin, but would cease immediately on again applying the remedy. After two hours there was not a return, and the following day, though weak and sore, no other bad effect from the many convulsions was apparent.

EMBOLUS OF POPLITEAL ARTERY.

A young man, nineteen years of age, for four weeks had been the subject of acute rheumatism, with extensive heart complications. Early in January he was taken very suddenly with agonizing pain in the left leg, extending down to the foot, after having made an effort to get up so that his bed could be made. It was four hours from the beginning of the attack before I saw him. He was then suffering terribly, with the leg perfectly blanched, and cold as a cadaver.

A hypodermic of morphia and atropia was administered, which had the effect of somewhat relieving the pain, and artificial heat was vigorously and continuously applied.

It was a hard fight for the life of the limb for several weeks, when a compromise was effected by parting with the toes, but retaining the remainder of the leg.

The toes were removed, when a perfect line of demarcation was formed. The temperature of the leg is now the same as that of the sound one.

A loud, bellows murmur is heard at the heart, and twinges of rheumatism pretty distinctly felt, more or less general, over the body at every little change of

the atmosphere, although the affected limb seems to trouble him less than the other.

BLEEDING IN APOPLEXY.

Mr. S., while rising from his bed in the morning, suddenly became unconscious, and paralyzed in one-half of his body.

He was under the care of a homœopath for three days, with no apparent change occurring, when I was sent for. I found the patient with a pulse of 60, full and strong, face purple, and breathing stertorous; perfectly unconscious, with scarcely any power to swallow. I at once corded the arm and opened a vein. When a pint of blood had been extracted his consciousness returned, and he recognized and called me by name, though in a muffled sort of way.

He continued to improve after the venesection, and can now get about with the aid of a cane.

Mr. H., aged sixty, two weeks ago, while going from his house to the barn in the evening, became paralyzed and unconscious, falling to the ground. A physician was called, but did little for him. The next day I was called in consultation. The patient was comatose, pulse 60, face purple, totally unconscious.

He was bled copiously, when almost immediately his consciousness returned. Ten grains of calomel, with the same amount of rhubarb, operated freely in six hours, and the following day his mind was clear, and he could talk, but with some hesitation. In a few days he gradually relapsed into coma, and died.

Both of these individuals were excessive users of tobacco.

CANCER OF THE TONGUE.

Three cases of cancer of the tongue and throat have come under my care within two years here, and all of them occurred in inveterate smokers and chewers, and I think I may here state that I have never known cancer of the tongue to appear in an individual who was not a smoker, and a chewer of tobacco.

JOHN E. MEACHAN, M.D.

RACINE, WIS.

A CORRESPONDENT asks if in the event of his visiting Paris during the Exhibition, he will be permitted to practise among his own countrymen.

We have made inquiries and find that no such privilege will be granted. In case he could find a physician who is duly authorized, he might be allowed to practise under his cover.

Book Reviews.

ELECTRICITY IN THE DISEASES OF WOMEN, WITH SPECIAL REFERENCE TO THE APPLICATION OF STRONG CURRENTS. By G. BETTON MASSEY, M.D. Cloth. Illustrated. Pp. 210. Price, $1.50. Philadelphia: F. A. Davis, 1889.

A portion of the introductory chapters of the present work having been recently published in the *Times* as a series of contributed articles, the profession has already learned something of the author's aim and intention in bringing before the public the first attempt at a complete treatise on this subject.

The book is thoroughly practical, the object being not only to familiarize the profession with the physical properties of this great therapeutic agent, but to illustrate the advantages of its scientific application in the treatment of diseases of women. Whilst the material of which the author has made use is largely drawn from his own experience, which is frequently not the case in modern book construction, yet the opinions of such authorities as Apostoli, Engelmann, etc., have been rightly accorded some space. There are some exaggerations of statement to be found, which will doubtless be toned down by mature experience; but the reader who practises this special art will easily separate these from the balance of the book. It is a useful and well-timed treatise. Typographically, the book is all that could be desired, and reflects credit to publisher as well as author.

LES MALADES QUI GUÉRISSENT AUX EAUX D AIX-LES-BAINS, ET COMMENT ILS GUÉRISSENT. Par le DR. J. MONARD. Paris: A. Maloine, Éditeur, 91 Boul. St. Germain, 1889.

The author gives us a little book of 87 pages, with full information concerning this celebrated health resort. The first chapter treats of the general effects of the waters; the second takes up their use in surgical affections and skin diseases; the following, of syphilis and tuberculosis, general disorders of nutrition, hygiene of the bather, and the model thermal station, in which favorable mention is made of the city of Pullman.

The St. Louis Polyclinic, edited by L. A. Turnbull, M.D., appears as the organ of the St. Louis Post-Graduate School of Medicine. It is a monthly of 28 pages, at $1 per year, and all physicians who are specially interested in the above-named school should subscril e for it.

ANNALES DE LA POLYCL NIQUE DE BORDEAUX. A semi-monthly of 64 pages, appearing in January and July, and filled with reports from the clinics of the editors, MM. Moure, Pousson, and Dubreuilh.

Pamphlets.

Temperature and Atmospheric Humidity, and their Relations to Health and Disease. By J. M. Anders, M.D., Philadelphia.

The Control and Care of Pauper Inebriates of Towns and Cities. By L. D. Mason, M.D., Fort Hamilton, N. Y.

The Question of Relationship Between Lichen Planus and Lichen Ruber. By A. R. Robinson and S. Edin, New York.

Transactions of the Louisiana State Medical Society, New Orleans, 1888.

Apparatus for Pneumatic Treatment in Hospitals. By S. Solis Cohen, M.D., Philadelphia.

Surgical Treatment of Membranous Opacities in the Vitreous. By C. S. Bull, M.D., New York.

Relation of the Nasal and Neurotic Factors in the Ætiology of Asthma. By F. H. Bosworth, E. L. Shurly, W. H. Daly, and A. H. Smith, New York.

The Relation between Trophic Lesions and Diseases of the Nervous System. By E. C. Seguin, M.D., New York.

Laparotomy for Ascites. By T. A. Ashby, M.D., Baltimore.

The Importance of Careful Diagnosis of Pregnancy. By W. S. Stewart, A.M., M.D., Philadelphia.

Prevention and Treatment of Typhoid Fever. By S. S. Vurt, M.D., New York.

A Case of Double Vascular Exophthalmus. By C. J. Kepp, M.D., Newark, N. J.

Twelfth Annual Report of the Board of Health of the State of New Jersey, and Report of the Bureau of Vital Statistics, 1888.

Report of the Board of Health of the city of Reading, 1888.

Proceedings of the Department of Superintendence of the National Educational Association, Washington, 1888.

Contribution to the Diagnosis and Surgical Treatment of Tumors of the Cerebrum. By R. S. Weir, M.D., and E. C. Seguin, M.D., New York.

Common Membranous Sore Throat. By J. Solis Cohen, M.D., Philadelphia.

Biniodide of Mercury; Its Antiseptic Use. By E. P. Bernardy, M.D., Philadelphia.

Address of Albert R. Baker, M.D., at Wooster University, Cleveland, O.

Some Results of Excessive Conservatism in the Treatment of Disease in Large Joints. By Addinell Hewson, M.D., Philadelphia.

On the Treatment by Suspension of Locomotor Ataxia and some other Spinal Affections, as described by Prof. Charcot. Translated from the French and edited by A. de Watteville, London, 1889. Price, one shilling.

The Science of Successful Surgery. By John B. Roberts, M.D., Philadelphia.

Fixed Uteri. Uterine Hemorrhage. By Wm. L. Taylor, M.D., Philadelphia.

The Resuscitation of Asphyxiated New-born Infants by the Suspension Method. By Llewellyn Eliot, M.D., Washington, D. C.

Lactopeptine Medical Annual. New York Pharmacal Association.

Preliminary Report to the Illinois State Board of Health.

Water Supplies of Illinois and the Pollution of its Streams. By John H. Rauch, M.D., Secretary.

VARIOLA AND COCAINE.—Dr. Cerni calls attention to the recent observations regarding the treatment of variola by the employment of cocaine in doses of from two to five centigrammes. The period of suppuration is said to be shortened to a remarkable extent.—*La Normandie Medicale.*

EMPLOYMENT OF TAR WITH IODOFORM.—M. Ehrman finds that this combination is, if anything, more efficacious than iodoform alone, besides which it possesses the advantages of absence of odor as well as cutaneous irritation.—*Revue de Therapeutique.*

Abstracts.

HYSTERIA AND PREGNANCY.—Dr. Brennan reports a case of neurasthenia that had proved intractable to all treatment, which was finally cured by becoming pregnant.—*La Normandie Medicale.*

OCCIPUT POSTERIOR.—T. Griswold Comstock, A. M., M.D., Ph.D. (*Clinical Reporter*), reports two cases of *labor with the occiput situated posteriorly* in which he was called in consultation, and in both of which he was compelled after vain efforts at forceps delivery to make use of craniotomy.

PLACENTA PRÆVIA.—The *Lancet* reports the occurrence of placenta prævia in five successive pregnancies, the writer tracing the predisposing cause to an abnormally large uterus.

TRYPSIN IN DIPHTHERIA OF INFANTS.—The following has been recommended as a membrane-solvent mixture:

℞.—Sodii bicarbonatis,
Trypsin . . . . . āā gr. xxx.
Hydrargyri chlor. cor. . . . . gr. ¼
Glycerini . . . . . ʒ j.
Aquæ rosæ . . . . . ʒ j.
Sig.—Use as a spray.

—*Merck's Bulletin.*

CORYZA.—J. G. Carpenter, M.D., (*Journal Am. Med. Assoc.*) contributes an interesting article on this common and troublesome complaint. Bromide of potash in first and second stages for the reflex and cutaneous irritability; iodide of potash acts specifically on the mucous membrane; grs. ii to x, along with grs. xxv bromide of potash, will often abort or cut short an attack. The hot foot bath for fifteen to thirty minutes, with water from 95° to 100° is good. In mild attacks of catarrh anointing the skin with vaseline and the free use of massage once or twice a day for one or more days, will abort an attack and assist the other medicines in accomplishing the same result.

Opium and its preparations are valuable; grains ¼, ½, or 1, repeated every two, three, or four hours, *pro re nata.*

RESPIRATION BY THE NOSE AND BY THE MOUTH.—The *Journal de Med. et. de Chi. Pratiq.*, 1888, No. 12, presents the following conclusions from a work published by Dr. Smelster. Inspiration is made by the nose or by the mouth. Simultaneous inspiration by the nose and by the mouth is physiologically and anatomically impossible. Expiration is made by the nose alone or by the mouth alone. Simultaneous expiration by the nose and by the mouth is physiologically and anatomically impossible. Therefore, respiration is never performed by two orifices at the same time.

A practical conclusion to be drawn from these facts is that an operation may be performed on one of these parts while inspiration is carried on by the other.—*Revue Médicale de Louvain.*

NITRITE OF AMYL or "glonoin" will often abort a cold in its incipiency.

A powder composed of quinine sulph., grs. ij; bismuth subnit., grs. ij; morphine sulph., gr. 1/8; cocaine muriat., gr. 1/8 to 1/4, well triturated and blown into each nostril two or three times in twenty-four hours, will abort or arrest cold in the first and second stages and shorten the duration in the third stage. As local applications these are good:

Spray affected parts with 2, 4, or 6 per cent. solution of muriate of cocaine in melted vaseline every eight hours; or

℞.—Vaselini . . . . . ℥ j.
Olei eucalypti . . . . . gtt. iij.
Acidi carbolici . . . . . gr. ss–iij.
M.—Ft. Massa.
Sig.—Melt and spray ℥i, ℥ij.

Or,

℞.—Vaselini . . . . . ℥ij.
Glycerini . . . . . ℥ss.
Acidi carbolici . . . . . gr. ss–ij.
M.—Ft. Massa.
Sig.—Melt and spray, ℥ss, ℥ij.

MASSAGE.—There are four terms expressive of the various manipulations in massage: 1. Effleurage, 2. Pétrissage, 3. Tapotement, 4. Friction.

1. *Effleurage.*—Stroking with the palm of hand, the tips of fingers, the thumb, the knuckles, or the edge of the hand. Effleurage has a soothing effect and relieves pain from tension, neuralgia, etc.

2. *Pétrissage* consists of pinching, pressing, squeezing, rolling and kneading. To be done centripetally, from periphery to trunk, in direction of the current of the lymphatic or venous vessels. This excites action upon the lymphatics and capillaries, stimulates circulation, promotes absorption, and improves nutrition.

3. *Tapotement.*—Tapping, percussing, tickling, hacking, thrusting, used for deeper muscles of the loins and back.

4. *Friction.*—Rubbing for superficial purposes.

To be more explicit: pressing is done with the thumb; tapping, the tips of the fingers slightly bent (useful in neuralgia of face and cranium); thrusting, using the finger-tips with extended hand; hacking, done with edge of hand, fingers kept apart or together; pinching, keeping thumb on one side and the four fingers on the opposite side, like a pair of pliers; squeezing, same as pinching, but the thumb alone coming into play, the fingers remaining passive; rolling and kneading, using both hands, thumb of both hands on one side, and the four fingers of the two hands on opposite side and manipulating like making dough. In addition to these movements of the limbs, at first passive, then active, are effected, consisting of flexion, extension, pronation, supination, rotation. These movements must be performed at first gently, and by degrees more energetically. The patient at first remains passive, the operator performs the movements for him; in active exercise, the patient performs these movements whilst the operator offers the resistance. The best costume for the patient is a suit of flannel.

Diseases in which massage is of undoubted benefit: Rheumatism, and in neuralgia when not due to inflammatory action; manner, stroking, kneading, hacking; obesity, arthritic joint affections, gentle manipulation continued over some months; paresis not due to organic disease, gentle treatment; narcotic poisoning, beating, pinching, hacking muscles over whole body; abdominal and pelvic swellings, pelvic inflammation and ovaritis, ovarian cysts in which operation is impracticable, eye diseases, conjunctivitis pustulosa, episcleritis, corneal opacities following pannus, and scrofulous and parenchymatous keratitis, eczema, centripetal stroking.—*Provinc. Med. Journal.*

A HINT FOR FACILITATING THE MICROSCOPICAL EXAMINATION OF URINE.—When attempting to examine urine under the microscope for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused both by urates and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effect upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing twelve parts of powdered borax in one hundred parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing a small deposit crystallizes out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time—i. e., if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exist, is not coagulated. The organic elements—as epithelial cells, casts, blood corpuscles, etc.—collect so quickly, without undergoing any morphological change at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Lancet.*

TREATMENT OF TETANUS BY ABSOLUTE REST.—Prof. E. de Rienzi recommends absolute rest for the treatment of tetanus. Since the year 1882, when he applied the treatment for the first time, he has treated six cases of tetanus with the result of obtaining five cures. The following is a brief resume of the indications which the author gives for the treatment:

1. The patient having the ears stuffed with cotton or wax is to be kept in a quiet room and in total darkness.

2. The sick room, as well as the adjoining ones is to be thickly carpeted in order to avoid the noise of footsteps.

3d. The room is to be opened for ventilation every four hours with the greatest care. The diet is to consist of liquids, milk, eggs beaten in broth, water and wine, etc.

4. All light necessary shall carefully be covered from the sight of the sick.

5. If constipation exists, both purgatives and injection are interdicted. Above all quietness is necessary.

6. Should the pains be intense, with the object of quieting, powdered belladonna and ergot of rye should be used.—*Bulletin Gen. de Therapeutique.*

Nature and Treatment of Diphtheria.—Dr. P. Morot, of Vichy, regards diphtheria and croup as one of the manifestations of a uric acid diathesis which, under the form of a congestion of the pharynx or larynx causes the production of a false membrane. In all manifestations of this diathesis, but more especially in the two above-mentioned diseases, the liver is found to be in a state of congestion, and the congestion is the main indication for treatment.

The hot treatment for diphtheria therefore begins with the reduction of the hepatic congestion. This is easily effected by means of cauterization over the region of the liver, with acid nitric mono-hydrate by means of a pointed stick, taking care to remove all excess of acid.

This little operation is to be frequently renewed on the remaining healthy tissue every hour or two if necessary, until the liver returns to its original size.

With this effected we are told that he has seen an amelioration of all the symptoms of the disease, and as the author points out the same rule would hold good as a preventive during the prevalence of an epidemic. Quinine and strychnia are considered the most useful drugs.—*Revue de Therapeutique.*

Toxic Effects of Cocaine.—In *Brit. Med. Jour.*, April 6, is reported a case of marked poisonous effects from the instillation into each eye night and morning, of three drops of a three per cent. solution of hydrochlorate of cocaine.

Immediately after the drops were applied "she felt a peculiar sense of numbness in the back of the tongue and throat, followed by intense palpitation, irregular action of the heart, disposition to faint, and extreme nausea, amounting almost to vomiting; she also had to unfasten her clothes owing to the sudden and great distension of the stomach and bowels with flatulence. The symptoms lasted for hours after each application of the drops. She was seen the third day after this treatment was commenced, and, the evil effects of the cocaine being recognized, the drops were discontinued, with the result that the disturbing cardiac and abdominal symptoms disappeared."

The Potato Cure.—Prof. Billroth, at his clinic, presented several cases of foreign body in the intestines. The patient was recommended to eat large quantities of potatoes, which produce a uniform distension of the intestinal tube and thus cause the expulsion of the foreign substance. He claims that the necessity for gastrotomy was thus avoided.—*Revue de Therapeutique.*

Our readers may have noticed the ingenious little instrument which has been found to be so useful in cleaning glass windows. It consists of a band of flexible rubber held between two strips of wood. We learn from the *Journal of Hygiene* that a modification of the same is used by the street cleaning bureau of Paris on the asphalt streets of that city with very satisfactory results.

Erysipelas.—Dr. Behrend treated erysipelas in the first stages with a lotion of absolute alcohol, ninety per cent., three times a day, with very good results. All the pain disappeared, so did the redness and swelling, and no case ever went on to suppuration, though he had many cases in his capacity as physician to the prison for women in Sagua. The patients under this treatment were able to work, and complete cure was obtained in all cases in from three to five days.—*Berliner Klinische Wochenschrift.*

Treatment of Stricture of the Œsophagus by Electrolysis. — The case reported by Dr. Dujardin-Beaumetz was operated upon by Dr. Fort in the same manner as for urethral stricture. The stricture which measured but five millimetres in diameter now measures fourteen, and the patient who was dying from inanition, being hardly able to take a few drops of broth, now eats everything, and has gained nine pounds in weight. This is supposed to be the first operation of its kind, and the success is complete.—*Bulletin de l'Academie de Médecine.*

Syphilis.—In fifty cases of syphilis of long standing, and where the mercury treatment even had failed, Dr. S. E. Gentz had excellent results by the hypodermic injection of one-sixth of a grain of bicyanide of mercury every day until all symptoms of the disease disappeared. The solution has to be made fresh every other day, and must be well closed in the bottle to shut off the air. If this is not done, hydrocyanic acid will be evolved and mercury be precipitated.—*Wein. Med. Presse.*

Cocaine in Smallpox.—Dr. E. Ory used a solution of hydrochlorate of cocaine, five per cent., in variola and varioloid with very good results. He gives ten drops four times a day to an adult patient of the above solution with very good results. Five days after the eruption appeared the patient was cured in several cases without leaving any pitting whatever. To children he gives eight drops four times a day of a one per cent. solution with the same good results. He thinks it also would act happily as a prophylactic.

PHARMACOLOGY AND THERAPEUTICS.—We quote the following interesting notes on pharmacology and therapeutics from the London *Lancet* of April 6:

"*Simple Method of Treating Coryza.*—Camphor in various forms is frequently recommended for colds in the head, although Dr. George Johnson and others long since indicated the dangers attending the use of concentrated alcoholic solutions. The following method of application is suggested in a Swiss pharmaceutical journal, and certainly has the merit of simplicity:—A jug is half-filled with boiling water, into which a teaspoonful of well-powdered camphor is thrown. A funnel-shaped paper cap is then placed on top of the jug, and a hole torn in it just fitting the nose. The camphorated steam is inhaled through the nose for ten or fifteen minutes, the inhalation being repeated if required every four or five hours. If the patient resolutely persists with the inhalation, in spite of its unpleasantness, it is said that three repetitions will always effect a cure, however severe the coryza may be.

"*Carbolic Acid and Iodine in Whooping-Cough.*—Dr. Rothe, having met with some unfortunate cases of whooping-cough treated with antipyrin, turned his attention to a combination of iodine with carbolic acid in the treatment of this affection, and with this combination he has obtained remarkable results. He has, he says, treated hundreds of cases, and cannot remember one in which the affection lasted longer than four weeks, besides which no fatal case occurred. The mixture he employs is as follows: acid. carbol., 14 gr.; sp. vin., 15 gr.; tinct. iod., 10 gtt.; tinct. bellad., 30 gr.; aq. menth. pip., 2 oz.; syr. opiat., 150 gr. A teaspoonful of this is given to children over two years of age every two hours. When this treatment was carried out from the commencement of the complaint the severity was never great, and even when it was only begun in cases that had been going on for six or seven weeks it soon cut them short.

"*Iodine Applications in Erysipelas.*—Dr. Tichomirow, writing in a Russian military medical journal, recommends the employment of tincture of iodine as an external application in erysipelas even in cases where bullæ have formed. He paints the iodine over the affected part and its vicinity three or four times a day. The irritation caused by the treatment is easily allayed by the application of a little camphorated oil. Usually he found a couple of days sufficient to reduce the infiltration and to bring the temperature down to normal. A similar mode of treatment he also considers very beneficial in cases of boils and carbuncles. Even after these have broken he recommends that the iodine should still be applied, the wound being cleansed from pus and a dressing of cotton-wool applied.

"*Phenacetine in Whooping-Cough.*—Dr. Heimann, of Landau, writing in the *Münchener Med. Wochenschrift*, states that he was induced to try the effect of phenacetine in whooping-cough as he had been very much disappointed with antipyrin. Although he has given children of three or four years old a few doses of fifteen grains each of phenacetine, he has never found any ill-effects from its use, and the results, he says, have been uniformly satisfactory.

"*Creoline in Suppurative Otitis.*—The use of creoline in ear diseases is strongly recommended by Dr. Purjesz of Buda-Pesth. In cases of acute and chronic inflammation of the middle ear he syringes once or twice daily with a solution containing five or six drops of creoline to about nine ounces of water, in addition to which the Eustachian tube is opened up by the employment of Politzer's method, or, if necessary, by means of catheterisation. Dr. Purjesz finds that creoline is an excellent antiseptic for this purpose, and in the strength employed by him quite free from any objection on the score of causing irritation. Its low price, too, makes it especially suitable in practice amongst the poor.

"*Picric Acid Applications in Erysipelas.*—A solution of picric acid in water, of the strength of 6 to 1000, is strongly recommended by Dr. Cavelli as an external application in erysipelas, whether of a slight or of a severe character. In cases where the prostration has been considerable, together with delirium and a high temperature, painting the affected part with the solution from five to ten times a day very soon brought down the swelling in the cellular tissue and reduced the fever. The same treatment is also recommended in cases of lymphangitis and eczema.

"*Creasote in Diabetes.*—Two cases of diabetes have been treated with excellent results by Valentini, by means of creasote administered internally. In one case, four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient began to eat starchy food. The other patient was given six drops per diem, and did equally well."

THE CURE OF BUNIONS BY PHENIC ACID.—Dr. Salemi, of Nice, uses the following method: The foot is washed with soap and water, after which the adjoining healthy parts are protected by a thick coat of elastic collodion. The acid is now melted and applied to the hardened surface by means of a pointed brush. After allowing it to dry for several minutes the excess of acid remaining may be taken up with ordinary blotting paper. This application should be repeated every three or four days until a cure results.—*Revue Médicale de Louvain.*

RECENT STATISTICS OF RABIES.—In a communication to the Academy of Medicine, M. Dujardin-Beaumetz gives the following data concerning râbies in the Department of the Seine: Of those who followed the complete Pasteurian treatment, 105 persons were wounded by animals whose râbies was proved by experiment; 231 by animals which were pronounced rabid by veterinarians; and 49 by animals of unknown character. Leaving out the last named, the mortality was 1.19 per cent. One hundred and five did not follow the Pasteurian method of treatment, and of these 14 died, a mortality of 13.33 per cent.

Medical News and Miscellany.

Dr. C. F. Hertzog has located at Oley, Berks County, Pa.

"It" has been definitely decided to be ordinary spring fever.

Iodol is recommended internally and locally in tertiary syphilis.

The Society of American Anatomists meets in Philadelphia this fall.

We were favored with a call from Dr. Emil Kleen, the Swedish physician of Carlsbad.

The Yellow Fever Epidemic of 1878 cost this country 25,000 lives and $200,000,000.—*Sanitary Inspector.*

Denver, Colorado, has only three medical colleges. The combined graduating classes this year numbered nineteen.

At Singapore, dogs are subjected to fifteen days quarantine; the owners being compelled to pay fifteen cents per day.

Dr. Steer has been confined to his residence with a very severe attack of diphtheria, contracted while attending a patient.

Dr. Leuf, of the University of Pennsylvania, may be considered a specialist upon the affections peculiar to base-ball players.

Ether drinking is becoming prevalent in the north of Ireland. It takes a pretty strong stimulant to fuddle the brain of a Far-Down.

In the *Boston M. and S. Journal* Dr. Wadsworth reports the removal of a bit of steel from the vitreous humor by means of an electro-magnet.

A New fashion has appeared in the drapery of doors where a death has occurred. Instead of the heavy streamers of crape, pendants of natural flowers are used.

Dr. H. A. Starkey will probably locate at that delightful suburb, Lansdowne, which, by the way, is being built up with a rapidity only excelled by Aladdin's genii.

Dr. W. X. Sudduth is making a great success with the *International Dental Journal*, which has already won a high place in the estimation of the dental profession.

Pilocarpine has been employed with success by veterinarians in the treatment of acute laminitis. The dose varied from six to twelve grains, given hypodermically.—*Amer. Vet. Review.*

It looks as if the long-felt want of a remedy for influenza had been found in the febricide pills. We have given one every four hours, in a number of cases, with very promising results.

Medical Statistics. — According to a recent census the proportion of physicians to each 100,000 inhabitants is as follows: United States, 122; Germany, 70; England, 66; Belgium, 54; France, 29.

Mlle. Guiseppina Cattani has made her debut as privat-docent of the course of general pathology at the Faculty of Bologna. The young doctress was received with great applause.

A wealthy Saxon promised his physician half his fortune if the doctor cured his wife. He did so, and now the doctor is suing for the promised reward; the husband's gratitude having evaporated in the usual manner as the wife got better.

An eight-year-old boy, of Cleveland, O., showed symptoms of arsenical poisoning after smoking cigarettes. A dealer in tobacco stated that arsenic was put into the wrappers, or coverings, of the cigarettes, to make them burn brilliantly and evenly.—*Sanitary News.*

The medical profession of America is represented at the International Congress of Therapeutics and Materia Medica, to be held in Paris next August, by H. C. Wood, Bartholow and Meade Smith. Where, oh where, do Boston, New York and Washington come in?

We are pleased to announce that Dr. Ménière's health has been sufficiently restored to permit him to renew the publication of the *Gazette de Gynecologie.* We extend congratulations to our French confrère, and welcome the reappearance of his valued journal upon our table.

Dr. Sutton's private hospital, Terrace Bank, makes the following report: In the last fifty abdominal sections made for ovarian tumors and otherwise diseased ovaries and tubes, but three deaths occurred. In the last thirty-six cases there was one death; in the last thirty cases no death.

The smallpox has broken out in Oklahoma. It would be a thoughtful and humane act if every reader of The Times and Register who has any reliable vaccine virus to spare were to send it to the new territory. Send to the Mayor or the Postmaster at Guthrie, and request him to give it to the physicians.

The Bombay government has prepared a bill providing for village sanitary boards, each consisting of three persons, chosen by the collector. Their duties are limited to arranging the water supply, street cleaning, abating nuisances, and generally promoting sanitation. If voluntary subscriptions are insufficient for their expenses, a tax will be imposed.—*Indian Med. Gazette.*

Eye Photography.—Faiese Green, a British photographer, has actually produced a picture with only the light issuing from his eye. Having stared for fifteen seconds at a 3,000 candle electric arc only three feet away, he closed his eye and quickly brought it over a sensitive plate at a distance of one inch. The result was a very faint but distinct image of the arc and the carbon, due probably to a momentary phosphorescence of the retina. A second attempt fa led, and gas lights proved too weak to produce an effect.—*Am. Analyst.*

[We prefer to let Mr. Greene risk his eyes on such experiments; we reserve ours for safer work.]

THE NEW M.D.

He has just come out of college,
With his head crammed full of knowledge,
So he thinks! So he thinks!

He has come the world to alter,
In reform he'll never falter,
So he thinks! So he thinks!

And he'll banish all old fogies,
Just like a lot of bogies,
So he thinks! So he thinks!

In a few year's he'll grow tired,
And won't act like one inspired,
So he won't! So he won't!

He will learn life's hard and dreary,
That the world ain't run by theory,
Yes he will! Yes he will!

He will then grow very prudent,
And he will laugh at the young student,
Yes he will! Yes he will!

And he'll say, I once was really
Very green and very meally,
Sure's you live! Sure's you live!

—*From Dr. Heeter's Scrap Book.*

An International Congress of Otology and Laryngology will be held in Paris, September 16 to 21, in the Trocadero Palace. Those desiring to present papers should forward the titles of their communications before July 15, to the secretary of the committee of organization, Dr. Loewenberg, Rue Auber 15, Paris.

The Morris Canal, running from Jer ey City to Philadelphia, is about to be abandoned, as it is no longer a profitable means of transporting coal. This means that the locks are to be broken and the water let out of the levels, uncovering many acres of low land which has been under water since 1832.

Physicians along the line of the canal had better lay in a goodly stock of quinine.

A farewell dinner was given to Dr. J. C. Greenawalt, by the Pennsylvania Railroad officials at Westville, on April 27. Dr. Greenawalt has been Medical Examiner for the Pennsylvania Railroad Relief, at Camden, since its organization, and leaves the service to engage in practice at Chambersburg. He was presented with a full set of surgical instruments, medicine cases, and other equipments by his late associates and friends.

Lately we noticed in a foreign journal an account of the removal of a foreign body from the ear. It was a pearl, perfectly round and smooth, filling up the external meatus completely. The physician finally extracted the pearl, using a delicate pair of forceps made for the case. We recollect once reading of an American surgeon who, called to a similar case, displayed much greater ingenuity. He stuck the end of a match into some glue, put it in so as to touch the foreign body, and waited till the glue set, when he withdrew the body without difficulty. The natural query is, whose glue did he use? We won't tell till next week; and if our glue makers don't take the hint by that time, they're too slow to do business in this world.

WHAT "ENGLAND" CONSIDERS JOKES.

This little German word is worth remembering. It signifies the "bursting of a water pipe:" Hoehquellenwasserlieferungszohrenfatalitaten.

A Maine girl didn't want a lover to name a boat after her, because she didn't desire to read in the papers, that "Matildy Slocum is in the dock to have her keel scraped."

"My brethren," said Swift, in a sermon, "there are three kinds of pride—of birth, of riches, and of talents. I shall not speak of the last, none of you being liable to that abominable vice."

A man married a girl who brought him a child in six weeks. His friends rallying him, and saying the child had come too soon—"You are mistaken," answered he; "it is the ceremony which was too late."

The best toast of the season was, I think, given by a printer, viz.:

"Woman; the fairest work in all creation. The edition is large, and no man should be without a copy."

If there were only three women in the world, what would they be doing? Two would be sitting together scandalizing the third.

And if there were only three men in the world, what would they be doing? Looking after those three women.

"Were you wounded in the Crimea, Pat?"

"No, yer honor; the bullet hit me in the chist and kem out at me back."

"Why, Pat, that would have gone right through your heart."

"Och, faix, me heart was in me mouth."

The illustrious traveler looked contemptuously at the mountains. "Nothing very high about here," said he, scornfully.

"Make out his bill," said the landlord, turning to his clerk, and in five minutes the traveler was inquiring the shortest way to the lowlands.

"I don't see why you should sneer at my engagement ring," said one girl to another of her acquaintance; "it's far prettier than the one you wore three years ago and have not worn since."

"No, dear," replied the other, with a cool, faraway look in her eyes, "not prettier, but quite as pretty. It is the same ring."

A case of rather unusual surgery recently came under our cognizance. The patient had a hard chancre, and enlarged glands in both groins. The surgeon removed both the superficial and the deep glands. They were not suppurating and their removal was with a view of preventing systemic infection. Secondary symptoms, however, developed in the usual time and manner. We do not recollect having heard of this operation being done, or even suggested, previously. If any of our readers know of a similar case we would be pleased to hear of it.

Surgeon Franklin Bache Stephenson, United States Navy, who at a recent session of the American Academy of Arts and Sciences was elected a Fellow in the Section of Philology, is a native of Western Pennsylvania, and was at one time a student in the Allegheny College at Meadville, and from which he graduated with honors in 1870.

While he has been honored at home his worth was appreciated abroad, for some time since he was enrolled a "*membre titulaire de la Société d'Anthropologie de Paris.*

The April issue of *The Trained Nurse* (consecrated to those who minister to the sick and suffering in hospital and home), contains articles on The Relation of Hospitals to Medical Education; Insanity, its Causes and Cure, Articles for the Mother's Use, Health in Our Homes, Asepsis for the Nurse, besides considerable other editorial and original matter. The monthly Hospital Supplement contains the latest hospital news from all parts of the world. Only magazine of its kind in this country. Lakeside Publishing Company, Buffalo, N. Y.

Yellow fever has already reappeared in Florida. Look out for this summer. Surgeon-General Hamilton has done wisely by calling the attention of the government to the prevention of smuggling, as by that means the fever germs are imported. Now let the people of Florida do their part, by putting their towns in such a hygienic condition that they will be secure, even if the disease is introduced. Nothing pays so well in a community as sanitation. The Florida towns are not too large to be manageable, and the problem is, after all, a simple one. Modern methods of drainage and disposal of sewage are fully capable of protecting the towns, if the people have intelligence to utilize them.

Joseph H. Rotherman, a carpenter of Connellsville, has on the back of his neck a birthmark, crescent in shape and bluish in color. When the moon is turning its first quarter the mark becomes reddish and begins to swell. As the moon grows older the mark becomes redder and the flesh swells correspondingly. When the moon is full the crescent on Rotherman's neck is bright red and the flesh assumes a horn-like roll over two inches in thickness at the largest part, gradually tapering to a point on the shoulder. As the moon wanes the mark decreases in size and color until it again becomes a bluish crescent-shaped mark.

[What strange things a man sees when he has no gun!]

A New York judge has given his opinion that a person who practises medicine under the title of homœopathist, has no right to use anything but the homœopathic system upon his patients. In other words, his object is not simply to cure his cases, but to cure them if they can be cured by homœopathy.

One of their journals contains an item stating that a cancer patient who had been given up as hopeless by Dr. Agnew, was recovering under homœopathy. We recollect another patient who had been under the latter system, but it failed to cure her, and two weeks before her death she sent for a physician. He gave her a dose of morphine. Her comment was characteristic. She said: "I never knew it was in the power of medicine to give such blessed relief." That was the verdict of thirty years experience under homœopathy.

Bathing in Japan.—In the prefecture of Hyogo, the regulations respecting mineral springs were promulgated, the principal points of which were as follows: Occupancy is to be for three purposes, namely, for bathing, for drinking the waters, and for selling the waters to be drank; care must be taken to secure the admission of good air and sunlight to the bath-rooms; in private bath-rooms the mixed bathing of males and females above ten years of age is forbidden, except for one or two families, or in the case of fellow visitors; a table of analysis and a statement of medicinal value, and a notice as to the mode of bathing and drinking must be posted in each room, and the neighborhood must be kept clean; those who prepare baths in other places by carrying thither spring water must change the water daily; those who sell the water for drinking purposes must paste a label on the vessel giving the name of the spring, its medicinal value, directions for use, and address of the seller.—*Sei-i-kwai.*

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending April 27, 1889.

Wilson, Geo. B., Assistant-Surgeon. Detached from the Naval Hospital, Mare Island, and ordered to the "Iroquois."

Cordeiro, F. J. B., Passed Assistant-Surgeon. Detached from the "Vandalia," and ordered to the Naval Hospital, Mare Island, Cal.

Bransford, John F., Surgeon. Ordered to the "Iroquois."

Stitt, Edward R., Assistant-Surgeon. Ordered to Bureau of Medicine and Surgery, Washington, D. C.

Fereber, N. M., Surgeon. Ordered to Naval Academy, Annapolis, Md., for examination of candidates for admission to the Academy.

Origin of Tetanus.—In a rather lengthy communication regarding tetanus, to the French Academic de Médecine, Professor Verneuil arrives at the following conclusions: microbic nature of the malady; origin chiefly derived from the horse; transmissible from horse to man and from man to man; the contagion from the animal to man, or from man to man, may be direct or mediate, but more often direct. A large number of cases bearing on this subject are duly quoted, and in all one of the following causes were noticed: 1. Contagion from a horse suffering from the disease. 2. Wounds produced by healthy horses may also convey the contagion. 3. Wounds produced by objects serving or having served for horses infected or healthy have caused the disease. 4. Infected manure. 5. The earth brought into contact with the infected animal. 6. The microbe of this disease remains latent until the skin is broken. 7. Air containing the dust of stables, etc. Further, an author claims that since the introduction of the antiseptic treatment of wounds this disease is seeming more rare.—*Bulletin de l'Academie de Médecine.*

The Times and Register.

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 557.

NEW YORK AND PHILADELPHIA, MAY 11, 1889.

The Medical Register Vol. V, No. 19.

23 MAY 89

PAGE

ORIGINAL ARTICLES.

MEDICO-LEGAL CASES. By Henry A. Riley, Esq., New York City - - - - - - - - - 25

EPICYSTIC SURGICAL FISTULA FOR CYSTOSCOPIC EXPLORATION. By J. D. S. Davis, M.D., Birmingham, Ala. - - - - - - - - 27

SIMULTANEOUS AMPUTATION OF BOTH ARMS—RECOVERY. By W. W. Keene, M. D. - - - - - - - - - - - - - - - - 30

A CASE OF LAPAROTOMY FOR EXTRA-UTERINE PREGNANCY. By X. O. Werder, M. D., Pittsburgh - - - - - - - - - - - - 30

HOSPITAL NOTES.

MEDICO-CHIRURGICAL COLLEGE:
- Chronic Catarrhal Pneumonia. *Woodbury*, 31
- Asthma with Spinal Curviture *Woodbury*, 32
- Muscular Spasm from Overwork. *Woodbury* - - - - - - - - - - - - - - 32
- Hydrocephalus with Spontaneous Opening. *Woodbury* - - - - - - - - - - 32
- Cerebral Syphilis. *Waugh* - - - - - - 33
- Laparotomy. *Montgomery* - - - - - - 33
- Pigmentation in Pregnancy. *Stewart* - - 33
- Neuralgia. *Stubbs* - - - - - - - - - 33
- A Tonic. *Pancoast* - - - - - - - - - 33
- Spini Bifida. *Pancoast* - - - - - - - 33
- Ozena. *Pancoast* - - - - - - - - - - 33
- Eczema Capitis. *Stewart* - - - - - - - 33

PHILADELPHIA HOSPITAL:
- Locomotor Ataxia. *Sinkler* - - - - - - 33
- Pyuria Renalis. *Walker* - - - - - - - 34
- Bed Sores. *Walker* - - - - - - - - - 34
- "Threatened Typhoid." *Walker* - - - 34

SOCIETY NOTES.

INDIANA STATE MEDICAL SOCIETY - - - 34
- President's Address. *Wishard* - - - - 34

PAGE
- Myxœdema. *Hibberd* - - - - - - - - - 35
- Urethral Stricture. *Wishard* - - - - - 35
- Nervous Sick Headache. *A. G. Porter* - 36
- Cholecystotomy *M. F. Porter* - - - - - 36
- Tuberculosis. *Stone* - - - - - - - - 36
- Antiseptics in Normal Labor. *Kemper* - 36
- Broncho pneumonia in Children. *Vernon*, 37
- Baths in Typhoid Fever. *Smythe* - - - 37

EDITORIAL.

IMMUNITY FROM SPECIFIC FEVERS - - - 38

A TIME TO CLEAN - - - - - - - - - - - 38

ANNOTATIONS.

Oklahoma - - - - - - - - - - - - - - 39
Dissection Wounds - - - - - - - - - - 39
Right sided Aphasia in a Left-handed Person 40
Passive Respiratory Movement - - - - - - 40
Overcrowding in the Profession - - - - - 40
Electric Door-openers in Asylums - - - - 40

LETTERS TO THE EDITOR.

A Case of Croup. *Kelley* - - - - - - - - 41
Typhoid Fever with Dysentery - - - - - 41

THE INQUIRER.

Did She Pass It? *J. R. W.* - - - - - - - 41
Repression of Menstruation. *Elliott* - - - 42
Advice Wanted *Kiskaddin* - - - - - - - 42
Cactus Grandiflora *Gregory* - - - - - - 42
Obstinate Eczema. *Furlong* - - - - - - 42

SOCIETY NOTES.

ALLEGHENY COUNTY MEDICAL SOCIETY - 43
- Rheumatism with Eruption. *Duff* - - - 43
- Malformation of the Palate. *Painter* - - 43
- Fracture of the Skull. *Huselton* - - - 43
- Fracture of the Patella *Buchanan* - - - 43

PAGE

PHILADELPHIA COUNTY MEDICAL SOCIETY, 43
- Cancer of the Uterus. *Shoemaker* - - - 43
- Extra-uterine Pregnancy. *Bernardy* - - 44

BOOK REVIEWS.

Report of Superintendent of Public Instruction, Pennsylvania. *Higbee* - - - - - 44
Merck's Index of Fine Chemicals and Drugs for the Materia Medica and the Art. *Merck*, 44
Annual Report, Illinois State Board of Health, 44
International Pocket Medical Formulary. *Wilkerstine* - - - - - - - - - - - - 44
The Psychic Sife of Micro-organisms. *Binet*, 44

ABSTRACTS.

Inoculating Measles. *Laboulbene* - - - - 45
Hamamelis. *Ménière* - - - - - - - - - 45
Gonorrhœa. *Rively* - - - - - - - - - 45
Leg ulcers. *Appenrodth* - - - - - - - - 45
The Death-current. *Brown* - - - - - - 45
Electrical Cataphoresis. *Peterson* - - - - 45
Lemon Santal. *Delattre* - - - - - - - - 45
Metallo therapy in Hysteric Chorea. *Mericourt* - - - - - - - - - - - - - - - 45
Chloroform Dangerous by Gaslight. *Woch* - 46
Suspension for Potts' Palsy. *Mitchell* - - 46
Salol in Uterine Diseases. *Vuillet* - - - - 46

MEDICAL NEWS AND MISCELLANY, 47

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 48

NOTES AND ITEMS.

Advertising Pages - - - - - - - - iv, xiv

Original Articles.

MEDICO-LEGAL CASES.

BY HENRY A. RILEY, ESQ.,

NEW YORK CITY.

THE Albany *Law Journal* is one of the humorous journals, though the casual reader would hardly expect to find in its pages anything except dry legal lore. It is a fact, however, that its editorial columns contain some of the brightest and sharpest comments on current events to be found in any paper of the day. Take, for instance, its statement of the physical perils the wayfarer in our streets incurs when he ventures forth from his home, and it will be readily conceded that the account has both humor and truth in abundant measure. The writer describes the perils of winter, and then says: "Instead of snow balling there is the base ball playing nuisance maintained by small boys, without pay, in imitation of men who play ball for salaries larger than those allotted to most of the judges.

"Instead of coasting, or 'bobbing,' there is the swift and stealthy bicycle, as deadly as the ancient war chariot, running people down, or, at least, causing the nervous man to jump to one side like a tarantula. Then a school of sweet little girls on roller skates swoops down upon us, making it dangerous to turn either way, and compelling us to stand still and see our salvation.

"Our neighbor's coal-hole is open or insecurely covered, and one leg slips in or both heels fly out, with woe to brittle bones. There is the peel of orange or banana dropped upon the flagging in disregard or defiance of our statute in that case made and provided. There is the danger of the whip-lash, flourished by the profane driver of overfreighted wagon, or stuck out at conventional right angle over the sidewalk by the liveried lackey upon the carriage box, threatening loss of eyesight, or a mark on the cheek like a sabre slash in a German student duel. We bruise our legs in climbing over skids stretched across the walk, or we barely dodge a box or barrel, or one of those pasteboard safes spoken of by the funny man of the *Times* falling from a hoistway.

"A rickety sign endangers our head, or a low wire our thought. We stop to chat a moment with a friend and lean against a deadly charged electric pole, and it is all over with the conversation. A passing plumber burns our coat with his unextinguished hand furnace; a passing carpenter lacerates our trousers with a saw; a passing porter imperils our head with a long piece of gas pipe on his shoulder. One is annoyed, if not endangered, by the servant washing the sidewalk by a hose, or the fireman carrying his wriggling serpent up a ladder. A fresh, young Italian maid from Cork, with a white muslin nightcap on her head, runs us down with a baby carriage, scarring our shins or necessitating a visit to the chiropodist. Then, there is the woman's um-

brella that wasteth at noonday, scooping us up after the manner of a drag net, or impaling us in its blind and headlong charge.

"All these are sidewalk perils. If we undertake to cross the street dangers multiply. The pedestrian has no rights which the driver is bound to respect, and the footfarer, unless a handsome woman personally conducted by a big policeman, will be subject to being run down by the driver of a beer wagon, or a physician in a hurry, or the chief of the fire department on his 'golomping' way to a conflagration, or a coroner intent on beating a rival, or a belated voter standing out till the last moment for his price, or even a hearse on its business way back from the grave.

"Runaway horses are another source of midway perils, and so are wagons turning around corners with long irons or beams projecting from behind. This list might, perhaps, be increased, but these common instances show that man walks the city amid perils scarcely less than those of the desert, the sea, the forest, or even the battlefield; almost as deadly as those encountered and enumerated by St. Paul.

"Most of them, indeed, are 'perils by false brethren' against which the injunctions and penalties of the law are futile. To avoid misapprehension, we will add that these lines are not written in the interest of any particular accident insurance company."

The first case in the courts in regard to the peculiar practice of clairvoyant physicians comes to us from Wisconsin, and is of peculiar interest. The plaintiff in this case brought an action for malpractice for improperly treating his son.

The testimony showed that the clairvoyant's mode of diagnosis and treatment consisted in voluntarily going into a sort of trance condition, and while in such condition, giving a diagnosis of the case and a prescription for the ailment. He did not make any personal examination, and did not endeavor to ascertain the past or present condition of the patient, and, indeed, he did not profess to have been educated in the science of medicine.

The answer to the charge was that the clairvoyant employed the usual methods of his class, and could not, therefore, be liable for malpractice, as it was understood how he treated his patients. The judge was asked to charge the jury as follows: "If the defendant was a clairvoyant physician, and professed and held himself out to be such, and the plaintiff and his parents knew it, and at the time he was called to treat the plaintiff both parties understood and expected that he would treat him according to the approved practice of clairvoyant physicians, and he did so treat him, and in strict accordance with the clairvoyant system of practice, and with the ordinary skill and knowledge of that system, then the plaintiff cannot recover, and your verdict must be for the defendant." The judge declined to make such a charge, but was willing to direct the jury by making the last clause read, "with the ordinary skill and knowledge of physicians in good standing, practising in that vicinity, then the plaintiff cannot recover, and your verdict must be for the defendant" This ruling was not satisfactory to the clairvoyant, but was affirmed on appeal, as was also the verdict adverse to him. The court held that it was not good law for any person to claim immunity against a charge of malpractice simply because he practised a peculiar kind of medicine. The physician must have reasonable knowledge of his profession, and have ordinary skill. If a person goes into a trance, and then prescribes without any personal examination of the patient, he does so at his own risk. This view will be regarded as eminently sound by the great mass of the community who do not practise medicine but are practised upon.

One of the most remarkable medico-legal cases which we have seen in a long time comes to us from a Georgia court, but as no statement is given of the facts upon which the legal decision is based the reader cannot judge as to the extent of the injury referred to. The question was whether the Georgia code made the wilful and malicious injuring, wounding, or disfiguring of the private parts of a female a crime. It was conceded that the code made these acts upon the male a crime, and the court struggled with the question whether the female was entitled to an equal protection. The decision was to the effect that the shield of the Georgia code was held equally over the male and female. The court says: "It would be simple nonsense for us to hold that in contemplation of law a female has no private parts. And why should we conclude, that having them, they are less protected by law against being injured, wounded, or disfigured than those of the male."

In a recent Texas case a husband brought suit against the Western Union Telegraph Company for damages on account of a failure to deliver a message from him to a physician, asking him to attend his wife in her confinement.

The messenger called twice at the doctor's office, and not finding him, made no further effort to deliver the message. In the meantime plaintiff's wife gave birth to a still-born child. The suit was decided against the company, but exemplary damages seem to have been awarded to a considerable amount, and this was considered by the appellant court to be error, and the judgment was reversed. The basis of the decision is as follows: "We do not think that the death of the child before birth, and the grief or sorrow occasioned thereby, can be an element of damages in this character of suit. If it is made to appear from the testimony that Mrs. Cooper suffered more physical pain, mental anxiety, and alarm on account of her condition than she would have done if Dr. Keating had been in attendance upon her, and the failure to secure his service is shown to be due to the want of proper care on the part of defendant's servants, whose duty it was to deliver the message, a fair and reasonable compensation should be allowed for such increased pain and mental suffering; but the death of the child, the bereavement of the parents, and their grief for its loss, cannot be considered as an element of damages."

The New York Legislature has before it a proposition to remove the insane from a number of county institutions to the State asylums, and there has been

considerable opposition manifested, though not from quarters where it should have weight. The State Board of Charities has recommended the change as certain to result in better care for a class of unfortunates which is steadily increasing in all the States, and all the medical societies which have taken any action at all have also advised the change. There is probably no one who has looked into the matter at all impartially who has not come to the conclusion that the change is desirable, but on possible grounds of economy, and because there is considerable political patronage belonging to the present system, there has been developed considerable opposition. It is most desirable that the proposed plan shall receive the assent of the Legislature, and this now seems very probable.

EPICYSTIC SURGICAL FISTULA FOR CYSTOSCOPIC EXPLORATION:

INTRAVESICAL TREATMENT AND DRAINAGE.

(Read before the State Medical Association of Alabama, April 11, 1889.)

By JOHN D. S. DAVIS, M.D.,
BIRMINGHAM, ALABAMA.

EPICYSTOTOMY has become an established and frequently practised procedure, and the dangers incident to opening the bladder through the abdominal wall is so slight that patients suffering from almost any vesical trouble are encouraged to have the bladder opened for diagnostic purposes and treatment at a time when the general health remains unimpaired; a practice which, a few years ago, would not have been resorted to by the most aggressive surgeon.

Catarrh of the bladder, irrespective of its cause, is alway followed by a series of consecutive pathological changes which, independently of the partial or complete interruption of the passage of urine, tend to destroy life. A dilatation of the bladder and ureters by retention of urine may give rise to such a degree of distention as to destroy life from suspension of important functions by mechanical pressure. During the stage of inflammation a paretic condition may occur, the bloodvessels in the vesical wall lose their support, and transudation and exudation take place into the paravascular tissue, which, combined with capillary stasis attending this stage of the disease, results in sloughing, infiltration, pyæmia, peritonitis, and death. The damming up of the urine may, and does often, cause surgical-kidney, epididymitis, and tetanus.

The treatment of chronic vesical catarrh resolves itself into a consideration of the causes producing the disease, many of which, the presence in excess of certain inorganic constituents of the urine, stone, stricture, and hypertrophy, are capable of correction; while others—such as malignant tumors and certain conditions of the prostate—may only admit of a palliation of the symptoms to which they give rise, and the removal of which must be the first object in treatment. But when a paretic condition of the bladder exists provision must be made for the complete continuous emptying of the viscus; its thorough cleansing by frequent irrigation with hot sterilized water; and the promotion of a healthy tone in the mucous membrane and muscular structure of the bladder. The frequent introduction of catheters for drawing off residual urine and washing out the bladder has been productive of much harm, and, instead of giving relief, proved to be, by reason of their frequent introduction into the inflamed bladder to draw off the urine two or three times a day, a source of immediate and alarming symptoms. These facts are cogent reasons for adopting surgical means in all cases of intra-vesical troubles as soon as a diagnosis can be made, and often when it can not otherwise be made, for the complete emptying of the bladder, thorough cleansing, diagnosis, and intra-vesical treatment.

The epicystic surgical fistula is designed for drainage, intravesical treatment, and cystoscopic exploration, and may be divided for consideration under the following heads:

I. Definition of epicystic surgical fistula.

II. Surgical resources in the formation of the epicystic surgical fistula.

1. Preparation for the operation.
2. Anæsthesia.
3. Position.
4. Incision and opening bladder.
5. Intra-vesical exploration and treatment.
6. Toilette and after-treatment.

III. Advantages of the epicystic surgical fistula.

1. Cystoscopic exploration.
2. Intra-vesical treatment.
3. Drainage.

I. DEFINITION OF EPICYSTIC SURGICAL FISTULA.

Epicystic surgical fistula is the title here given to a supra-pubic fistula into the bladder created by the surgeon for exploration, intra-vesical treatment, and drainage. A fistula, which, acting as an artificial urethra, is capable of giving free access to the inside of the bladder for cystoscopic exploration, to provide a ready, convenient, and comfortable means of emptying the bladder at will, and gives the surgeon a competent opening into the viscus for intra-vesical applications.

It constitutes an essential element in the speedy and complete evacuation of the contents of the bladder in all epicystic operations, and imitates nature in the restoration of its own continuity and repair as the pathological changes within the bladder subside.

II. SURGICAL RESOURCES IN THE FORMATION OF THE EPICYSTIC SURGICAL FISTULA.

1. *Preparation for the Operation.*—The presence of two assistants, though not necessary, may be of valuable aid. A temperature of 80° or 85° F., should be maintained in the operating room from the beginning to the end of the operation. All hair is to be shaved from the pubis, and all the details of antiseptic surgery are to be carried out so far as cleaning the pubis and abdomen. The bladder is emptied and thoroughly washed with warm water. When the water returns clean the bladder is slowly distended with warm sterilized water thrown into the bladder by means of a fountain syringe, with nozzle in urethra—a degree of pressure sufficient to distend the bladder to its utmost capacity—which can never be too great for the resistance of the bladder. It is better to fail in

filling this viscus than to distend this viscus beyond the limit of competency. Indeed, it is not necessary to fill the bladder to any degree of resistance. I have operated when the bladder was in an irritable condition and would not tolerate distention greater than the capacity of two ounces, and had no difficulty in avoiding the prevesical fold of peritoneum or finding the bladder. The water is secured in the bladder by tying the penis at the base with a rubber tube.

A colpeurynter is next to be well oiled and inserted into the rectum—the rectum having been previously emptied by enema—and filled with warm water. This distention brings the bladder into view above the pubis.

2. *Anæsthesia.*—My preference for chloroform is the result of my own personal experience with it. It is not free from objections, as its depressing effect on the heart is well known. The operation usually occupies fifteen minutes; and, hence, its prolonged use would be unnecessary and uncalled for. The objection to ether is the suppression of the excretions and the frequency with which bronchitis is produced when administered to persons advanced in years. The best course to pursue, when the operation is prolonged, is to follow the use of chloroform by ether. The patient must be kept profoundly under the influence of the anæsthetic from the first incision until the superficial wound is closed.

3. *Position.*—The patient is placed on the back on an ordinary operating table, with the legs extended as if in a position for perfect comfort and rest. Many surgeons claim advantages in the position recommended by Trendelenburg. Eigenbrodt emphasizes the fact[1] that the elevation of the pelvis in Trendelenburg's position[2] helps the surgeon to avoid the prevesical peritoneal fold at the time of the incision of the bladder.

I have employed this posture for intravesical operation by means of the supra-pubic incision with no advantage over the ordinary flat-back position. With two openings in the bladder, for a continuous stream of clear water, I have no trouble in illuminating every part of the bladder with the electric surgical light, being thus enabled to examine the entire intravesical wall. Undoubtedly the position recommended by Trendelenburg possesses advantages which to the author more than myself, makes it highly ideal. As for myself I prefer and recommend the flat-back position.

4. *Incision and Opening Bladder.*—A perpendicular incision three or four inches long is made in the median line above the symphysis pubis. The recti muscles are separated to the symphysis. If the pyramidales are in the way, the fibres should be cut. The transversalis fascia is divided on a grooved director from symphysis to within one inch of upper margin of superficial wound. Instead of following Guyon's manœuvre, I catch the bladder with a tenaculum on a line with the symphysis, through the prevesical fat, and cut through with a bladder knife into the bladder with one smooth, clean incision, to prevent undue disturbance of the cellulo-adipose tissue between the bladder and pubis and avoid infiltration. I have never seen a case where it was necessary to put up the prevesical fat, and with it the peritoneal cul-de-sac. If the bladder is caught on a line with the symphysis and cut downwards, no fears need be had for the peritoneum. Cutting this prevesical fat prevents its after dropping down over the opening into the bladder and acting as a valve to prevent easy escape of urine and causing infiltration. And, too, such a procedure gives a smooth incision throughout, and it is almost impossible to have infiltration, even when no drainage-tube is left in the bladder and the urine is left to flow out through the fistulous track and taken up by a layer of absorbent cotton. In making the incision into the bladder, no attention is to be paid to any vein or veins which are sometimes met with. If cut, they will stop bleeding when the bladder is dropped back and the rectal bag removed. The operation is usually bloodless in the sense of hemorrhage. I have operated without the patient losing more than one drachm of blood.

5. *Intra-vesical Exploration and Treatment.*—The finger is carried into the bladder and a thorough search made for any tumors, villous growths, or foreign bodies. The bladder is now emptied and the rubber around penis united and the bladder well washed out with hot sterilized water. The bladder can now be examined with the cystoscope and surgeon's electric light. If tumors be found, they should be removed; if practicable villous growths and any foreign body found should be removed. If nothing is found in the bladder, the surgical fistula, in the absence of malignancy, will be all that is required to relieve the cystitis.

6. *Toilette and After-treatment.*—The bladder is allowed to drop back into the pelvis and the superficial wound so closed by two sutures (including the skin and superficial fascia only), in the lower portion of the incision and one in the upper portion of the incision, as to leave a fistulous track of equal size from bladder to juncture of upper third and middle third of the superficial incision. A large rubber catheter is now to be introduced into the bladder through the opening and its distal extremity allowed to enter a urinal placed in the bed between the patient's thigh, or, preferably, at the patient's side. Prof. F. Trendelenburg, Director of the Surgical Clinic of the University of Bonn, proposed, for draining the bladder in supra-pubic lithotomy, the T tube in latero-abdominal position and open wound treatment as the simplest, safest, and best. He makes an antiseptic dressing of iodoform gauze around the T tube. There can be no real necessity for a tube of any kind to be introduced into the bladder for the purpose of conveying the urine from the bladder to prevent infiltration, irritation of superficial fascia, and soiling of dressings.

If the urine is kept acid, by the administration of citric acid or some other more palatable acid drink, no better antiseptic than the acid urine can be secured for the constant bath of the parts. It should be al-

[1] L. c., p. 72. Cf. Lang, *Med. News*, December 4, 1886.

[2] In Trendelenburg's position the patient's legs are held over the shoulders of an assistant with the body resting on an incline table, much in the position which hogs are swung for spaying.

lowed to flow out through the wound and absorbed by a pad of absorbent cotton placed loosely over the wound, and removed as often as soiled by the outflowing urine. By this method of emptying the bladder, no possible small amount of urine can be impeded in its outflow, which is the case around and outside of the tube, when catheter or tube is left in for any length of time—a source of no little annoyance at times. This little collected or retained urine, around the outside of the tube alone, I have seen produce a hard chill and elevation of temperature, and become for the time an immediate, alarming and aggravating source of trouble. I never have seen the skin made sore or chafed by the outflowing urine in epicystotomy, or from its after escape through the surgical fistula.

The bladder should be washed out twice daily with hot sterilized water, by means of a fountain syringe, with its nozzle introduced into the urethra, the water escaping through the epicystic fistula and guided into a bed-pan under the patient. The superficial stitches are taken out at the end of a week, and intermittent catheterization by the fistula is then resorted to for the sole purpose of draining the fistula and preventing rapid closure. It is not necessary to catheterize for the purpose solely of drawing off the urine. In one case I never drew the urine save for the purpose of analysis, but occasionally introduced a rubber bougie to prevent the closure of the fistula. The drainage by the fistula alone is admirable, and the fistula will be well formed in twenty or thirty days, competent to retain urine without dripping and to allow its escape in a good projecting stream at will. With no tearing of the tissues, and with a clean cut, the drainage is perfect and the dangers are *nil*.

III. ADVANTAGES OF THE EPICYSTIC SURGICAL FISTULA.

1. *Cystoscopic Exploration.*—Nitze has by means of the cystoscope been enabled to diagnosticate tumors of the bladder in nine cases in which rectal palpation, the sound and other means had furnished negative results. One of the great difficulties in the cystoscopic exploration of the bladder is the presence of pus, mucus, and sometimes blood, which renders it exceedingly difficult to maintain a translucency of the fluid used to distend the bladder. By means of a simple fountain syringe a constant current of clear water may be kept within the bladder, so essential to a complete observation of the trigonum Lieutaudii, the most interesting part of the viscus, the ureters, and to examine any affection of that viscus. The fistula may be made for temporary purposes of cystoscopy by the Peterson-Guyon-Perier operation; but I can see great advantages from a different operation, by Dr. Hunter McGuire, the object of which tends to eliminate as well as detect the trouble within the viscus; and, too, in the final construction of a permanent fistula, gives an easy after-method of exploration, and makes a better artificial method by reason of its length and extension upwards of two to three inches. Diagnostic purposes are met by the possibility of immediate detection of all local conditions, such as tumors, calculi, foreign bodies, neoplasms, the collection of fluids from the ureters, etc.

2. *Intra-Vesical Treatment.*—Having by means of the epicystic exploration revealed the true nature of the intra-vesical trouble, the treatment resolves itself into the immediate necessities of the case. For instance, prostatectomy may be necessary, villous papilloma may be found and should be remedied; pedunculated growths may be found which should be removed by the scissors or Paquelin's cautery, etc. In such cases, the opening in the bladder sufficient to introduce the finger, should be enlarged downwards under the symphysis pubis and the operation indicated should at once be performed. The object of the formation of the permanent surgical fistula is to meet the after indications in such operations, the detail of which does not properly come within the province of this discussion. However, it is sufficient to state, what is reasonable and practicable, that a better means by which the intra-vesical wall can be reached and treated therapeutically has not yet been devised.

3. *Drainage.* — Permanent after-drainage in all intra-vesical operations can not be necessary; but is highly essential to secure good and sufficient drainage until the paravascular tissue is disengorged, the cystitis is relieved and the urine becomes normal and passes per urethra unobstructedly. And until this end is attained complete artificial arrangements for the escape of the contents of the viscus must be made. In such cases of prostatic hypertrophy or malignant growths, when removal of the obstruction is impossible or contra-indicated, the epicystic surgical fistula is clearly indicated and essentially necessary. It meets every possible indication for local treatment and gives the only controllable, ready and free drainage to viscus and kidneys. Urinary back pressure as the result of incompetency of the urethra from the various immovable prostatic troubles is often an immediate and remote cause of surgical kidney, which can only be removed or relieved by supra-pubic drainage. It is indicated in other conditions of the bladder, of long standing cystitis; as in the case reported by me in the *Virginia Medical Monthly*,[1] in which the urethra, though made competent by cutting, was not sufficient to keep the bladder emptied without catheterization—a procedure which kept up a constant vesical inflammation, which, combined with capillary stasis attending the inflammatory process resulted in paresis.

I now have the pleasure of introducing to you that case, Mr. T. A. Nixon, fifty-eight days after the operation. His condition to-day is sufficient guarantee for all I have said in favoring the formation of an epicystic surgical fistula for the relief of chronic vesical catarrh. The result in this case is more than I promised. He can retain his urine several hours and without dripping of urine or pain to bladder. The urine is completely under control and his bladder is relieved of pain.

[1] Virginia Medical Monthly, April, 1889.
Alabama Medical and Surgical Age, April, 1889.
New York Medical Journal, April 13, 1889.

Two hundred and seventy-eight patients were admitted last year to the New York Cancer Hospital.

SIMULTANEOUS AMPUTATION OF BOTH ARMS—RECOVERY.

(Read April 10, 1889, at the Philadelphia County Medical Society.)

By W. W. KEEN, M.D.,
Professor of Surgery, Woman's Medical College of Pennsylvania.

FOR the notes of this case I am indebted to Dr. J. C. Heisler, then surgical interne at St. Mary's Hospital, and it is put upon record as a contribution, at least, to the statistics of multiple amputations.

Paul K., aged fifteen years, was run over by a street car, at 5 o'clock P. M., on November 13, 1887. He was admitted to St. Mary's Hospital two hours later. The right hand, forearm, and elbow, as well as the left hand and lower part of the forearm were crushed; both clavicles, also, were fractured.

The boy had lost a great deal of blood before his admission, and was in profound shock when admitted; so grave was his condition that it was doubtful whether he would live through the night.

My colleague, Dr. J. B. Roberts, saw him late in the evening, and ordered whisky and digitalis. At 10.45 o'clock P. M. his temperature was 97°; his pulse 120.

The next morning the temperature was 102.5°; pulse 142. At 1 o'clock P.M. his condition was very grave, but, as he had rallied from the shock, I decided to give him the only chance of his life by amputating both arms. The right arm was amputated below the insertion of the deltoid; the left forearm at its middle. The moment that the first amputation was done, during the dressing of that arm by my assistants the second was proceeded with, so as to lose as little time as possible. He bore the ether badly, and his pulse at times was almost imperceptible. Almost no blood was lost during the operation, the arm being Esmarched above, but not including the crushed parts. Of course, the most careful antisepsis was carried out. There was no need for hot bottles, etc., as his temperature was well maintained. From the time of the operations his recovery was a perfectly steady one. For the first three days the morning and evening temperatures were about 100° and 102° respectively. From that time on it fluctuated between 99° and 100°, reaching the normal by the tenth day.

On the third day after the operation the anterior flap on the left forearm began to slough; by the end of a week a piece two inches transversely by half an inch in the axis of the limb was completely separated. The gaping wound now exposed the end of the radius covered with granulations springing from both the periosteum and the medulla. In order to promote adhesion of the flaps extension was applied to them by means of adhesive strips, on which traction was made by a rubber band. This band extended to the end of a straight splint applied to the forearm, counter-extension being maintained also by adhesive plaster which was tacked to the upper end of the splint. At the end of two weeks the lips of the wound were united, and the splint was taken off. The right stump healed kindly, all the sutures being removed by the twelfth day. The boy was up ten days after the operations, and was sent home six days later to come to the hospital as an out-patient until he was entirely well. He was finally discharged at the end of January. Two small circular sequestra separated from the ulna and the radius of the left stump, and were removed January 9 and 24. The recumbent posture was the only treatment used for the fractured clavicles. They united very well, and with but little deformity.

A CASE OF LAPAROTOMY FOR EXTRA-UTERINE PREGNANCY.

(Read at Allegheny County Med. Society, March 19, 1889.)

By X. O. WERDER, M.D.,
PITTSBURGH.

AT the November meeting of this Society I reported a case of extra-uterine pregnancy in which I had performed abdominal section with a successful result. To-day I present the specimen of my second case of tubal pregnancy, removed by laparotomy, on February 14, of this year.

The history of this case is, briefly, as follows:

Mrs. M., twenty-seven years of age, married, two children, the youngest sixteen months old, has been suffering with periodical attacks of severe abdominal pains for almost a year, for which she several times required medical treatment. During the five or six weeks preceding the operation, these attacks increased in frequency and severity, making her unfit to do her ordinary household duties. Walking almost always produced a great deal of suffering. On January 26, of this year I was consulted for one of these attacks of pain, which was referred to the pelvic region, principally the left side. Making a vaginal examination, I found the uterus enlarged to the size almost of a two-months' pregnancy and to the left of this, in the region of the left tube, a soft, extremely tender mass, which was slightly movable. A careful bimanual examination could not be made on account of the very great sensitiveness of these parts. She had menstruated regularly every four weeks during the last eight or nine months, and was at this time still nursing her baby. At the two subsequent examinations I found no change in her condition, except, perhaps, that this tumor was slightly larger than before. The diagnosis was not quite clear, but I was inclined to the opinion that it was either a hydrosalpinx, or a pyosalpinx, more probably the latter. As her suffering at times had almost become unbearable, I advised laparotomy, to which she readily consented, but the operation was deferred until after her next menstrual period, which was now very close at hand. Menses lasted five days, and presented nothing unusual. In the afternoon of February 13, the day preceding the operation, she came from her home to my office in a carriage, for the purpose of going to Mercy Hospital. On examination I found her condition unchanged; the mass, however, seemed now decidedly larger. The riding on the rough country road from her home did not seem to have caused her as much suffering as expected, and she was cheerful, and feeling better than for several days previously. But on her way to the hospital the pains returned in unusual severity, and she arrived there faint and nearly collapsed. Several hypodermic injections

of morphia made her more comfortable, but she continued very sick and sore all night. On my morning visit before the operation she looked very pale, and was very feeble, still suffering considerable pain. Vaginal examination was not made.

On opening the peritoneal cavity dark blood escaped from the wound, and the abdomen was found containing a considerable quantity of blood, liquid and coagulated. In reaching down for the sac, on the left of the uterus, I felt a small rent in it, probably one-half inch long, which, however, in trying to bring it to the surface, was enlarged, so that all its contents escaped into the abdominal cavity. The bleeding was now very free, the blood being bright red, and easily distinguishable from the old dark blood already contained in the abdomen. The sac was now tied off, and the clots contained within the pelvic cavity turned out. After washing out the abdomen with hot distilled water, it was closed, leaving, however, a glass drainage tube. Blood continued to discharge from this tube for three days, when it was removed.

The patient rallied very nicely from the operation, and made an uninterrupted recovery, her temperature and pulse remaining perfectly normal after the fourth day. She left the hospital on the twenty-first day, and is now in good health.

Rupture of the tube must have taken place on her way to or at the hospital, probably as a consequence of the jolting of the carriage. This evidently was the cause of the faintness and slight collapse after her arrival at the hospital the evening before the operation.

Comparing the histories of the two cases operated on by me, we find the first case an almost typical one of ectopic pregnancy, and one of comparatively easy diagnosis to one at all familiar with this interesting anomaly, while the second case is as atypical as possible, in which I claim a diagnosis to have been entirely impossible, for there was not the slightest reason to even suspect a pregnancy, as the patient had been menstruating regularly, her last catamenial period terminating just a few days before the operation, and she was still nursing her baby at the time she came under observation.

This case illustrates again the great difficulties in diagnosing extra-uterine pregnancy, and I cannot agree with Hanks, when he states that the diagnosis can be made in at least 95 per cent. of cases. The case also demonstrates that this interesting affection is by no means such a very rare condition as some seem suppose, as this is the second case occurring in my own practice within the period of four months. That this was a case of tubal pregnancy there could be very little doubt, but in order to be perfectly certain, I sent the specimen to Dr. William H. Welch, of Johns Hopkins University, Baltimore, for examination, and he verified the diagnosis. The specimen, he states, consists of an ovary, part of a Fallopian tube, the intervening broad ligament, the fœtal membranes and a placenta with umbilical cord.

THE French are going to send out medical missionaries.

Hospital Notes.

MEDICO-CHIRURGICAL HOSPITAL.

(Clinic by PROF. FRANK WOODBURY.)

CHRONIC CATARRHAL PNEUMONIA.

THE first case presented was that of a married woman aged thirty-eight years, a Belgian by birth. The patient had been in good health up to the time when she had arrived in this country, a year and a half ago. Ever since that time she had been ailing. She complained of persistent cough with purulent expectoration, loss of flesh and night sweats. About a week previous to her appearance at the clinic she spat blood for the first time, and according to her statement the hemorrhage was rather free. She had, in addition, some digestive difficulty and was constipated. Examination of the lungs revealed the existence of dulness on percussion at the right apex, with bronchial râles, feeble inspiration and prolonged expiration. The percussion note on the left side was normal, but there was evidence of increased action, probably supplemental. The lecturer pointed out that the case had many points of resemblance to tubercular phthisis, viz., the night sweats, the hemoptysis, the loss of flesh, and the persistent cough, but he did not think that it had been due primarily to tubercular infection, because, although the disease had existed for more than a year, the other lung had not been attacked. Since hemoptysis had appeared, it is probable that tubercular infection had recently occurred. He said that before arriving at a final conclusion the sputum would have to be examined for bacteria. In the mean time he was disposed to regard the case as primarily one of catarrhal or broncho-pneumonia, due either to climatic changes in this country, or to the fact that the patient had caught a severe cold on shipboard; the chronic catarrhal pneumonia resulting from bad treatment and hardships endured since arrival in this country. With regard to treatment he said: It is not always judicious to check the cough in these cases unless it exhausts the strength of the patient or causes much loss of sleep, as the cough is simply an effort of nature to get rid of the bronchial secretions which act as a foreign body and cause irritation. So far the cough is conservative; should, however, it become excessive, the following combination will be found useful:

℞.—Acidi hydrobromici dil.
Syrupi pruni Virginian. . . . . āā f℥j.—M.
Sig.—A dessertspoonful to be taken at bedtime.

To each dose of this it may be necessary to add a few drops of deodorized tincture of opium. At the same time a tonic plan of treatment is to be adopted, *i. e.*, cod-liver oil and the hypophosphites; with generous diet, fresh air and attention to general hygienic conditions. For relief of the hectic, I know of nothing better than salicine in fifteen grain doses about an hour before the fever comes on; the patient being instructed to lie down for one or two hours in the afternoon. Quinine having failed to prevent the regularly recurring attacks, when given on the sup-

position that they were due to malaria, is said to be of no use in hectic, but it is valuable as a tonic, especially in the combination recommended by Niemeyer. Climatic treatment is of great value in these cases, and, I think, possibly, if this patient could afford to return to her native land where she always enjoyed good health, or to select in this country some inland climate in every respect similar to that from which she came, she would be materially benefited by the change. She has been taking five drops of creasote three times a day for the past two weeks with decided reduction in the amount of sputum expectorated.

CHRONIC ASTHMA ASSOCIATED WITH ROTARY LATERAL CURVATURE OF THE SPINE.

The next case shown was that of a man aged forty-five years, a day laborer by occupation. He gave the following history: He had been troubled with asthma since childhood, the attacks being frequently paroxysmal; he said he "had them whenever he caught cold," or after exposure at his work, as he was much subject to the influences of the weather from the nature of his occupation. There was no marked family history of asthma, though he stated that a first cousin had suffered from the disease. Examination showed that the chest was long and narrow with falling in of the lower intercostal spaces. The heart's impulse was most evident in the epigastric region, the apex beat being felt in the sixth intercostal space, nipple line. The first sound was weak, and the apex beat was lacking in force, but there was no evidence of valvular disease or hypertrophy. There was probably some right-sided dilatation of the heart. The lungs were hyper-resonant anteriorly, and upon examination posteriorly the patient was seen to have rotary lateral spinal curvature in the upper dorsal region with bulging of the ribs on the left side, with corresponding sinking in of the chest wall on the right side in front. The lecturer thought that this deformity was due to an attack of pleuro-pneumonia in early childhood resulting in pleural adhesions. Evidence of venous stasis in the head and limbs was well marked. The prognosis was considered to be unfavorable as to complete recovery, but a great deal could be done to improve the general condition of the patient and shorten his attacks. He advised flannel clothing, with avoidance of cold as far as possible, the patient being especially careful not to work in damp clothes. As to internal treatment the following mixture was prescribed:

℞.—Tinct. belladonnæ . . . . . ♏x.
Syrupi pruni Virgin. . . . . ʒi.—M
Sig.—To be taken every three hours.

Locally, he said hot fomentations and poultices to the chest or dry cups at the beginning of the attack would be useful, with inhalation of the fumes of burning nitre paper; stramonium and belladonna cigarettes, and the smoking of an equal quantity of tobacco and dried stramonium leaves in a small room, so that the fumes could be inhaled. As there was no pain in the back and the deformity was of such long standing, he did not consider it necessary or advisable for the patient to wear any form of orthopædic apparatus.

LATERAL MUSCULAR SPASM FROM OVERWORK IN A WEAVER.

An interesting example of the class of affections known as professional dyskinesia, or anapeiratic paralysis (Hammond) was next presented. The patient was a carpet weaver, aged thirty-five years. His occupation compelled him to use his right side exclusively,—the arm being employed in throwing a shuttle, and the leg in pressing a treadle. About a month ago, after having been overworked and worried a good deal, the patient began to lose control over the muscles of the right arm and leg, rhythmic contractions being developed whenever he attempted to work. Later he found the rhythmic movements coming on at other times when he was not working. These spasmodic attacks were somewhat influenced by the will, the patient being able to control them by a mental effort. There was some loss of power in the affected muscles, but no evidence of atrophy or impaired sensation. The left side was entirely unaffected. The lecturer remarked that recovery was impossible as long as the patient continued to work, and that in order to obtain a cure absolute rest from work at the loom was essential. Much benefit would result from cold douching with massage and weak galvanism to the affected muscles. The patient was advised to take a sea voyage as a favorable opportunity for his doing so had occurred.

INTERNAL HYDROCEPHALUS WITH SPONTANEOUS OPENING IN THE OCCIPITAL REGION.

A case of unusual interest terminated the clinic. The patient was a female infant aged three months, and had the following history. It was born at full term of healthy parents after an easy and natural labor. The child was well developed and healthy until it was a month old, or two months previous to its appearance at the clinic, when the mother noticed a small swelling on the back of its head, which burst, and discharged a thin, clear fluid, occasionally tinged with blood. The discharge continued for nearly a month, then a poultice was applied with the result that the opening closed up and the discharge (which was never more than a teaspoonful in the twenty four hours), ceased. Soon after this, or about a month ago, the child's head began to enlarge uniformly, the infant becoming fretful, unable to move its head, and losing flesh. There was much restlessness at night with marked nystagmus, but no convulsions. The appearances were characteristic of congenital hydrocephalus. After reviewing the pathology and clinical history of the case, the lecturer said the treatment should be directed towards preventing further enlargement of the head, and, if possible, removing the existing fluid. The first object might be attained by equable pressure of the head with strips of adhesive plaster or a bandage. It was pointed out that this procedure should not be adopted in cases when the head rapidly increased in size for fear of producing compression of the brain. It was proposed to tap the ventricles and draw off enough of the fluid to relieve tension. The method he preferred was capillary aspiration. This could be accomplished by inserting a hypodermic needle to which was attached

a long rubber tube filled with antiseptic solution (a syphon being thus improvised) and drawing off a few drachms at a time. The lecturer mentioned that he had used this method with success in the treatment of pleural effusion and ascites. When the child was first seen two days ago, it was very fretful, refused to nurse and had vomiting of mucus. It appeared as if on the verge of convulsions, and was given:

℞.—Hyrarg. c. cretâ . . . . . gr. xij.
Sacc. lactis . . . . . gr. xxiv.
M. et in chart. xii divid.
Sig.—One to be taken four times a day.

The mother was instructed to nurse the baby regularly every two hours, and if her milk was not retained by the child to feed it with cow's milk diluted with lime water. This plan of treatment was carefully carried out and the mother reported marked improvement in the child's condition. The powders were discontinued, and the following ordered:

℞.—Potassi acetatis . . . . . gr. ij.
Elixir aurantii . . . . . ♏ xv.
Aquæ . . . . . q. s. ad ℥j.—M.
Sig.—To be given every four hours.

The child was also ordered beef peptonoids, to be given with the milk and lime-water three times a day. Warm salt water baths were also advised.

CEREBRAL SYPHILIS.

Waugh presented the following case: May 1, 1888, J. D., aged twenty-four. He had a hard chancre seven years ago, followed by sore mouth, but no syphilides or rheumatism. Fifteen years ago he had a discharge from the left ear, which continued until two years ago. This was followed by pain over the left ear, with the sensation of a swelling at the left parietal eminence. He had spasms in his right arm, beginning two weeks ago, followed by motor and sensory paralysis, which lasted only a few minutes. He was also speechless. Four such spasms occurred half an hour apart. Consciousness was only lost in the first spasm. The arm has never fully recovered. The spasms recurred on five different days, affecting the arm and the right side of the face. The general health is good, the digestion is normal and he sleeps well. Slight numbness has been felt in the right foot, and later in the left arm. The upper part of the left tympanum is opaque, cerumen dry, audition $\frac{24}{40}$. Right ear, $\frac{12}{40}$. The right tonsil is enlarged; the left nostril is obstructed by a deviated vomer and some hypertrophy. There is slight paresis of the left internal rectus. He has also stenosis of the aortic valve, with slight regurgitation; an ulcer in his mouth, and his hair is becoming scanty.

There was some question as to whether the symptoms were due to the constitutional disease or to the affection of the ear. The rapid improvement which ensued when the protiodide of mercury was given (¼ gr. four times daily), settled the diagnosis. This patient has now taken the drug persistently for one year; but when he drops it for a few weeks the symptoms begin to return. Three years is the time for which Waugh ordered the mercury to be continued.

LAPAROTOMY—DEATH.

Two years since the patient had been attacked by septicæmia after the premature birth of a seven months' child. This was followed by pelvic cellulitis, and that in turn by pelvic abscess. During these two years there had been recurrent attacks of cellulitis. At the time she came under Montgomery's care, examination showed the presence of fluid in the anterior part of the abdomen, as high up as the umbilicus; and pelvic abscess was diagnosed. An incision was made in the ordinary manner. Upon opening the abdominal cavity it was found that the sac of peritoneum enclosing the abscess was adherent to the parietes of the abdomen. The contents were removed, but in spite of the fact that the patient's temperature remained normal, her system was so depressed by reason, probably, of the absorption of pus for so long a period, that she progressively weakened and died in the course of a few days.

Where there is extensive pigmentation of the skin in cases of pregnancy Stewart gives sodii phosphatum ʒi, in hot water, every four hours until there is a free evacuation of yellow feces. He then substitutes ℞. acidi sulph. aromat. ♏x, Donovan's solution ♏iij–v. Misce. Sig.—Take ter die. Watch cautiously the action of the arsenic.

For a shooting neuralgic pain in the forehead, Stubbs recommends, ℞. Extracti belladonna, gr. iij; extracti hyoscyami, gr. vi. Misce et fiat in pilulas, No. 12. Sig.—Take one pill every three hours.

Shoemaker recommeds the use of beta naphthol, given in ¼–½ gr. doses, in pill form, three times a day, in chronic or obstinate cases of constipation. It is antiseptic and makes the stools of a clay color. "This is a new remedy, and in my hands I have obtained the best results from it in all cases tried by me."

As a tonic Prof. Pancoast gives: Ext. ignatiæ amaræ, gr. ⅓, quininæ sulph., gr; ½, ferri pyro-phos., gr. i; piperiu, gr. ⅙; pulv. cinnamom, q. s. M. et fiat pulv. unum. Given after each meal.

A case of spina bifida, in which there was incontinence of urine and general muscular debility, was presented to the class as cured by Prof. Pancoast, who had made several applications of an iron at white heat over the spinal column at the lumbar and sacral regions.

In ozena, Pancoast uses, ℞. Acidi borici, ʒi; tr. myrrhæ, fʒi; mellis, fʒii; infus. cinchonæ, fʒiij; aquæ ad., fʒiv. Misce. Sig.—Use as gargle and wash. After using the wash, apply with the finger: ℞. Hydrarg. chlor. mitis, gr. viii; ung. aquæ rosæ, ʒi. Misce et fiat unguentum. Sig.—A piece the size of a pea to each nostril.

Prof. Stewart gives absolute relief in every case of eczema capitis of young children, by giving liquor arsenici et hydrargyri iodidi, ♏ss ter die, after meals. Cleanse the head thoroughly, and apply unguentum picis liquidæ.

PHILADELPHIA HOSPITAL.

DR. SINKLER.—My attention has recently been called to the treatment of locomotor ataxia by suspension, as practised by Prof. Charcot. It consists

simply in suspending the patient for a limited time, by means of an apparatus that will throw most of the body weight upon the head and spinal column. The Sayre apparatus of New York, which was primarily used for the application of plaster-jackets, was used; but, having some objectionable features about it, Dr. S. Weir Mitchell of Philadelphia improved upon it, and it is now my privilege to show and demonstrate its practical use to you. It consists, as you see, of a horizontal rod of steel or iron, the extremities of which are turned upward in the shape of a hook. At the center of the rod is a ring by which the whole apparatus may be suspended from a beam or ring in the ceiling by means of a pulley. From each extremity straps drop, and end in a cup-shaped support for the elbows,—this being somewhat different from the Sayre apparatus, which throws the support in the arm pit. Straps also drop from near the centre of the rod in such a manner that a cup-like depression is made for the chin and another for the occiput, all being held firmly in position on the patient by means of other straps, which should be adjusted so that the weight of the body will rest on the elbows and head piece. Having done this, raise the patient slowly by means of the pulley until his feet do not touch the floor. This throws the body's weight on the elbows and spinal column, which causes a strain on the ligaments of the spine and a consequent elongation. By having the patient extend his elbows from his side all the weight is thrown on the head piece, causing a greater strain. As to the duration of the suspension, great care must be taken, for it is injurious to suspend longer than three to four minutes at one time, while at first thirty seconds is sufficient, until he becomes accustomed to it. Avoid fatiguing, exciting or roughly handling the patient, and when the treatment is ended require quiet and rest. Of course it is not supposed that one of stout build can be handled like one of lighter weight, for his weight would cause more strain. Do not suspend the patient more than every second or third day. Prof. Charcot claims to have had many good results from this method of treatment, as used in several hundred cases, and although you cannot expect to accomplish *absolute* cures from it, yet the marked improvement of coördination and standing in many cases has led to a thorough test of its merits in this institution.

In cases of pyuria renalis, due to calculus, Dr. Walker recommends, ℞. lithii carbonatis gr. iij; acidi borici gr. iij–v. Misce et fiat pil. No. i. Sig.—Four times a day. He thinks the free use of lithia waters renders the urine alkaline and prevents calculi from forming; boric acid prevents fermentation of urine, and promotes antisepsis; while free use of water flushes the kidney and often washes calculi away. The combined action prevents chills. Examine carefully for urethral stricture.

Astringent washes prevent the formation of bed sores. A 1 per cent. solution of chloral hydrate, in the hands of Dr. Walker, gave very beneficial results in treatment of bed sores. The parts were thoroughly syringed, washed and dressed in chloral. If a bed sore is large and has a "lazy look," cleanse it thoroughly and dress with red cinchona bark, ʒi to the ℥i. Cleanse all sores with corrosive sublimate, 1–2000; or boric acid.

Dr. Walker treated, with recoveries in almost every instance, several hundred cases of so-called threatening typhoid, in which there were persistent frontal headache, furred tongue, biliousness, tendency to constipation and abdominal tenderness. ℞. Calomel, gr. $\frac{1}{12}$, ipecac, gr. $\frac{1}{12}$; or ℞. Calomel, gr. $\frac{1}{12}$; sodæ bicarb. gr. ii; sugar of milk, gr. i. Misce, fiat pulvem. Sig.—To be given every four hours until patient has a good passage. Discontinue this, then give for seven days: ℞. Quiniæ sulph., gr. iss; caffeinæ, gr. ss. Misce et fiat pulv., No. i. Sig.—One ter die.

Society Notes.

INDIANA STATE MEDICAL SOCIETY.

FORTIETH ANNUAL SESSION, HELD AT INDIANAPOLIS, MAY 1 AND 2.

DR. W. H. WISHARD, President, of that city, in the chair.

THE President's Address was a retrospect of the practice of medicine for the past half century. He considered this period one of great progress in science as well as other things. The great thing is, have we as medical men kept abreast with the times. He endeavored to make his answer convincingly in the affirmative. The primitive Indiana doctors had not great advantages of education. In 1817, the Transylvania University, at Lexington, Ky., opened a medical department, and in 1818 John L. McCulloch was the first graduate in medicine west of the Alleghenies. This soon grew to the second medical school of the United States. In 1819, the Medical College of Ohio, at Cincinnati, and in 1837, the medical department of the University of Louisville were formed. Not 10 per cent. of the physicians of Indiana, in 1825, were graduates, and only 20 to 25 had taken one course in medicine. Ephraim McDowell was not a graduate, but after thirty years of practice the University of Maryland gave him the honorary degree of doctor of medicine. There was but one medical journal in the United States in the early part of this century, the *Medical Repository* of Philadelphia. Obstetric business was all in the hands of females. It was necessary; physicians were scarce. Women were healthy, and nature needed but little aid. Such an affair was quite a celebration to the female portion. Not to be invited was a great slight. The physicians were looked upon with suspicion in this line of practice, and were not summoned unless there was great necessity. When summoned the news spread like wildfire and the neighborhood turned out *en masse*, as though it was a funeral or a wedding. A log cabin 12 x 14 would be literally packed by women and children, with sometimes a few men. Early settlers were almost exempt from tuberculosis, diphtheria, and cerebro-spinal meningitis. Only the strong and healthy ventured to the front. In winter pleurisy and pneumonia raged.

The doctor was a dealer in second-hand goods. Four-fifths of the fatal cases had been treated by the old women till the case was hopeless. He well remembers when quinine first came into use. He was given a prescription consisting of thirty grains of quinine, ten drops of dil. sulphuric acid, and six ounces of water. Dose, teaspoonful to be taken three times a day with great care. He has known an old thumb-lancet to descend as an heirloom from the father to son and grandson, and had drawn more blood than some regiments in the late war. An old theory was that if you would draw blood from the right arm when the pain was in the left, you would draw the pain across the heart and kill your patient. The curtain was first lifted in the treatment of fevers by Dr. Lunsford P. Yandell, of Louisville, and the light has been shining more and more ever since. He thinks the domain of surgery has made wonderful progress in the last fifty years. The good dame of fifty years ago would show her ten or a dozen sons and daughters, the pride of her life, the hope of her future. To-day we are shown one son or daughter and a poodle dog, often only the poodle dog, all the hope of this family. The Doctor then paid some scathing tributes to criminal abortion, and went on to discuss the fortieth anniversary of the Indiana State Medical Society; organized June 6, 1849; twenty-eight physicians were present, of whom now only five are living; four in Indiana and one in Texas.

Dr. King, of Indianapolis, related the incident of his father and mother both dying within seven minutes of each other, from being bled forty years ago, only a few miles from Indianapolis.

Dr. Leech, of Indianapolis, spoke on criminal abortion, and told an interesting story of how he saved two twin girl babies, and what pleasure he derived by seeing them playing on the hillside as he drove past their home.

Myxœdema, with report of case, was the subject of a paper read by Dr. Jas. F. Hibberd, of Richmond, Ind., at the meeting of the Indiana State Medical Society. His patient was a lady, aged fifty, previously slight in build, but although her general health had been failing during several months, her weight was 143 pounds when she consulted him. She suffered from a sense of general weariness, abatement of mobility, disinclination to active exercise, and lessened ability to concentrate her mind on any important affair. Her skin had become dry, pale, and sallow, and was swollen and puffy, particularly about the feet and hands; but gave her most discomfort from the thickness and weight of her eyelids and surrounding tissues. Her limbs had lost their normal suppleness, and she walked with an unsteady gait; her hands were stiff and swollen, making it almost impossible to hold a pen or write. She complained of general subjective cold, and her temperature was found subnormal. She presented a depreciation of vital activity and a sluggishness of mental operations. Examination displayed no special error in respiratory, circulatory, urinary, or uterine functions.

The patient was advised to cease her literary occupations; moderate outdoor exercise, with quinia, strychnia, and iron soon brought a slow improvement in her condition, though she still presents a remnant of her serious ailments of two years ago. This is a typical case of myxœdema, a mild attack, of favorable progress and promising prognosis, but presenting all the characteristic symptoms of the disease.

The first description of myxœdema was by Gull, in 1874; and in 1876 Ord gave a thorough exposition of its leading characteristics, and proposed the name, as he declared mucin was found in the tissues of all its victims. Hammond gave a short description of the disease in 1881, and the treatises on general practice since have had chapters devoted to myxœdema.

The *American Journal of Medical Sciences* published two papers in July and August of 1888, by Drs. Hun and Prudden, giving thorough details of four cases under their observation, and of the literature of the subject. Excluding cases due to the extirpation of the thyroid gland for diseases, and those associated with idiocy and cretinism, there are one hundred and thirty-four cases of idiopathic myxœdema, more or less completely reported according to their researches.

The conclusions reached by them are: there are more than three times as many females affected as males; the average age for the beginning of the disease is forty years; chief etiological factors are excessive child-bearing, excessive hemorrhage, mental shock and worry, and injuries, especially of the head. Myxœdema appears to manifest itself by very characteristic symptoms, which affect, especially, the cutaneous, nervous, and vascular systems. Cutaneous: Skin swollen without pitting, dry, scaly, and cold; hair and teeth frequently fall out. The mucous membranes are swollen, but their secretion is increased, while perspiration is absent or greatly diminished. Nervous system: Mental sluggishness and impairment; insanity frequent; impairment of sensibility in most cases; in all cases muscles act feebly; numbness and neuralgic pains are often present. Muscular system: Pulse usually slow and small, and heart presents some abnormality. Blood often in an anæmic condition, sometimes severe hemorrhages. A clear, succinct, comprehensive statement of our present knowledge of this disease is found in the summary of Dr. Ord, printed in the London *Lancet*, June 2, 1888, and copied in the *Medical News*, Philadelphia, June 23.

The author concludes with the statements that he thinks myxœdema a distinct disease, with well-marked symptoms; its diagnosis is easy and certain; it is not amenable to treatment, and persons affected with the disease never regain a perfectly normal condition. He thinks it quite possible to meet associated disturbances with remedies, and by proper use of exercise and rest to carry persons through years of comparative ease.

Urethral Stricture in the male was considered by D. W. N. Wishard, of Indianapolis. He followed Otis' classification and location of stricture. He discussed the subject of electrolysis in stricture, but was unsatisfied in his own mind, and at present he finds no method as successful as the Otis operation. It is the only method in which he feels confident in curing the

stricture. Absence of fatal or even serious resulst have led him to consider it a safe method, though he avoided operating in cases of kidney trouble.

Nervous sick headache was the subject of a paper read by Dr. A. G. Porter, of Lebanon, vice-president of the society. Concerning this disease he said little was written, little known, the treatment was unsatisfactory and the disease very frequent. He thought 99 per cent. due to a deficient supply of blood to the brain or some part of it. An ounce of sherry wine or brandy in a glass of soda water was good in many cases where there was a chill and depression present, but in many others it was inadvisable. Valerian and asafœtida are very good, or two or three drops of dilute hydrocyanic acid, and an emetic if the stomach is at fault. We must abridge hours of study or work.

Dr. Howe, of Richmond has cured several cases when due to stomach trouble by bismuth and fluid extract of quassia.

Cholecystotomy was the subject of a paper by Dr. Miles F. Porter of Fort Wayne. He favored the continuous suture after Tait's method. A case of Suppurative Peritonitis was the subject of a paper by Dr. G. W. McCaskey, of Fort Wayne. Glaucoma by Dr. A. Blitz, of Indianapolis.

Nature and Etiology of Tuberculosis was the subject of a paper by Dr. H. F. Stone, of Indianapolis. He did not believe in the theory of contagion and opposed bacteriology and all the ideas of Koch.

Dr A. W. Brayton, of Indianapolis, admired the doctor's courage to write such a paper as this time, and it took courage to make such antiquated statements.

Dr. Theodore Potter, of Indianapolis, considered tuberculosis inoculable, and the only cause the tubercle bacillus of Koch. Where the tubercle exists the bacillus exists, and we have in the tubercle bacillus a positive diagnosis of tuberculosis. If the tubercle bacillus is excluded by a careful examination we can exclude tuberculosis. Not to believe in the tubercle bacillus we might as well not believe in the spermatozoids which made us.

Dr. Stone, in reply wished to be put on record that he was opposed to this fallacious theory of germs. It is a myth. "I do not believe in antisepsis only so far as it induces cleanliness."

The secretary's report showed a gain of six County Societies and seventy members over last year. The mortality list was not a lengthy one but included two ex-presidents, Drs. W. H. Field and Benjamin Newland, also Dr. Moses Baker. of Stockwell, the first surgeon in Indiana to perform ovariotomy, and Dr. Mary Thomas, of Richmond, the first female doctor to become a member of the Society. About eighty out of the one hundred Counties in the State have County Societies, and all members of the State Society. A man cannot be a member of the State Society unless membership in the County Society makes him a member of the State Society. The fees are paid to the County Society and the names and fees turned into the State Society. For $1,00 a man becomes a member, and receives the transactions. The society is the largest and most thoroughly organized State Medical Society connected with the American Medical Association. It can be safely said that in the near future public opinion will compel every physician to unite himself with the State Medical Society, thus to sustain the honor and dignity of the profession and rebuke charlatanism and obtrusive effrontery under whatever guise they may appear. The whole number of members is now 1,200. The treasurer's report showed the financial affairs of the society in a prosperous condition.

Dr. Lomax, of Grant County, at the meeting of last year proposed a plan for the improvement of the Indiana State Medical Society. It was for the County Medical Societies to secure the pauper practice in the counties and donate the fees paid to the college. The duties of the pauper practice could be done by the members in turn and would not be hard on any one. The committee reported adversely to this proposition for the reasons that the State Society could not well manage a large well-endowed college, as a vast amount of competition and rivalry would arise among the applicants for faculty and managing positions, and everything would be in confusion. Then the County Societies could not get the pauper practice in all cases if they tried. There were many irregular physicians and so many regular ones who do not belong to the County Societies that they would underbid the County Societies. The committee also reported that in Indiana there are 3,243 regulars or allopaths, 287 eclectics, 199 homœopaths, 142 physiomedicals and 105 unclassified. Less than one-third of the regulars are not connected with the County Societies.

The committee on ethics had some delicate matter to attend to which was handled with all due care and tact. A committee appointed for that purpose endorsed the National Formulary.

Dr. Kate Corey, a graduate of Michigan University, and superintendent of the Methodist Hospital at Foochow, China, was introduced to the society and made a brief speech. Her great work was related by the secretary and a motion to make her an honorary member was passed without a dissenting voice.

The Committee on Ethics asked the appointment of a committee to draw up some uniform rules by which a member shall be tried by the County Societies. The request was granted.

Dr. E. S. McKee, of Cincinnati, was introduced as delegate from the Ohio State Society, and delivered a message of good will and greeting.

Officers elected: President, Dr. J. D. Gatch, Lawrenceburg; Vice-President, Dr. S. T. Yount, of Layfayette; Secretary, Dr. E. S. Elder, Indianapolis; Assistant Secretary, Dr. T. C. Kennedy, of Shelbyville; Treasurer, Dr. F. C. Ferguson, Indianapolis.

Antiseptics in Normal Labor was the subject of a paper read before the Indiana State Medical Society at Indianapolis, by Dr. G. W. H. Kemper, of Muncie, Indiana. The doctor had attended nine hundred cases of labor in civil practice, and in no one instance had he used a single antiseptic measure before or after parturition. Two of these women died, one of puerperal convulsions and the other of acute pneumonia. He had no case of severe puerperal fever among his nine hundred cases. The cases

were of the average gravity as proven by the particulars which were given. He had some cases which would have demanded the antiseptic treatment if any did. They did not get it and recovered all the same. If he had used that treatment what encomiums he could have bestowed upon the practice. A class of recent converts to antiseptics charge that all who do not avail themselves of this practice are criminally negligent. The health officers report in Delaware County, the county in which the writer resides, gives a ration of 7.5 deaths per 1,000. This includes the practice of doctors, midwives and old women. Ten out of the 34 deaths were due to accidents which could not be affected by antiseptics, which presents a more favorable outlook than the hospital practice of the larger cities with antiseptic precautions,

He considered the paraphernalia and details of antiseptic midwifery as laid down by Thomas, Garrigues and others, to be both expensive and tiresome. He had without the formality of an introduction witnessed a number of deliveries within five minutes from his entry into the house. In such cases the time for the ante-preparatory antiseptic treatment of Prof. Thomas would not equal in opportunity that of a death-bed repentance, of a subject of Judge Lynch. While he would do something towards antiseptics where it seemed necessary, yet he would not feel it advisable in every case of normal labor when a patient is surrounded by healthy environments to attempt to carry out a complicated routine of practice which his experience teaches him is uncalled for.

The doctor in conclusion submitted the following aphorisms :

1. The history of obstetrical practice teaches us that the lying-in hospital has always been a place of danger and mortality, therefore, it is obligatory on those who have charge of those institutions to utilize every antiseptic measure known to the profession to save life.

2. The experience of country practitioners teaches us that women who are confined in healthy isolated rural homes are not subjected to the contaminating influences of an ochlesis, and consequently do not require all the precautions of those exposed to hospitals, or even to the atmosphere of city life.

3. That the country practitioners of medicine will generally show a lower rate of mortality in obstetrical cases than city practitioners, simply for the reason that they practise in healthier localities and less exposure to contagious influences, and possibly have a healthier class of patients.

4. That the insinuations of a number of late writers on antiseptic midwifery, that the death rate in obstetrical practice of country practitioners is high, are not true as shown by statistics.

Broncho-pneumonia in children, was the subject of a paper by C. W. VERNON, M.D. of Indianapolis. He used this term purposely because he meant it and thought it the proper term. He thought the burning of natural gas in this city had become a great factor.

The houses had been kept too warm and dry. Mouth breathing was also coming to be a prominent cause. He thought the disease occurred more frequently among children than adults. The disease may commence in the tubes and extend into the alveoli, and *vice versa*, or may commence in the interstitial tissue. In treating the measles, whooping-cough, etc., we should keep under consideration the possibility of this disease.

DR. JOHNSON, of Indianapolis, was pleased that the doctor insisted on the term broncho-pneumonia. He thought there were more recoveries from acute lobar pneumonia than from broncho-pneumonia, as the latter is apt to be neglected by the patient. Dr. G. V. Woolen would only criticise the doctor in one point, and that is, he scarcely went above the epiglottis or larynx in his genesis of the trouble. He thought the whole life of the respiratory organs was to be found in the head at the back of the brain. Catarrhal disease he thought essentially a disease of childhood ; no man in this body who has not catarrh already will ever, in his opinion, acquire it.

The Hydro-Therapeutic Treatment of Typhoid Fever, was the subject of a paper by DR. G. W. SMYTHE, of Greencastle, which was followed by a paper on Atypical Typhoid Fever, by DR. MCCULLOUGH, of Ft. Wayne. He thought irregular typhoid fever much more frequent than generally supposed.

DR. M. F. PORTER thought there were more cases of the atypical typhoid fever than the typical. Authors of text-books he thought had made a great mistake. He opposed the general routine treatment of typhoid fever by cold baths, yet he thinks cold baths in a great many cases are beneficial.

DR. LEECH thought the great question was, are you capable of diagnosing a case of typhoid fever.

DR. LOMAX, of Grant County, has been studying typhoid fever for a long time, but could not give a good definition of it. It had been thought that the disease should be given a name having some connection with the spleen. He considered the classification of Trousseau into adynamic, ataxic and typhoid fevers the best.

DR. MENDENHALL, of Richmond, said there were three hundred thousand cases of typhoid fever in the United States each year, and thirty thousand of these die. "We ought to be interested in this disease. We can never know exactly how to treat it until the disease is understood, and I believe we do now understand it. I believe it is caused by germs. When we can kill or stop the production of these germs the cause will be gone and the disease stop. If we give quinine we will get trembling, nervous conditions and hallucinations. If we leave off this and tonics, we will not have so much of this kind of trouble." Early in the disease he gives small doses of calomel or bichloride and turpentine oft repeated. Two drams to one pint of turpentine emulsion and two grains of calomel. He does not use antipyretics.

The discussion on this disease grew quite lengthy, and a gentleman rose to a point of order, saying we were already far behind the programme. The President replied that he knew it, and we were leaving typhoid fever about where we found it. Dr. Smythe in replying said the whole question was one of diagnosis. Will we permit our patients to die of secondary troubles or not? He uses Von Ziemssen's graduated bath, and gives quinine in forty-grain doses, having given as high as seventy grains.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, May 11, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

IMMUNITY FROM SPECIFIC FEVERS.

BUCHNER (*Medizin. Zeitung*) discusses this interesting question of immunity and protection in specific fevers. He defines immunity in its widest sense as embracing those bodily conditions which resist the inception, or neutralize the activity of any animal poison brought within the sphere of infection. These are firmly established by a single attack of the fever, which exempts the same subject from a second attack of the same fever. We are disappointed to find that the author has no better theory to advance in accounting for immunity than the old, illogical, and absurd one of the preëxistence in the body of some specific principle, which has been put there for no other purpose but to be destroyed by the specific poison of disease. The nomenclature differs somewhat, but the theory remains the same. He calls the hypothetical substance a "specific" ptomaine, which is neutralized by the specific poison, the body remaining "neutral" thereafter.

We cannot avoid the conviction that attacks of specific fever leave effects more lasting than is generally supposed. A severe typhoid fever causes a diminution of vital power, which may be felt throughout the remaining life of the subject. Looking beneath the fallacious sensation of well-being, which often leads convalescents to speak of the fever as leaving them in better condition than they have been for years, we invariably find a diminution of the power of exertion, an impairment of bodily and mental vigor, a lessened capacity of resisting fatigue, exposure, and other noxæ. The condition of the body resembles that of a country after an exhausting war; and, like it, the devastation may be so great that the pristine strength is never restored.

Ten years ago, Buchner propounded his views as to the nature of specific diseases; and the influence of inflammation in combating the bacillar operations. Proofs of this hypothesis are daily unfolding themselves and confirming his earlier opinions. He then showed that the inhalation of splenic fever bacilli set up a sero-fibrinous pneumonia. As the result of recent experiments, he says that the inflammatory reaction stays the progress of the bacilli invading the surface of the lung, and bring about a degeneration of the bacteria preparatory to their destruction.

Schickhardt obtained similar results. Microscopical examination also shows that as soon as inflammation begins, the bacteria degenerate and die.

Ribbert and Lahr injected *staphylococcus aureus* into the trachea, and noted that the local inflammation stopped the ingress of the bacteria and caused their destruction.

Temporary immunity, Buchner believes to be due to the presence of a chemical compound in the blood, which prevents the development of the invading bacteria. When this substance is exhausted, the period of incubation is past, and the blood is then a suitable culture medium for the bacteria, whose systemic effects are then first manifested.

The whole subject is still shrouded in obscurity, which, however, we may expect to see dispelled in the near future.

A TIME TO CLEAN.

WHETHER the recently reported case of yellow fever in Sanford, Fla., turns out to be a genuine case of that malady, or simply one of bilious malarial fever, the lesson it teaches is the same. It should be taken as a warning of what may be expected this summer. The prevalence of yellow fever last fall must have left the germs of the pestilence in many places, ready to spring into activity after the requisite period of hot weather has elapsed. Although the type of the fever was mild, it is not unusual for these epidemic affections to develop their full virulence in the second season, after they have become acclimated, as it were, and the multiplication of the germs has intensified their power. But there is no reason why Florida towns should have yellow fever if they choose to take proper precautions against it. The problem is comparatively simple. An efficient system of drainage, proper disposal of sewage and garbage, and a pure water-supply are the three requisites; while the establishment of quarantines, the disinfection of suspicious clothing, or of localities, and other measures of a like nature, come in at a distance from those first named, in the order of importance. And yet the tendency seems universal to ignore these first principles of sanitation, and to rely upon those measures which have over and over again been proved to be but broken reeds. Garbage crematories are especially suited for tropical towns, where there is a need for speedy destruction of putrefactive substances. The system of treating sewage by electricity has been favorably reported upon in England, and is deserving of investigation. If a plentiful supply of pure water cannot be procured for a town, its site is not suitable for habitation, and it should be transferred to a more eligible locality. It is said that Florida has been much altered socially by the in-

flux of Northern settlers, with Northern energy and money. If this be true, now is the time to show it; and if Florida appreciates the financial returns to be derived from investments in sanitation, there is no reason why she should not become the garden of America.

AFTER reading in the *Weekly Abstract of Sanitary Reports* the condition of Live Oak and Lake City, Florida, we feel like paraphrasing the holy writ by saying that "he who reads may run."

Though these two towns are situated in close proximity to last year's yellow fever district, and have every reason to fear another outbreak of that dreadful scourge, their condition must closely approximate that of Italian villages during the Middle Ages. Yet the inhabitants take their afternoon siestas in that land of flowers as unconcernedly as if sanitation were a delusion, and yellow fever a bugaboo, a mere name, a nothing, and not a fatal fact. Here is an excerpt from the report of United States Sanitary Inspector, J. L. Posey:

"In the central part of the town of Live Oak the practice is tolerated of allowing the sewage from the county jail to flow into a small marshy pond a few yards distant, which, during the summer drought, becomes dry, leaving the fecal matter exposed to slow evaporation, necessarily producing a very unwholesome atmospheric condition. The topography of the town is such that the surface drainage flows into several small lagoons, which are situated in the corporate limits, and doubtless supply ample morbific material for the development of the various types of malarial fever which prevail during the summer and autumn. Little attention is paid to the systematic removal of garbage and contents of open closets, and as a result the water supplied by wells of no great depth furnishes types of typho-malarial fever, which usually prevails."

This condition of affairs would not greatly surprise us in Kamtschatka or Patagonia, but it is most decidedly astonishing to hear of it in Florida, a state in which the inhabitants have had such warnings as ought to cause them to take three-fold precautions, and not be acting as if they were Hindoo fatalists instead of educated Americans.

With regard to cemeteries the inspector says:

"It is a subject of surprise to me that so little foresight has been exercised in nearly all the smaller towns of Florida in the selection of sites for cemeteries. In view of the porous nature of the soil and the general use of well-water, it would appear a matter of ordinary prudence to locate the burial plot at least a mile from the corporate limits of a town, but the usual site is in the town proper or just beyond its boundary."

This custom is not confined to Florida alone. The first object that greets one in visiting many a little town in Pennsylvania, is the cemetery, the site for which is almost invariably a hill which the village abuts, and which is apparently so chosen that the water from it may drain into the village wells.

Herodotus tells of a tribe of Scythians, whose custom it was, when a member of the tribe had survived his usefulness, for the immediate family to collect together in order to give their aged relative the last testimonial of affection. A large cauldron of water was set boiling, and when the steam rose and the water bubbled merrily, the most loving son took the liberty of killing his father, after which the less favored relatives assisted in separating their stew into pieces suitable for the size of the cauldron. Various herbs were thrown in along with the meat, and perhaps some spices to give a zest; and after all was thoroughly cooked, those members of the family who were left partook heartily of the broth.

In doing this they had two objects in view, nay, three; they showed due respect to their ancestor, they imbibed his many virtues, and they got a passable meal.

On seeing one of these cemeteries this story almost invariably occurs to our mind, for although the Scythians took a rather direct way of discussing their relative, yet our present villagers also get the strained virtues and vices of their departed townpeople, in the water that seeps through the graveyard soil, trickles down the shelving strata, and at last finds its way into the wells and to the tables of the innocently anthropophagous villagers.

Annotations.

OKLAHOMA.

THE ancient game of "pussy wants a corner" has just been played in Oklahoma, but instead of finding the "corners" filled by laughing children, the unlucky late comer finds his desired homestead occupied by a burly citizen, armed to the teeth. For a moment the laws of civilized society, which aim at equalizing the rights of property, so that the feeble in body shall be as secure as the strong, have been suspended; and stalwart manhood again approves itself as the fittest to survive.

The eagerness with which the tract opened up for settlement has been taken, may attract public attention to the fact that good land for homesteads is becoming scarce. For many years the railroads and other land grabbers have cut and sliced away at the public domain as if it were indeed illimitable. Thousands of yonng men are trifling their lives away in the cities at occupations which offer no opportunities for advancement, while the lands that are their birthright are being taken by the German and the Swede. To many of that lower species of youth who work not, but take pride in the title of "tough," the influence of the pioneer life in developing true manhood would be far and away beyond the value of the homesteads they could still have for the asking.

DISSECTION WOUNDS.

APROPOS of a recent death in England from blood poisoning contracted by holding a post-mortem examination, the *Press and Circular* remarks that many such deaths recorded could have been avoided by the use of a little prophylaxis, and that they are probably due to the fact that familiarity in their cases, as in many others, is apt to breed a dan-

gerous contempt. A student in the dissecting room is greatly alarmed at his first scratch, he treats it with the best known preventive measures, and watches anxiously during several days for the classical symptoms marking the onset of a dissecting wound.

But as they do not appear he treats his next wound with somewhat less care, and both his alarm and attentions progressively decrease, till he finally begins to consider himself, for some unexplainable reason, invulnerable, and totally disregards a puncture from his tenaculum or a scratch with his knife. This is the experience of most students, and most students escape. Every now and then, however, the poison takes effect in some heretofore invulnerable student, and he may lose through his carelessness his hand, his arm, or his life. The same may be said of those who perform many post mortems. The *Press and Circular* remarks that the hands should be well anointed with vaseline before beginning, and that after the work is completed, they should be washed with a hot 20 per cent. solution of carbolic acid, or a 1–1000 solution of corrosive sublimate, and that a layer of collodion should be put over any abrasion of the fingers or about the nails.

RIGHT-SIDED APHASIA IN A LEFT-HANDED PERSON.

H. C. WOOD, M.D. (*Medical News*) says this case has seemed to him worthy of being recorded on account of the curious relations between the habitual use of the hands and the speech function. The aphasia was the result of a lesion in the left side of the brain. Although the person was for the ordinary purposes of life left-handed, he had always written with the right hand; the centres connected with writing, in locating themselves, so to speak, had followed not the centres of habitual physical action, but the centres of speech function. In other words, this man possessed a brain in which the speech centres were highly developed in the left hemisphere, although the motor centres for the hand and leg, and probably for the face, were more highly developed in the right than in the left hemisphere, and in which, when the art of writing was learned, the motor centres of the left hemisphere underwent special development, apparently on account of their close relations with the centres of speech.

PASSIVE RESPIRATORY MOVEMENT.

MASSAGE is growing to be a common affair, and many people take their muscular exercise quietly in bed, at the hands of some muscular masseur. It would seem that the time may not be far distant when certain of our race will have their breathing done by steam, for part of the day at least.

Dr. H. S. Taylor (New York *Medical Record*) writes a paper to prove the therapeutic value of systematic passive respiratory movements in those whose breathing capacity is abnormally small. The movements are much like those used in the Sylvester method of resuscitation; but the necessary exertion is relegated to a steam-engine. By appropriate machinery the arms are drawn up, and from thirteen to sixteen movements made in a minute. Dr. Taylor shows by tables that the breathing capacity is augmented, the chest measure increased, and the patient's general health improved.

TO AVOID OVERCROWDING.

IN the *Journal of the American Medical Association*, Boyd Cornick discusses the overcrowing of the profession. His remedy is not the passage of restrictive laws, which have proved "conspicuously futile," but the adoption of Henry George's system of land taxation. From this he promises us that a new difficulty will arise; that of providing means "to induce men of latent energy to devote the years of time and labor needed to qualify them for the laborious and responsible professions of law and medicine."

ELECTRIC DOOR-OPENERS FOR USE IN ASYLUMS.

THIS is the title of an article in the April number of the *American Journal of Insanity*, by Dr. M. J. White, Superintendent, Milwaukee Hospital for the Insane. In view of the fact that a number of sad catastrophies have happened in our country, in which helpless inmates caged in their rooms have been burnt to death along with the burning building, this topic is one which ought to engage earnest attention. The insane have an anomalous position or condition. They are not condemned criminals who are rightly incarcerated by force, nor yet, again, are they normal human beings who may go where they list. Their position is between. The safety of others demands that their freedom be denied them, yet for their own welfare it is important that the semblance of freedom be granted to them, and the best results are obtained, *cæteris paribus*, where the nicest balance is kept between these two points.

Many of the insane are rational on all but one or two subjects; their mental faculties are good, and their sensibilities acute. There is no reason why these patients, upon being locked in a room, and dependent for exit upon an attendant, should have sensations of less discomfort than we should have, were we to be fastened for the night in a stout room at a hotel, with barred windows, and the key of our door in the pocket of some servant who was sleeping three pairs of stairs distant, What would be our chances in case of fire?

These considerations must of necessity alarm patients, and we know for a certainty that they do alarm patients. Influenced by these considerations, Dr. White made a number of experiments in order to discover, if possible, some means of opening the doors simultaneously, either from the attendant's room or from his own.

As the machinery used in jails for this purpose would be unsuited to an asylum, being entirely too suggestive of force, he attempted to solve the problem with electricity, and succeeded. It is not our purpose to enter here into the details; suffice it to say that he succeeded in discovering a method by which the different doors could be simultaneously unlocked,

thrown open, and held open, by simply touching a button, either in the attendants' rooms of the various corridors or in his office. As we said at first, this subject merits the attention of all those who are concerned in these asylums for our unfortunate fellowmen, and we hope that it will not be long ere the system is in general use.

Letters to the Editor.

A CASE OF CROUP.

THE family of Mr. R., had lost three children, two boys and one girl, within the last two years. Therefore, when this little boy four years of age, their only child, was taken with unmistakable symptoms of croup, they lost no time in calling on me. I lived across the street, and that fact saved the child's life.

The attack came on in an acute catarrhal form, and as soon as the characteristic symptoms of true croup were manifested I began a treatment which I recommend as the very best. To prevent fibrinous exudation I gave quinine in large doses, four grains every three hours, and in connection with the quinine I gave bromide of ammonium also in large doses.

My next and most important effort was the use of lime spray as a solvent, and I used it in earnest; for my object was to keep the air of the room completely saturated with steam from slacked lime.

This was kept up till after the child could breathe freely. I used as an emetic subsulphate of mercury when breathing was too much obstructed, and at three different times large pieces of false membrane were expelled by the use of this emetic. The child became very much worse on the fifth day, and stimulants were freely given. Knowing the crisis would come on about the seventh day, I stayed with the patient day and night. To get a closer application of the lime vapor I made a large funnel and had the child breathe directly from the funnel, the large end having been placed over slacking lime. About 4 o'clock on the seventh morning the patient appeared to be dying, the pallor of death came over the face; the eyes even set, the pulse was imperceptible at the wrist, and the bowels acted involuntarily. I gave hypodermic injections of brandy and rubbed well the body with warm water and whisky; and soon had the satisfaction of seeing signs of returning life in the child, which made a complete recovery from that time.

I know that the above case was true croup in its worst form, and must give the lime the credit of dissolving the membrane as it formed, therefore preventing death from asphyxia. I have since treated four cases successfully with the same treatment, and don't think the treatment can be beaten.

J. D. KELLEY, M.D.

SEVERY, KANSAS.

TYPHOID FEVER COMPLICATED WITH DYSENTERY.

J. M., about forty years of age, came to my office for treatment. He said that he had been at work on a canal boat, and had been unable to work for some days, having been confined to his bed. He said he was having twenty-four actions of the bowels a day. On his way to see me he had an intestinal hemorrhage, and he was so weak that it was with great difficulty that he reached my office. After having him taken to suitable quarters I began active treatment. Magnesiæ sulph. was given, followed in a few hours by the tinctures of Kino and camphorated opium. This combination, generally so good, acted in this case little better than so much aqua pura. All the drugs which I used to check the dysenteric discharges were of no avail, until I used a combination of opium and plumbi acet., which acted like a charm. By using that I kept the stools down to about four per diem. The first week I had but little hopes of him, not on account of high temperature, because the mercury never reached much above 103°F., and I did not have to use antipyretics. There was considerable insomnia, which was relieved by opium at bed time. He was well fed throughout his sickness, and the benefits accruing from this and the pil. opii et plumbi acet. are points which I will emphasize. When he first came for treatment he had a dicrotic pulse and was very weak. Supporting treatment was immediately adopted, and he had administered to him regularly one raw egg and a tablespoonful of whisky every two hours. At bed time he had milk placed near his bed within easy reach, so that he could partake of it during the night. He was not delirious in the least during the whole course of his illness. If those who are well require food, how necessary is it that individuals suffering from typhoid fever, acute mania and other exhausting diseases should be given the most concentrated as well as the most nourishing food (adapted to the case) that can be obtained. The question of feeding in this class of diseases, is happily a matter which in the present age is attracting almost universal attention. My patient in time fully regained his health and strength.

The Inquirer.

DID SHE PASS IT?

KATE D., aged forty-four, married, applied for treatment, saying, she had worms. Upon being questioned she replied her symptoms were swelling of the stomach, terrible boring of the nose, grinding of the teeth, etc. To confirm her diagnosis she brought in a bottle a worm of the following description, which she declares passed her rectum: It was about one and one-fourth inches long, with alternating stripes encircling the body of light yellow and dark brown color. At the upper portion of the body were six distinct feet or legs, with none at the other end of the body which ended in slight yet distinct bifurcation. She says it lived about ten hours after being passed, and that she experienced much pain a day or two before passing it.

She was given santonine and calomel for two days, when she returned, saying she passed a great deal of slime but no worms, and that she felt very much better. She was then told to wait a few days without any medicine and see if she had any return of the

symptoms. In three or four days she again returned, saying she was troubled just as before. The calomel and santonine was again ordered for two days, when she returned with a bottle containing three large round worms, about six or eight inches long tapering at both ends as the result of treatment. Said she felt much better, only a little weak. She was then put on a tonic, with instructions to return if not entirely cured. J. R. W.

REPRESSION OF MENSTRUATION.

I WOULD like to know if there are any remedies that will stop menstruation in a delicate female.

I have had two girls recover in whom nature suspended the flow for a year. They grew stout. I could only *relieve* them before this occurred. There is a class of debilitated people who can't spare the flow, and are sick every time it comes.

JNO. A. ELLIOTT.

NORTHUMBERLAND, PA,

[Gehrung recommends packing the vagina with balls of absorbent cotton, squeezed out of a 1 to 2 per cent. alum solution. Lœwenthal used hot water to the vagina. Several authors have spoken favorably of this idea.]

ADVICE WANTED.

I HAVE had great pain constantly in the region of my liver and in my bowels, with a continued severe soreness in the stomach, to the touch, or on the least jar, for more than two years. The bowels are costive. One minute's exertion completely exhausts my strength. I have always been a stout, healthy man, not having had one hour's real sickness in twenty years. I am sixty-eight years of age. I am *astonishingly weak*. My skin is reasonably moist and I have a fairly good appetite. I have no recollection of seeing a similar case mentioned in the books when I studied medicine. Perhaps you can kindly suggest something. WM. KISKADDIN, M.D.

DENVER, COL.

[We would recommend rectal injections of a pint of hot water every four hours; with hot applications to the abdomen and a diet of milk exclusively. The condition may be simply due to constipation with ulceration of the bowels. At any rate, there is nothing in the history as given above to indicate the disease more definitely, or to call for any other treatment. Perhaps, in view of the weakness, the best application to the abdomen would be an inunction of hot cod-liver oil.]

CACTUS GRANDIFLORA.

I SEE by the issue for March 9, 1889, that Dr. Mickle, of Baltimore, claims that cactus grandiflora was introduced by Dr. Rubini, of Naples, and refers to the *Medical Record* of September, 1868. I do not know who originally introduced the remedy, but in 1865, Dr. Lippe, a homœopath, published a monograph on cactus grandiflora in heart disease. Also, in the *Eclectic Medical Journal* for December, 1866, p. 573, Dr. John M. Scudder tells what he knows of cactus after using it during the two years past. He refers its introduction to the homœopaths. I learned its use of a brother practitioner more than fifteen years ago, but cannot say where he learned its use. I have never used it in any other than chronic heart disease, though I cannot see why it might not be useful in acute diseases in which we have a weak heart and rapid and irregular pulse. I have found it a remedy acting slowly, and one that must be administered a long time. Get a good preparation, give it a thorough trial, and you will not wish to be without it. C. L. GREGORY, M.D.

YREKA, CAL., March 19, 1889.

AN OBSTINATE CASE OF ECZEMA.

I HAVE in charge an obstinate case of general eczema, but especially in the legs, where the tissue is markedly infiltrated, from slightly above the knees to the toes. With the exception of the legs, the remainder of the body has partially yielded to treatment; but the itching, burning, and smarting in his legs almost drives him crazy. The case is complicated by prostatic trouble, the patient's age being seventy years. I have used many lotions, containing the following, at different times: Sodii bicarb. hydrocyanic acid, calamine, oxide of zinc, with starch, cocaine, gindelia robusta, ol. cadii, plumbi subacet., dilute hydrocyanic acid, and other things; but finally used carbolic acid. This answers very nicely by applying it every few hours, say about one drachm to three pints, and sponging the surface all over, and afterwards applying roller bandages of cheese cloth saturated with the same solution. The smarting and burning now is largely from the skin, as the infiltration has been removed with the exception of that of one leg. I have given internally potassium iodide, arsenic, elix. iodo-brom. calc. comp., elix. ferri et strych., and now have him on tinct. iron and quinine. I have to give him chloral at night. Any suggestion would be gratefully received.

M. FURLONG, M.D.

[We would suggest the following course of treatment outlined by Shoemaker in his work upon "Diseases of the Skin," published by Appleton & Co., New York, and would refer the doctor to the above volume, which gives all the recent views and a rich clinical experience upon eczema. Rest is essential for even relief in obstinate cases of eczema involving the legs. The patient should be put in bed, or if allowed to move around, the limbs should be bandaged. A hot alkaline bath two or three times a week will be of advantage.

The following ointment may be employed with benefit (from Shoemaker's Formulary for Diseases of the Skin, page 586):

Take of Oil of cade	30 drops.
Sulblimed sulphur	1 scruple.
Ointment of oxide of zinc . .	½ ounce.
Cerate of subacetate of lead,	½ ounce.—M.

Internally, give a half a drachm of the fluid extract of hamamelis alone, or with glycerin, three times a day. The action of witch-hazel is also explained at length by the above author in eczema of the legs.—EDITOR]

Society Notes.

ALLEGHENY COUNTY MEDICAL SOCIETY.

SPECIAL MEETING MARCH 19, 1889.

WILLIAM F. KNOX, M.D., President, in the chair.

DR. DUFF reported a case of rheumatism accompanied by a rash at first papular then vesicular, the rash following the joints as they were affected. After the rash left the cervical and submaxillary glands enlarged and suppurated, after which the patient rapidly improved.

DR. PAINTER exhibited a woman of forty, with a congenital malformation of the palate. The palato-pharyngeus muscle of either side along with the free border of the soft palate are carried backward and attached to the posterior wall of the pharynx, forming a sort of diaphragm between the upper and the lower portions of the pharynx. Through this diaphragm in the median line are two openings—one one-half and the other one-eighth of an inch in diameter. Her senses are all good, save her voice which is slightly muffled.

DR. HUSELTON reported a case of compound punctured fracture of the skull, produced by the calk of a horse's shoe.

After the kick the patient was unconscious for about an hour, but not afterwards. Examination revealed a depressed punctured fracture of the skull, situated two inches above the right eye. The fracture was about the size of an almond, and from the wound there constantly oozed a sero-sanguinolent fluid, but after trephining no break in the dura mater could be found. He was discharged in twenty days after admission to the hospital, the opening in the skull apparently filling up by bony deposit.

DR. BUCHANAN thought that trephining was not only eminently proper in the case related, but that it is in accord with our present knowledge of the secondary results of depressed fractures, at least an exploratory incision through the scalp would often be justifiable, where nothing is now done, to see if any depression could be found.

DR. MUNN related a case illustrative of Dr. Buchanan's remarks. A depressed fracture was found on the skull of a man who had been thrown from a carriage, but the family would not hear to an operation. He then went under homœopathic treatment, and recovered after having been unconscious seven days. After eleven months he has double vision, slight paralysis of right arm and leg, some aphasia, and has had two epileptic seizures, though he never had anything of the kind before.

DR. BUCHANAN exhibited a patient with perfect recovery, whose patella he had wired some months previously.

DR. MURDOCH admitted that the patella felt as if there were bony union, but doubted if such union ever took place. He also considered the operation exceedingly dangerous, citing a number of cases that afterwards suffered amputation and finally died. He considered the plan of tieing the fragments together, subcutaneously the best method that had yet been suggested.

DR. HUSELTON thought wiring a broken patella would never become a popular operation. It was too dangerous.

DR. BUCHANAN admitted that subcutaneous tieing was much safer, but thought there were two great difficulties connected with it: accurately approximating the fragments as to their edges, and also keeping from between fragments of the torn capsule.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING APRIL 10, 1889.

W. W. KEEN, M.D., President, in the chair.

(Abstract of Proceedings.)

DR. G. E. SHOEMAKER read a paper on Early Recognition and Treatment of Malignant Disease of the Uterus, in which he laid stress on the importance of such early recognition, as that is the time when the neoplasm can be most easily removed, and with the most favorable prognosis; but it is just at this time that the "average practitioner is at fault. Perhaps through lack of confidence in his own powers of diagnosis, perhaps from a general impression that no benefit would be derived from treatment, perhaps from a personal distaste for such examinations and long disuse of them except before and during labor; from whatever cause it may be, cases of malignant disease of the uterus are too often allowed to drift along through a most important period unrecognized. Even if not a specialist, if a practitioner will take the trouble to do his very best he can learn much in such cases. Let him take plenty of time, go to the trouble of securing a good light so that he can see clearly, let him see the case on his office chair if possible, at any rate not with the hips half buried in a bed, placed as far as possible from a heavily curtained window."

Among the early symptoms are: more or less bleeding, evidence of impaired vitality and loss of tone, pain, though in some cases this symptom is remarkably absent. In order of frequency malignant growths of the uterus are as follows: epithelioma, encephaloid cancer, sarcoma, scirrhus cancer.

In epithelioma the finger finds the cervix harder than usual, nodules are seen in cervical canal of pale, yellow or red color.

The early diagnosis of encephaloid cancer is rarely, if ever, made. The usual point of origin is near the lower end of the cervical canal, in the submucous tissue.

The accurate diagnosis of sarcoma of the uterus is rarely possible, either early or late, without a microscopical examination of a section large enough to show not only characteristic cells, but their relations to surrounding tissue. It occurs in two forms, *circumscribed* and *diffuse*.

Treatment "is of course, eminently surgical. As in cancer of the breast, not every case of malignant tumor of the uterus is to be operated upon by any means. There is room for the exercise of much judgment. One fact, however, is established beyond all question, it is that years of life and great suffering may be saved by early and radical removal, especially

of epitheliomas. If the operation is not thorough, life is shortened by it, except in the later stages."

With regard to a partial operation or complete extirpation of the uterus for malignant disease, the history of one hundred and twenty-nine cases operated on at the University Frauenklinik, Berlin, are interesting:

At the end of the first year 51 per cent. of the partial cases remained well.
" " second " 46 " " " " " "
" " thi d " 42 " " " " " "
" " fourth " 41.3 " " " " " "

Again, at the

end of the first year, 63.6 per cent. of the complete cases remained well.
" " second " 24.1 " " " " " "
" " third " 26 " " " " " "
" " fourth " *not one living* complete case remained

Summary:

a. Early diagnosis is all-important, and should not be deferred until gross changes have occurred.

b. Examination should follow slight suspicions from the treacherous character of the symptoms. If not conclusive, it should be made by a trained hand.

c. The microscope will sometimes detect before other means will.

d. Heredity is a doubtful cause, traumatic origin very probable.

e. Lacerations of the cervix, where the growths usually begin, should be repaired if causing irritation, and erosions should be cured. If erosions are stubborn, or otherwise suspicious, they should be pared off.

f. In epithelioma especially, the disease is at first local, and if taken early complete immunity is secured sometimes, and always great saving of time and suffering.

g. From an operative point of view there are three periods in any form of malignant disease.

1. Early, when operation should be immediate and as radical as possible, without extirpation of the uterus.

2. Intermediate when, eradication being impossible, nothing should be done unless demanded by severe hemorrhage or extreme pain. The length of this period is indefinite, and depends on the rapidity of growth.

3. Late, when scraping and burning may be done repeatedly, to palliate symptoms and retard growth.

EXTRA-UTERINE PREGNANCY — OPERATION — RECOVERY.

Dr. E. P. Bernardy read an account of a case in his practice that exhibited all the classical symptoms of a ruptured tubal pregnancy. The case was operated on by Dr. Joseph Price, whilst there were present: Prof. Agnew, Drs. Levis, M. Price, Kynett, E. P. Bernardy. The usual incision was made, and the abdominal cavity opened. Ruptured left tubal pregnancy. The left appendages filled the pelvic basin, the primary rupture having occurred between the folds of the broad ligament, with secondary rupture into the peritoneal cavity. General firm adhesions. The pelvis was emptied of clot, the placenta and membranes coming away in the tube, the right tube was diseased; hydrosalpinx; it was removed. Irrigation and glass drainage. The patient is now entirely well; with the exception of a somewhat prolonged shock following the operation there was no bad symptom.

This case was discussed by Drs. Hoffman, Bernardy, G. G. Davis, J. Price, and J. M. Baldy.

Book Reviews.

Report of the Superintendent of Public Instruction. By the State Superintendent for Pennsylvania, E. E. Higbee

This report fills some 400 pages in a well bound volume from the hands of the State Printer.

Mercks Index of Fine Chemicals and Drugs for the Materia Medica and the Arts. "Comprising a summary af whatever chemical products are to-day adjudged as being useful in either medicine or technology. A guide for the physician, apothecary, chemist, and dealer." By E. Merck. First American edition. Price, $1.00,

---

Ninth Annual Report of the Illinois State Board of Health, with an appendix embracing Report on the State Sanitary Survey, Vital Statistics of Illinois and Coroners' Inquests, Meteoralogical Tables, Report on State Medicine in 1886; the whole embraced in a paper bound volume af some 300 pages.

1889 is a rather late date for a report of the year 1886, but a note explains that the delay was due to some complications in the State printing contract.

International Pocket Medical Formulary. By C. Sumner Wilkerstine, M.S., M.D. F. A. Davis, Publisher. 1888: Philadelphia and London. Price, $2.00.

This is a neat and compact little volume, containing a large amount of information in a small compass. The formulas are taken from the best known men, both here and abroad, and are so indexed that a desired one may be found in an instant. Many a busy practitioner who has not always time to consult his larger works will, we think, find this compendium of value. In the appendix is a posological table, formulæ for hypodermic medication, formulæ of medicines for inhalation, and much other timely matter.

The Psychic Life of Micro-Organisms. A Study in Experimental Phychology. By Alfred Binet. Translated from the French by Thomas McCormack, with a preface by the author, written especially for the American edition. Chicago: The Open Court Publishing Company, 1889. Price, 75 cents.

The wonderful revelations of Metschnikoff awakened an interest in the life of micro-organisms, one of the results of which is the volume before us. It will be found a bit of very interesting reading; and to one who is not familiar with recent investigations upon the subject treated, a new and attractiue field will be opened up. The more closely one studies the nature and habits of animals the more indistinct becomes the boundary between instinct and reason. In his studies of protoplasmic psychology, Binet has progressed farther on this path than one would think possible to go, until he has read this book.

Abstracts.

LABOULBENE says that the tears contain the contagious agent of measles, and that inoculation with them always produces a mild type of that disease.

MÉNIÈRE (*Gaz. de Gyn.*) disposes of the homœopathic claim for priority in the use of hamamelis, by citing Collinson, "Dictionaire de Mérat et Deleus," 1736, twenty years previous to Hahnemann's birth. Even if the little men had been the first to suggest the employment of the remedy, the credit must be given to him who discovers the dose capable of producing therapeutic effects.

ABORTIVE TREATMENT OF GONORRHŒA.—Dr. Rively treats recent cases of gonorrhœa by direct application of balsam copaiba to the urethra. He puts it on a bougie and passes it in the urethra. After the first application of the bougie, which should be left in situ for six to eight minutes, the discharge disappears. But to be sure the treatment should be continued for some days. There is very little pain under this treatment.—*Wiener Medizinische Presse.*

TREATMENT OF LEG ULCERS.—Dr. Appenrodh, of Clanthal, introduces a new method of treatment for ulcers of the leg. After washing the leg he uses mild massage, beginning at the knee and working downwards, which produces an exudation of lymph in the ulcer, and a cure rapidly results. Pure lanolin is recommended as a dressing in preference to that charged with antiseptics which ordinarily produce irritation.—*L'Année Médicale.*

THE DEATH-CURRENT.—In the *Medico-Legal Journal* for March, is an account of several interesting experiments with regard to the strength of current necessary for instant death. The experiments were made by Mr. Harold P. Brown at the request of the committee appointed to determine the best means of putting into effect New York's present law of execution. It was found that an alternating current of 700 volts was instant death to the calves and horses experimented on.

ELECTRICAL CATAPHORESIS AS A THERAPEUTIC MEASURE.—Frederick Peterson, M.D. (New York *Med. Journ.*), gives a series of experiments to prove that by the use of a galvanic current anæsthetic medicaments, cocaine, aconite, and the like, can, by osmotic action, be passed through the unbroken cuticle into the subjacent tissues. For instance, in neuralgias he applies to the affected part the anode sponge saturated with a 10 to 20 per cent. solution cocaine, the current is completed by putting the cathode on any convenient part of the body; and after the passage of a current ranging from five to seven milliampères for from four to ten minutes, marked anæsthesia appeared and relief from pain, the latter lasting in one case as long as eleven hours after the application. Check experiments were made both with cocaine alone and with electricity alone, in both cases with no effect.

LEMON SANTAL ESSENZ IN THE TREATMENT OF THE DISEASES OF THE URINARY ORGANS.—Dr. Delattre calls attention to lemon santal essenz, administered in capsules of three-grain doses three or four times a day in diseases of the urethra, bladder and kidneys, and the good results which he obtained by its use.

He mentions a case of chronic blenorrhœa, where copaiba and cubebs were given without lessening the discharges; but after the administration of lemon sandal for three days the discharges lessened considerably.

In a case of stubborn gonorrhœa with greenish thick discharge and a constant desire to urinate, eight capsules of the lemon sandal taken in twenty-four hours, relieved the constant desire to urinate and urination became painless; the discharge was soon stopped.

A third case was of pyo-nephrosis of eighteen months duration, which obliged the patient to stop work, to rise several times each night to pass his urine, which was mixed with pus.

He gave four sandal capsules mornings and nights; the pus in the urine diminished at once, and the urine became clear. Two weeks afterwards the patient's health was regained, and he was able to take up his usual work.

Five cases of cystitis were cured in from two to three days.

Stricture of the urethra, with hypertrophy of the prostate and catarrh of the bladder, where the bougie had to be used, were cured in a few days by the administration of lemon sandal capsules.

In a case of nephritic colic, where chloroform and hypodermatic injections of morphine and baths did no good, he ordered three sandal capsules the first day. The patient passed a quantity of reddish urine with plenty of gravel, and slept all night, something he had not done since the commencement of the disease.

He cites a case of albuminuria, due to scarlet fever in a girl twelve years old. The urine contained large quantities of albumen, and dropsy was also present. He gave sandal capsules without much hope of success. After eight days the dropsy had disappeared and the urine became normal.—*Wiener Medizinische Prssse.*

METALLO-THERAPY IN HYSTERIC CHOREA.—(*La France Mèd.*), Mericourt reports a curious case of hysteric chorea. The patient was fifty years old, and her disease dated from the death of a child, five years previously. She was anemic, had defective hearing and vision, and was subject to neuralgia. Her digestion was feeble; menstruation had been absent for many months, and she frequently suffered with pains and burning in the temples and the vertex, while her feet were cold. Twice she had had epistaxis which necessitated the tampon.

The nervous crises, which often followed opposition, occurred generally between 2 and 5 A.M. Often they were replaced by insommia.

They commenced with a feeling of sadness, a desire to weep; sometimes with headache, anorexia,

nausea or diarrhœa. Then follows shivering in all the members and an imperious impulse to walk, cry, sing, and to kiss everybody. When time permits, she promenades with her husband for many hours in the fields.

These crises last about five hours, and occur on the average two or three times a month; often many times in a week, rarely being absent for three months.

Pronounced anæsthesia and analgesia were found on the external surface of both forearms.

Upon each forearm was applied an armature composed of four discs of steel. In ten minutes she felt in the right arm a gentle warmth which passed shortly to the left arm, oscillated between the two and then disappeared. The skin then proved somewhat more sensitive, but the muscular force fell two kilos on each side.

Next day, two armatures of copper having been applied in the same manner, the patient experienced a sensation of pain and of warmth, more decidedly than after the steel. The analgesia was diminished, the anæsthesia increased, and the muscular force was unaltered. But during the whole day the patient had pains at intervals in the forearms.

Zinc, tin, gold, silver, aluminium were tried successively, without result. She was sensitive then only to copper, and in a less degree to steel

Desiring to avail himself of this double sensibility, he prescribed eau d'Orezza, and external applications of copper. The appetite returned and the crises ceased. Twelve days from the beginning of treatment menstruation reappeared.

The treatment was continued for over two years, with some intermissions, during which the crises showed a tendency to reappear. The menopause was definitely established, and for eight months no crises had occurred, though the flushes still annoyed her, especially after eating. She still took copper internally.

THE DANGER OF CHLOROFORM BY GASLIGHT.—Several observers report a peculiar gas, formed in the the room, where chloroform is administered.

It is thick and looks as if a fog were diffusing in the whole room, and smells like chlorine gas.

Prof. Iterson-Leiden reports several severe and unexpected asphyxias during chloroform narcosis, and even one death, which took place very suddenly after the operation was completed. The patient was conscious and had spoken, when suddenly she became cyanotic and ceased breathing. All efforts at resuscitation were fruitless.

After this the room was warmed by a stove, the lighting of the gas dispensed with, and he had no more abnormal chloroform narcoses or asphyxias.

Dr. Fischer, during long operations, where chloroform narcosis lasts over a half hour, and gas has to be lit, notices that all present, physicians as well as nurses, begin to cough, and the irritation becomes stronger the longer they remain in the room; afterwards come headache, vertigo, a feeling of apprehension, sickness of the stomach, and even vomiting in some cases. All these symptoms disappear upon going into fresh air.

The secretion of the nose and the sputa were increased and mixed with black dust particles. The evolution of the gas is not due to a bad construction of the gas lamps, for these symptoms were never recognized in the room where no chloroform was administered.—*Berliner Klin. Wochenschrift*, April 1.

TREATMENT OF POTTS' PARALYSIS BY SUSPENSION.—S. Weir Mitchell, M.D. (*Am. Jour. Med. Sciences*), has found that he gets much better results in this disease by treating it with suspension, after the plan followed by his father, than he can by the modern plan of rest, tonics, and cauterization. He cites several of his own patients on whom all the ordinary therapeutic measures were tried without avail, who steadily went downward till they were completely paraplegic with all the concomitants. He then tried suspension, with most marked, and, in one case especially, we may say, brilliant results.

His father used but a small amount of traction, and that cautiously, but Dr. Mitchell determines the amount of traction to be used by the feelings of the patient; it may be twenty, seventy, or a hundred pounds, for from one to four hours twice a day, or sometimes it may be the entire weight of the patient's body. The apparatus is much like that attached to the head when putting on a plaster jacket, and it may be fastened to the bed or a chair.

Dr. Mitchell's conclusions are as follows:

That suspension should be used early in Pott's disease.

That used with care, it enables us slowly to lessen the curve.

That in these cases there must be in some form a replacement of the crumbled tissues.

That unless there is great loss of power, the use of the spine-car or chair, etc., of John K. Mitchell, enables suspension, especially in children, to be combined with some exercise.

That no case of Pott's paralysis ought to be considered desperate without its trial.

That suspension has succeeded after failures of other accepted methods.

That the pull probably acts more or less directly on the cord itself, *and that the gain is not explicable merely by obvious effects on the angular bony curve.*

That the now well-known influence of extension in Pott's palsy makes it probable that in other forms of spinal disease, not due to caries, extension in various forms may be of value, as has apparently been of late made clear.

That the methods of extension to be used in these and in carious cases may be very various, only provided we get active extension.

That the plan and the length of time of extension must be made to conform to the needs, endurance, and sensation of the individual cases.

SALOL IN DISEASES OF THE UTERUS.—Dr. Vuillet uses salol in the form of cotton tampons in diseases of the uterus as an antiseptic dressing. Drs. Creyx and Jarry use equal parts of salol and amylum as a dusting powder in fungous granulation of the uterus and in vaginitis.—*Journ. de Pharm. et de Chirurgie.*

Medical News and Miscellany.

MINERSVILLE has the mumps badly.

ALLENTOWN still suffers with diphtheria.

DR. R. G. STRETCH has removed to No. 1823 North Eighteenth Street.

FUMIGATION with sulphur is a new Chicago idea for the preservation of food.

AN Italian in Jersey City is said to have lived a week after a pistol ball had passed through his heart.

"GOLDEN TINCTURE" is composed of one part chloroform and four each of ether, laudanum, and alcohol.

THE Medical profession carries on its work, not for the benefit of the medical profession but for that of humanity.—*Plato.*

F. J. THORNBURY, M.D., a graduate of the Ohio Medical College, has been appointed interne at the Cincinnati Hospital.

THE bill appropriating $5,000 to the Medico Chirurgical Hospital of Philadelphia, has received Governor Beaver's signature and is now a law.

PARISIAN diabetics can now obtain palatable bread, made from the embryos of wheat, and containing abundance of nitrogen, but no starch.

DR. ECCLES (*Drug. Circ.*) is after the Paris Medicine Company, and shows that their febriline, claimed to be tasteless quinine, is simply quinidia.

AMBROSIA has been up before the Courts, and has been authoritatively pronounced to be a weak beer, with an alcoholic strength of 1 to 2 per cent.

THE *Lancet* says that within the last few years many persons have been murdered by poison, the motive being the sum obtained from insurance societies or burial clubs.

STEAMING has been shown to be an efficacious method of destroying the germs of yellow fever. Ten minutes' exposure proves to be sufficient to render them harmless.—Syracuse *Standard.*

THE sense of pressure is generally greatest in the same localities at which the sense of touch is most developed, the skin of the forehead, temples, back of hands, and forearm distinguishing a weight of $\frac{3}{100}$ grain.

A GENTLEMAN fell dead during sexual intercourse. Ten months from that day his widow gave birth to a child. She was a very respectable person; one not likely to throw herself away under such awful circumstances.

TYPHOID still creeps along through Luzerne county. This is inexcusable. With proper disinfection of the stools, typhoid should stop with the first case in country places. In the city it is more difficult, as the sewers offer avenues for the spread of contagion; but much good will ensue if every physician does his duty with the cases in his charge.

AGASSIZ, on being urged to leave his work to deliver a lecture, was told, as an inducement, that he would realize a large sum of money by doing so, but the great man replied, "I have no time to make money."

THE papers upon surgery in the editorial columns of the *Medical News*, embodying the results of extended researches in the space of a page, were the work of the late S. W. Gross, whose place in that respect it will not be easy to fill.

THE time of year has arrived when the patent medicine men are soaking the labels off their bottles of "cough mixtures," "sure cure for coughs and colds," and substituting bright new ones of "sure cure for diarrhœa."—*Kansas Med. Journal.*

MINER'S MILLS has a visitation of typhoid fever. Instead of giving us disquisitions on the nature of typhoid fever why don't our country members put on record the facts concerning these outbreaks of typhoid in isolated places. Whence come they?

RECENT statistics from Germany are of interest. This is the only country in which revaccination is compulsory, and the death rate from small-pox is so low that all other civilized countries are far away behind. The deaths from vaccination averaged one per million.

THE St. Louis *Globe-Democrat* says that over 45,000 surgeons are connected with the railroads of this country. Too many! We have only been able to find 86,409 physicians, of all schools and no schools, in the United States, including Canada, to whom the DIETETIC GAZETTE is sent. We cannot believe that over one-half the physicians are railroad surgeons.

YELLOW FEVER has appeared at Callao, Peru. This is bad news for our navy, as the west coast has been long a desirable station, because neither cholera nor yellow fever have visited it. The Cape of Good Hope is another favored spot in regard to this disease, though the visitor there has still a very fair chance of ophthalmia and rheumatism, and a slight one of the leprosy.

AMONG the causes of death reported in Philadelphia last week were the following:

Cerebro-spinal-meningitis, 2; cholera infantum, 2; consumption of the lungs, 50; croup, 9; diphtheria, 7; erysipelas, 1; scarlet fever, 9; typhoid fever, 10; pneumonia, 35; measles, 5; purpura hemorrhagica, 1; septicæmia, 3; whooping cough, 5.

THE custom of wearing the pantaloons buttoned tightly at the top, and sustained by the hips, produced so much disease even among the hardy soldiers of the Russian army, that a law was enacted making the wearing of suspenders compulsory. If strong men suffer thus, how much greater must be the injury to frail, delicate women! The constant pressure and unnatural heat to which the lower part of the back is subjected, is one of the chief causes of the frequency of kidney diseases among women. Here is found the source of "weak back," lumbago, pain in the side, and several other diseases of the trunk which affect so many thousands of American women.—*Good Health.*

THE SANITARY NEWS thinks the time will come when the plumber will be employed as the family physician is, and have reposed in him the same confidence.

We hope most devoutly that the time will come when the plumber will deserve it. At present his ingenuity seems to be wholly expended in devising ways of not doing his work properly.

WHEN an impassable urethral stricture exists, and the surgeon, after performing external urethrotomy, is unable to find the urethral opening, supra-pubic tapping can be done, and the bladder catheterized from behind forwards. The sound is passed forwards to the stricture, another instrument passed from the front, and the intervening stricture-tissue incised.—*Med Press.*

SEVERAL years ago we witnessed an amusing scene in a coach on a railroad that had lately been built through a highly rustic part of Pennsylvania. There was a girl of some eighteen summers in the car, evidently for the first time in her life, who could not be prevailed on to take a seat, but persisted in standing in the middle of the aisle, lest by adding her weight to one or the other side the delicately balanced car might be overturned.

AMONG the names prominently mentioned for the vacancy created by the death of Prof. S. W. Gross, are those of Charles Parks, of Chicago, Hal. C. Wyman, of Detroit, Hunter Maguire, of Richmond, and Nicholas Senn, of Milwaukee.

Of our own local surgeons an acceptable choice could be made from among Drs. J. M. Barton, W. W. Keen, J. Ewing Mears, C. S. Nancrede, John B. Roberts and W. J. Hearn.

IN the latter stages of Bright's disease, much relief might be obtained from morphine, were it not for the alarming and even fatal results which sometimes follow its use. It is to be regretted that we cannot as yet specify the cases in which morphine is likely to do harm. As the ill effects are due to a failure of the kidneys to eliminate the drug, it might be thought that uræmia was the contra-indication. But as uræmia causes spasm of the arterieles, with headache, etc., morphine may relieve this by relaxing the spasm.—*Med. Press.*

THERE is trouble in the ranks of the Women's Temperance Hospital Association of Chicago. That institution, organized to ascertain how near its founders could come to curing people without the use of alcohol, has been supported by Dr. Mary Weeks Burnett, the talented editor of the *Journal of Heredity*, and her friends, who contributed lavishly towards its expenses. Now it appears that Dr. Frances E. Willard, the no less talented editor of the *Union Signal*, a medium for the dissemination of homœopathy under the guise of temperance, has walked in and taken possession of the Hospital, turning out the other party, bag and baggage. And this, notwithstanding the fact that Miss Willard not only contributed nothing towards the expenses of the hospital, but charged it $25 for a speech at its opening.

THE DOCTOR AT BAY.—This is the title of an article in the *Hospital Gazette*, April 20, written by one "John T. Biernaski, L.R.C.P., L.R.C.S.," etc. It begins by citing an article from the New York *Med. Cycle*, June 3, 1884, which is given as a prologue, but which we think is perhaps intended as a sort of key to the cryptogram following. The production is given in the form of scenes. How many of these there are to be we know not, but Scene I itself consumes three valuable columns, and our heart sank at noticing "*to be continued*" appended. So far as we could gather from a careful reading the article is intended to be funny, but although greatly desiring at that time to relax our features we could not conscientiously do so, feeling, on the contrary, like weeping at the thought that "John T. Biernacki, L.R.C.P., L.R.C.S," etc., should thus have missed his time. It may be, however, that we have been premature in our remarks, and that John T. Biernacki, L.R.C.P., L.R.C.S., etc., has a way of leading one up to the point and then at the end surfeiting the reader with facetiousness. We await the outcome with great interest.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from April 23, 1889, to May 6, 1889.

MAGRUDER, DAVID L., Colonel and Surgeon. The retirement from active service this date, by direction of the Secretary of War, by operation of law, under the provisions of the Act of Congress approved June 30, 1882, is announced. Par. 4, S. O. 94, A. G. O., April 23, 1889.

VALLUM, EDWARD P., Colonel and Surgeon. Promoted to Surgeon, with rank of Colonel, from April 23, 1889.

WRIGHT, JOSEPH P., Lieutenant-Colonel and Surgeon. Promoted to Surgeon, with rank of Lieutenant-Colonel, from April 23, 1889.

WOODRUFF, Major and Surgeon. Promoted to Surgeon, with rank of Major, from April 23, 1889.

FORWOOD, W. H., Surgeon. Leave of absence for one month, based on Surgeon's certificate of disability, with permission to leave the limits of the Department, is granted. Medical Department, Fort Snelling, Minn. Par. 1, S. O. 35, Headquarters Department of Dakota, St. Paul, Minn., April 8, 1889.

WOODRUFF, EZRA, Captain and Assistant-Surgeon. Is relieved from duty at Fort Missoula, Montana, by direction of the Secretary of War, and will report in person to the commanding officer, Fort Monroe, Va., for temporary duty at that port. Par. 14, S. O. 92, A. G. O., April 20, 1889.

WALKER, FREEMAN V., First Lieutenant and Assistant-Surgeon. Leave of absence for four months, by direction of the Secretary of War, on Surgeon's certificate of disability, with permission to leave the Department of Texas, is granted. Par. 12, S. O. 92, A. G. O., April 20, 1889.

BORDEN, WILLIAM C., Captain and Assistant-Surgeon. Relieved from duty at Fort Ringgold, Texas, and ordered to report to the commanding officer at San Antonio, Texas, for duty at that post. Par. 7, S. O. 100, A. G. O., May 1, 1889.

FISHER, WALTER W. R., Captain and Assistant-Surgeon. Leave of absence for one month is hereby granted. Par. 1, S. O. 30, Headquarters Department of California, San Francisco, Cal., April 27, 1889.

Changes of Stations of Medical Officers.

HOWARD, VALERY, Assistant-Surgeon. Relieved from duty at Fort A. Lincoln, Dak., and ordered to Fort Buford, Dak.

CRAMPTON, L. W., Assistant-Surgeon. Relieved from Fort Bridger, Wyo., and ordered to Fort Lyon, Cal.

SPENCNR, W. G., Assistant-Surgeon. Relieved from Fort Yates, Dak., and ordered to Fort Bridger, Wyo.

ROBERTSON, R. L., Assistant-Surgeon. Relieved from Fort Buford, Dak., and ordered to Fort A. Lincoln. Par. 29, S. O. 95, A. G. O., April 24, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 558.

NEW YORK AND PHILADELPHIA, MAY 18, 1889.

The Medical Register Vol. V, No. 124.

PAGE

CLINICAL LECTURE.

HEMIPLEGIA. By Wharton Sinkler, M.D. - 49

ORIGINAL ARTICLES.

HIGHER MEDICAL EDUCATION. By O. M. Snyder, M.D., Delmont, Pa. - - - - - 51

ELECTROLYSIS FOR THE REMOVAL OF SUPERFLUOUS HAIRS. By H. Montague, M. D., Detroit, Mich - - - - - - - - 52

UNIQUE PRESENTATION OF A FŒTUS. By E. P. Bernardy, M.D. - - - - - - - - 52

HUNTING THE GERM OF YELLOW FEVER. By Frank S. Billings, M.D. - - - - - - 53

HOSPITAL NOTES.

MEDICO-CHIRURGICAL HOSPITAL:

Acute Pleurisy. *Waugh* - - - - - - - 56
Tænia. *Waugh* - - - - - - - - - - 56
Impetigo Contagiosa. *Shoemaker* - - - 56
Seborrhœa Sicca. *Shoemaker* - - - - - 56
Tinea Favosa. *Shoemaker* - - - - - - 56
Tubercular Syphilis. *Shoemaker* - - - - 56
Scrofuloderma. *Shoemaker* - - - - - - 56
Hyperidrosis. *Shoemaker* - - - - - - 56

SOCIETY NOTES.

PHILADELPHIA COUNTY MEDICAL SOCIETY, 57
Spinal Hemorrhage. *Packard* - - - - - 57
Case of Chyluria. *Solis-Cohen* - - - - - 57
Malignant Papillary Cyst. *Shoemaker* - - 57
KENTUCKY STATE MEDICAL SOCIETY - - 58
Diagnosis and Treatment of Tuberculosis. *Wilson* - - - - - - - - - - - - - 58

PAGE

Transmissibility of Tuberculosis. *Ouchterlony* - - - - - - - - - - - - - 58
Rectal Examinations. *Matthews* - - - - 58
New Medical Act. *McCormac* - - - - - 59
Report of Gynecology. *Wathen* - - - - 59
Report on Surgery. *Rodman* - - - - - 59
Report on Otology. *Ray* - - - - - - - 60
Prolapse of the Ovaries. *McKee* - - - - 61
Medical Ethics. *Reynolds* - - - - - - 61
Case of Tubal Pregnancy. *Dixon* - - - 62
Report on Obstetrics. *Cecil* - - - - - - 62

TENNESSEE STATE MEDICAL SOCIETY - - 62

EDITORIAL.

JABORANDI IN ERYSIPELAS - - - - - - - 63
MODERN MATERIALISM - - - - - - - - 63
ELECTION OF DR. KEEN - - - - - - - - 64

ANNOTATIONS.

At the Foot - - - - - - - - - - - - - 64
Are there any Allopaths - - - - - - - - 64
The Denture of the Future - - - - - - - 64
The Oldest Book in the World - - - - - - 65
Tasteless Quinine - - - - - - - - - - 65
"Dr." or Not - - - - - - - - - - - - 65

LETTERS TO THE EDITOR.

Dropsy. *Saylor* - - - - - - - - - - - 66
Oleomargarine - - - - - - - - - - - 66

THE INQUIRER.

Measles Complicated with Childberth. *Henry* 66
Suggestions Wanted. *G. W. C.* - - - - - 66
A Thoracic Abscess. *Milner* - - - - - - 66

PAGE

BOOK REVIEWS.

Lectures on Nervous Diseases. *Ranney* - - 67
Etiology, Diagnosis and Therapy of Tuberculosis. *Von Ziemssen* - - - - - - - - 68

GLEANINGS.

Paralysis Agitans. *Luys* - - - - - - - 68
Constipation. *Rocher* - - - - - - - - 68
Igni-puncture. *Smart* - - - - - - - - 68
Athletes and Athletics. *Ross* - - - - - - 68
Mania and Meloncholia following Gynecological Operations. *Thomas* - - - - - 68
Position of the Vulva in Negroes. *Weiss* - 69
Epidemic Diphtheria. *Hennig* - - - - - 69
Hysteria. *Janet* - - - - - - - - - - 69
Identity of Erysipelas and Acute Lymphangitis. *Verneuil and Clado* - - - - - - 69
Electricity in Diseases of the Brain and Nervous System. *Gray* - - - - - - - - - 70
Phenacetin. *Kiernan* - - - - - - - - - 70
The Gynecic Element in Psychiatry. *Reed* - 70

MEDICAL NEWS AND MISCELLANY, 71

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 72

NOTES AND ITEMS.

Advertising Pages - - - - - - iv, xiv, xviii

Clinical Lectures.

HEMIPLEGIA.

BY WHARTON SINKLER, M.D.

(Delivered at the Philadelphia Hospital.)

(Reported by MANLEY F. GATES, M.D.)

AS hemiplegia is one of the affections which you will most frequently see, I think that it will be well to show you to-day some of the numerous cases which we have in this hospital.

When paralysis involves one lateral half of the body it is called hemiplegia, and arises from some morbid condition of the brain; when it involves both sides of the lower half of the body it is called paraplegia, and the seat of the trouble is in the spinal cord.

Hemiplegia may arise suddenly from embolus, hemorrhage, or injury causing pressure on the brain, or gradually from softening or the pressure of a tumor, or, its origin may be systemic, as from uræmia in Bright's disease. It may occur in early life from intracranial hemorrhage, pressure during birth, or the use of the forceps.

Of the sudden causes appoplexy is by far the most common, and usually occurs in advanced life, or in persons whose bloodvessels are diseased by atheroma or syphilis. The hemorrhage is most apt to occur on the cortex, and the extravasation may be small or great. If it is effused into the ventricles and is large in amount, coma is profound and hemiplegia complete.

The side of the face involved depends on the site of the lesion. It may affect the face on one side, and the arm and leg on the other, if the hemorrhage is into the pons.

While this paralysis appears to be complete, it is not always so; for the muscles of mastication and respiration often escape. Usually the muscles that escape are those which act simultaneously with corresponding muscles of the opposite side.

The reason that during recovery the leg generally improves faster than the arm, as we see in the case in this patient, is that the legs are generally used together, while the arms are not.

Appoplexy may arise either from cerebral hemorrhage, or from thrombosis caused by the washing of a clot from the heart into the left common carotid artery, which rises directly in the line of the blood current in the arch of the aorta, through the middle cerebral artery and to the left side of the brain. In most cases the vessels of the brain do not anastromose, so that when the circulation is interfered with by an embolus, softening takes place to a greater or less degree according as the circulation is cut off from more or less tissue.

In hemorrhagic appoplexy the same thing occurs from pressure; disintegration in and around the clot also attends it. In uræmia also we may have appoplexy and similar results.

Of these most common sources of sudden hemiplegia this man is a good example. At the time of the occurrence of his attack of paralysis he had been for some time at the hospital suffering from a chronic leg ulcer. He stated that he had previously enjoyed good health, and gave no family history of nervous affections. He has never had syphilis, but has always been a drinking man and an excessive smoker. On February 7 he wakened with a sense of numbness and cramp; he also had some difficulty of speech but this rapidly improved. He cannot move his left arm at all, the fingers are becoming contracted, and there is some stiffness in the shoulder and elbow; this rigidity will continue to increase.

In these cases the reflexes are at first diminished, but in a few weeks we find a condition of irritability, and you will notice that the patella reflex in this patient is much increased. Sensation he has not at any time lost, and he can readily localize a pin prick.

In using the æsthesiometer the sound side should always be first tested to ascertain the normal sensitivity of the skin, as patients differ widely in this. We find that sensation is here impaired on the paralyzed side, perhaps to an extent of one-third. Stiffness of the knee and pain in various joints, especially the shoulder, are not at all uncommon, and the affected joints may become very red and much swollen. Bed sores and other trophic changes are frequently found.

From the history and symptoms of the case at present before you, I would say that the hemorrhage had not been very extensive. There is some paresis on the left side of his face, as his smiles are one-sided and he cannot whistle.

In hemiplegia the facial paralysis usually recovers speedily, generally first of all the parts, for there are fibres of the same nerves that are distributed to both sides. After some months the muscles of the paralyzed side become contracted, and the face is drawn towards the paralyzed side; this might readily convey the idea that the case was one of crossed paralysis.

In many cases speech is affected, either from paralysis of the tongue, or from injury to the speech centres of the brain, giving the varieties of aphasia. In motor aphasia the patient cannot utter a sound; in sensory he can speak but becomes confused and utters the wrong words. The reason that aphasia is more commonly found with right hemiplegia is that the speech centre is located in Broca's convolution, the third ascending frontal on the left side.

Of this the next patient is a good example. As he enters you notice this walk. This is typical; he swings his leg with a circular motion and drags his foot. In the elbow there is some rigidity, and when the wrist is extended it is very hard to extend the fingers and thumb. He has no alcoholic or syphilitic history, but four years ago had an attack in which he became unconscious and aphasic. For twenty months he was confined to his bed, and was completely aphasic for two years. He then became able to say a few words, and continued to improve until a few days prior to his admission to the hospital on February 2, when he had a similar attack.

From this attack he has now partially recovered, the aphasia being somewhat diminished. He can now tell his name, residence, and many other things, but with great difficulty. His intelligence is not at all affected, and he has now reached the point in his recovery at which he is able to express the difficulty which he has of pronouncing, or as he calls it, "getting up" words. This improvement of speech which we observe is generally believed to be due to the education of the corresponding speech centre on the right side of the brain.

Two years after his former attack, and again just before being brought to the hospital, he had several convulsions, probably due to irritation set up around the seat of the old lesion. These are characteristic of organic change, and are similar to the convulsions seen in Jacksonian epilepsy. In this case we have no history of the nature of them, as they occurred before he was brought into the hospital, but I have no doubt that they affected the right or paralyzed side of the body.

Since our time is getting short I shall now show another case as an example of what narrow limits a paralysis may occupy. As the paralysis varies with the extent of the hemorrhage, the effusion in this case must have been very slight. The patient, as you see, is only paralyzed in the right arm below the the elbow. Sensation to touch, and the responses to electrical stimulation are, and were normal, but he could not use the fingers or wrist at all. He has to some extent recovered the power of moving the hand, but it is still very feeble; he can squeeze the dynamometer up to twenty only, with it, while with the other it registers fifty-five.

At the time he came in it was a question of diagnosis between local or central origin of the difficulty. The fact that sensation was unaffected was of itself proof of a central lesion. Then, it was very difficult to see how we could produce a local palsy of this kind, involving both flexors and extensors, by pressure on nerves supplying the part.

At the mitral valve of his heart we hear a murmur, so that there is no doubt that the cause has been a clot, washed off and carried by the blood current.

Our next patient is an Italian suffering from his third attack; muscular contraction is very great, especially at the fingers.

In a paralyzed extremity the growth of the nails is stopped, but recommences after two or three weeks, this is readily shown by staining them with nitrate of silver or nitric acid. This man's nails are ridgy at the end but smoother near the matrix, showing an improvement of their nutrition.

Electricity, as a means of diagnosis, has not in these cases proved of much account.

For Migraine.—

℞.—Quininæ sulphatis . . . . . gr. iv.
Sodii salicylatis cryst . . . . . gr. iv.
Morphinæ muriatis . . . . . gr. 1-24.—M.

Sig.—To be taken every half hour, from the beginning of the attack until four have been taken.

Immediately after the last dose, take $\frac{1}{240}$ grain of crystallized aconitine. In one-half to two hours the paroxysm will have ceased.—*Revue de Thér.*

Original Articles.

HIGHER MEDICAL EDUCATION.

By U. M. SNYDER, M.D.,
DELMONT, PA.

EASTERN Medical Journals, Societies and Academies seem, all of a sudden, to have become excited over the subject at the head of this article. They are, apparently, horrified at the deplorable intellectual status of the medical profession in this country. This is not at all astonishing. The only astonishment connected with it is, that it has not aroused attention and alarm long ago. The present state of medicines has existed in this country all through its history. It is no worse now, and no better, than it was fifty years ago. If there is a remedy for it, it will come too late for us of this generation of physicians. But for the past indifference towards an educational requirement for entrance into medical pupilage the profession would not have the illiteracy that encumbers and disgraces it, but would be resting on a higher intellectual plane. To say a higher *medical* education is a transposition of terms. Let us say a higher *intellectual culture*, by virtue of a liberal literary and classical course, and a higher professional status will of necessity follow. The former proposition would have us begin at the wrong end. It would transpose the last to the first step in a physician's career. Require of candidates for medical pupilage the same qualifications required for graduation at a respectable literary college, and they will not then want to belittle themselves professionally. Their intellectual pride would be the surest guarantee that they would not dishonor their profession. So long as medical pupilage is open to all who wish to enter so long will the profession be retarded and disgraced by ignorance and fraud. Society is more responsible and culpable for the low mental status of the medical profession than either the profession itself or the laws relating thereto. If it did not encourage quackery and unqualified practitioners by its patronage, that class of men would soon disappear. Natural capacity and broad culture are not considered essential in a country physician. If he be friendly and sociable, though he be a fool and a blackguard, a clientage will not be wanting. Has a weak but conceited young man taught a few terms in our public schools, he will have outgrown his clothes and imagine himself fitted for a profession. But, owing to the educational requirements in law and theology, he cannot gain entrance there, so he jumps into medicine. Indeed, men enter medicine from all walks of life, at all ages, without any thought as to their fitness by nature or acquirements. No matter what their occupation may be *now*, next year they may be practicing medicine. Now what conception must society have of the character and dignity of a profession that permits such easy access. Law and theology have provided their own protection against unworthy membership, but medicine stands alone and unprotected against that fatal curse. Labor, in any legitimate capacity, is not dishonorable, but I appeal to all candid persons, whether a medical student should not all his previous life have been a diligent student, so as to lay a broad and liberal culture through youth and early manhood, when the mind is most impressible and the memory most retentive. Aside from all professional considerations, for their own satisfaction they should be scholars; as through the vicissitudes of their calling, they will come in contact with scholars in all walks of life; and regret and mortification will betide them, if they be found wanting. The science of medicine is the grandest of all sciences; embracing not one only, but all the physical sciences. Particularly does it include that one fundamental, pivotal science, around which all others revolve, the sience of biology, which, if we could penetrate and comprehend, would reveal to us the mysteries of the universe.

The English language is a mongrel one, and the language of medicines still more so, yet its nomenclature is the most expressive in the world. The entire technicality has underlying it a deep primitive meaning. But what on earth would be the object of a general language or aspecial nomenclature, if an understanding thereof were not needful. How then, can one ever acquire a science whilst ignorant of the language in which it is written? Language is itself a science, and the basis of all scholarship. It touches the beginning, the middle, and the end of life. It is inseparable from the understanding and indispensable to success. The philological basis of the science of medicine is Greek, whether from the Greek directly, or indirectly, through the Latin. Yet a majority of medical students from the country think a knowledge of those languages altogether unimportant. They may learn the superficial meaning of any one word, but why it is so called is sealed to them. For aught they know, it might as well be called borioboola; it would have just the same significance to them. Take, for instance, the Greek suffix *itis*, exaltation, and we find some seventy words built upon its; the suffix denoting condition and a primitive expressive of organ or tissue, the meaning of the word is contained in its etymology, and a dictionary need not be referred to at every turn. We have in medicine nearly eleven hundred Greek and twelve hundred Latin terms, but the latter are drawn largely from the former. We have also some eighty words of French nationality, but they have come down to us, indirectly, from the Latin, as it existed in Gaul at the time of that country's invasion by the Frankish tribe of the Teutons, who overran the Roman Empire in the earlier centuries of our race. There are also a few taken from other modern languages of Europe, and nearly all with Graeco-Latin roots. Aside from the literary accomplisements that the classics give rise to in their students, they afford a most efficient mental discipline. Aside from an introduction to the languages and literature and institutions of the intellectual centers of antiquity, they develope and strengthen the reasoning faculty.

This present time is prolific in scientific word-coining, words, which as they stand compounded are not to be found in *any* dictionary. So unless we can go back to the native meaning of their component parts their interpretation must remain unknown.

Historians tell us, upon the authority of the Ayur

veda, the oldest known medical work that the laws of the ancient Hindoos exacted such acquirements in medical licentiates as few mortals ever reached. Would we had a little such exaction now.

If you would elevate the standard of *medicine, then first elevate the standard of preparatory education.*

"A little learning is a dangerous thing,
Drink deep or taste not the Pierian spring."

ELECTROLYSIS FOR THE REMOVAL OF SUPERFLUOUS HAIRS.

By H. MONTAGUE, M.D.,
DETROIT, MICH.

IN an experience extending over some ten years, I have treated upwards of fifteen hundred cases with varying success, rarely finding, though, that more than ten per cent. of the hairs return after the first series of operations.

Since the adoption of electrolysis for this purpose the operation has undergone many modifications, notably in the intensity of the current and in the fineness of the needles used.

Regarding the intensity of the current Dr. L. Brocq, of Paris, in 1886, considered as necessary a current strength of from fifteen to eighteen milliamperes; but in April, 1888, he admits that only from three to five milliamperes are necessary to obtain the best results.

In my own practice I never exceed five, and rarely employ more than three milliamperes. The outfit necessary for the removal of superfluous hairs consists of a galvanic battery, a fine needle holder and needles, epilation forceps, and above all a reliable milliamperemeter. I cannot find words strong enough in condemnation of the physician who attempts to use the galvanic current, no matter for what purpose, without having in circuit a reliable milliamperemeter. Where the Edison incandescent light wire can be made use of, the rheostat made for me by the Michigan Electrical works of this city, is far preferable to any form of battery, being cleaner, cheaper and more constant.

Almost every one practising electrolysis has his own idea of needle holder; for my purpose I prefer a long and delicate holder, resembling an artist's brush. Jeweler's brooches, Nos. 5 and 7, form the best needles for the work, and by drawing the temper they can be bent in any desired direction, thus obviating the placing of either the patient or oneself in a strained position.

I do not agree with some operators that the circuit should not be closed until the needle is inserted, as by the anodal application of a 15 per cent. solution of cocaine, I am able completety to obtund the pain resulting from the passage of the needle through the cutaneous envelope.

The length of a sitting must naturally depend upon the extent of the surface to be operated upon, the urgency of the case, and the endurance of the patient, usually in cases involving the face I limit the seance to two hours, repeated two or three times a week; in treating the arms, etc., longer, and if necessary, daily sittings can be supported. The amount of irritation created depends upon the care with which the operation is performed, and the sensitiveness of the patient's skin. I rarely find it fail to yield to hot applications of distilled extract of witch-hazel and water, one to four.

In conclusion I would say that I am convinced that in electrolysis we have not only a perfectly safe, but absolutely reliable method of permanently obliterating blemishes that have proved a source of mental anguish to many. At the same time I am not infrequently assailed with the remark, "I have tried electrolysis and it is no good." Doubtless failure is possible, but it should be attributed to the want of skill and technical knowledge on the part of the operator, and not to an operation which has been amply proved to be successful.

Regarding any scar resulting from the operation, I do not consider any such trouble possible, unless through the use of currents of too great intensity, an accident rendered impossible if a milliamperemeter is used, or through the removal of hairs in too close proximity at one sitting.

UNIQUE PRESENTATION OF A FŒTUS.

(Read April 10, 1889, at the Philadelphia County Medical Society.)

By E. P. BERNARDY, M.D.

THE patient who gave birth to this child was a primipara, aged eighteen years. I saw the case for the first time at 8 o'clock (April 8, 1889); the membranes had been ruptured four hours, the fœtus was presenting in the right oblique diameter; the presenting part seemed to be the breech, the right side deeper in the pelvic cavity than the left; the fingers could be hooked in what appeared the groin, but did not have the full feeling one would expect in breech; a sort of sulcus or fissure was in the centre of the presenting part. Passing the fingers further upward, the bone of the skull was detected. I thought that I had a double pregnancy, the breech of one presenting and the head of the other imbedded in the chest of the first. External palpation showed the uterus divided in two by a deep dent in its fundus, a large body occupying the upper left portion, and a body occupying the lower portion of the right side.

I did not introduce my hand into the vagina, for the maternal parts (vulva) were rigid, and had not undergone any softening, and such examination would have undoubtedly caused a rupture of the perineum; the os was spasmodically contracted around the presenting part. The patient not having such pain, and having to deliver a hydrocephalic case, I left her for about two hours. On my return, the entire portion, which you here see, was grasped by the vulva, and the child was delivered in this position. It will be seen that both shoulders presented fair and square, the neck, somewhat stretched, thrown forward on the chest, and the head slightly twisted sideways lying in a cavity in the chest; the arms laid on the top of the chest, right and left side, the head between. There was hardly any pain connected with the confinement.

This is a rare case; I cannot recall an instance of a similar presentation.

HUNTING THE GERM OF YELLOW FEVER.[1]

By FRANK S. BILLINGS.

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

So far as my personal experiences extend and the literature at my command will permit of my expressing an opinion, while a vast amount has been written upon this disease, still there does not seem to be one of the great human pests which has been so unsatifactorily studied from an exact and scientific point of view. While the clinical report will answer and the empirical epidemiological phenomena are passingly satisfactory, one looks in vain for an exact and detailed description of the patho-anatomical lesions. Search where we may in all the leading works, through all the leading journals upon such subjects, over-look as we may, the reports, or papers, of those so-called, and newspaper-lauded scientists, who have been especially deputed to investigate this disease, *not one single descriptive autopsy is on record.* In fact, a competent pathologist, with a knowledge of kindred diseases, and well versed in the clinical phenomena, could easily write a more accurate and detailed description of the anatomical lesions in yellow fever than any one of these observers has given us to date. It matters not what persons may think of the writer's methods or adverse opinions they may form of his character, he does not hesitate to say that any and every unbiased pathologist must agree with him that, judged by the evidence as given by themselves, and as it exists in printed works in England, Germany, France or the United States, these persons who have been engaged by government authorities to investigate the yellow fever have given the strongest testimony possible of their utter incapacity and unfitness for the responsiblities thus conferred upon them. They do not give evidence that they even know how to approach a question of this kind. They imagine themselves bacteriologists; some, because they have edited a book written by another, and found some of the fossilized editors of semi-petrified American medical journals willing to praise them, and because of this have finally been led to believe themselves authorities upon a subject their very work has demonstrated their incapacity to investigate. In this country such semi-literary pirates seem to be those particularly favored by government patronage. Such a person is Mr. George M. Sternberg, M.D., who (strange to say, like the equally notorious Hon. D. E. Salmon, Chief of the Hog-Cholera Trust of the Agricultural Department of the Government of the United States), has been employed by the Army Medical Department for about the same period, ten years, in the study of yellow fever, that that other great monopolist has been controlling the swine disease investigation market in this country. These distinguished "Dogs in the Manger," have many attributes in common. They fondly believe themselves favored among mortals as being the only persons sufficiently gifted to enter upon such investigations; hence, their great public spirit has been displayed by a secret, and some time rather public, endeavor to monopolize all the work of this kind, and to prevent the employment of any others in the same field. Again, they are alike in being equally unsuccessful in producing any creditable work, and equally successful in finding a number of worshipful organ-editors to grind out tunes to their glory.

Whoever carefully follows my endeavors to free scientific research from the Octopus-like strangulation which it is suffering under in this country on account of the untoward influence of the three great despots of American life, viz:

1. The theological devil, or what church do you go to?

2. The political fiend, or what party do you belong to?

3. The nepotistic humbug, or where were you born and in what set?

Must be aware that no matter how severe my censures may be, they are always supported not only by incontrovertible evidence, but by testimony which is well known to be reliable, by the unbiased public, and competent and observant members of the medical profession. In this case it is my purpose to pay a little polite attention to the *Octopus of the Yellow Fever Investigating Trust, Dr. George M. Sternberg*, in an address published in his special organ, *The Medical News*, Philadelphia, March 9, 1889, entitled: "*Hunting Yellow Fever Germs.*" Dr. Sternberg admits that he has been hunting for this germ for ten years, and that he has been, and still is a most unsuccessful hunter, as follows:

"You are aware that my first effort to solve the etiology of yellow fever was made ten years ago. As a member of the Havana Yellow Fever Commision of the National Board of Health, I had an opportunity to make researches which in advance of the effort I fondly hoped might lead to demonstrations alike creditable to American science, and useful as a basis for preventive and curative measures in this pestilential malady. . . . It was, therefore, with deepest interest as well as with the strongest hopes of success, that I went to an endemic focus of the disease to search for the yellow fever germ." In a previous part of the same address the speaker said: "But I must announce to you, in advance, that there is no satisfactory evidence that any one of these microorganisms is the veritable infectious agent in the disease under consideration." The reader will now please turn with me to that portion of the address where the great monopolist is speaking of what he did as a member of that Yellow Fever Commission, and I especially desire, and emphasize the fact that, the reader will notice that the language to be quoted bears direct relation to Dr. Sternberg's work as a member of that commission, and that Dr. Sternberg himself says, now in 1889, that he was fitted to engage upon the work as follows:

"I was" (then 1879) "familiar with the most approved methods of mounting and staining microörganisms, and was provided with the best high-power objectives that could be procured. . . . *Not only did I feel that I was equipped for the recognition of any*

[1]From the original MSS. of the second edition of the author's work on the "Southern Cattle Plague and Yellow Fever."

microöcganism which I might prove to be present in the blood, but I was prepared to photograph it and thus to show to others what I might see in the blood drawn from the circulation of yellow fever patients."

The above is very remindful of the remark we often hear, "that so and so has told the same story so often that he finally believes it himself." In this case it is a little different, however. It may not be that the exceedingly well advertised monopolist has been guilty of such frequent repetition of the "same story" as the "other fellow," for the above is the first time he has put himself on record as having told it, but the effects of sycophantic flattery on his egotism have been such that he undoubtedly believed all which he said of himself in his Montgomery, Ala., address, 1889, was equally a true picture of himself as he saw his own reflection when a member of the "Havana Yellow Fever Commission," in 1879; but Dr. Sternberg seems to have been so completely lost in admiring the refulgent glories of his Nihilistic course as to forget that some years previously he edited a book, entitled "Bacteria Megnin," second edition, 1884, in which is printed:[1]

"The writer's personal investigations are recorded in the 'preliminary report of the Havana Yellow Fever Commission of the National Board of Health.'"

The above is simply quoted to fix Dr. Sternberg so that it cannot be said that his remarks of 1889, above quoted, did not bear relation to that same Commission and investigation.

The reader will again bear in mind that Dr. Sternberg has told us, 1889, that "not only did I (he) feel that I was fully equipped," etc., and then be kind enough to turn to his edited publication of Megnin's work where the same author again speaks of himself and his equipment to do the work he was engaged for. Even then he does not tell us that since 1879 he thinks he has "fully equipped" himself, but he does say:

"Evidently an extended acquaintance with the bacterial organisms found during life and after death in the bodies of persons not suffering from yellow fever, *and familiarity with the most approved methods of isolating and cultivating these organisms, would have been of great advantage to the investigator. But this preliminary knowledge and special training was of the most imperfect character.*"

Certainly further comment is entirely unnecessary after such a display as that by the great monopolist of the Yellow Fever Investigation Trust, supported by the Government of the United States, an institution once fondly supposed to be "a government of the people, by the people, for the people, but in reality *a government of ignorance and indifference, by duplicity and cunning, for the benefit of trusts, monopolies, and every form of cowardly and despotic selfishness, utterly regardless and equally reckless of the interests of the people.*

The exact attitude of the governments (State and National) in the United States towards the people is most becomingly expressed in the language attributed to the late Vanderbilt: "The people be damned."

[1] Page 420.

Did the Government of the United States really represent the welfare of the people of this country; had it really the intelligence ordinarily common to men, it would never have given one single, untried, though book-reputed, individual entire monopoly over the investigation of such a terrible public curse as the yellow fever.

Persons may think I am making a personal attack upon Dr. Sternberg, and in a certain sense it does appear so, but on the contrary I am not, I am simply combatting monopoly in any field of science under government support, but especially when monopoly and incompetency have been allowed to go hand in hand for ten long years at the cost of so many thousands of human lives and so much economic disturbance. If the government desires to employ Dr. Sternberg, or any other person, on such a mission there can certainly be no objection, but if the government is in earnest let it establish a suitable laboratory in the Southern States for this kind of work, and if it is still more in earnest let it offer $50 a day and expenses to ten investigators, who must be proven men, and known to be such, to the world, and in case of death, $5,000 a year pension to their families or those directly dependent upon them, and "Hunting the Germ of Yellow Fever" will be soon a matter of the past. But to offer $100,000 for a *cure*, as was lately attempted, is but a fit example of quackery in government as well as supporting it in other things.

Let us now turn to the investigations in search of the germs of the yellow fever and begin by considering those of Freire, who read a paper giving what I suppose can be looked upon as the details of his work before the "Section of Public and International Hygiene of the Inter-National Medical Congress, Washington, 1887," and published in abstract.[1] I will not, however, use that paper but will insert a summary furnished me by Dr. John S. Billings, and published in the first edition of my report upon this disease, as it is more condensed and has the advantage of being in the exact words of the author:

Résumé de l' évolution du cryptococcus Xanthogencicus.

Millien dans leguel il vit. — "Dans le sang, dans le liquide du vomissement dans le cerveau, dans les muscles, dans les organes parenchymateux, en général en tous les tissue et humeurs de l'économie et dans les liguides de culture albumineux."

Mode de Crossnance. — Ils commencent par de petits panits noirs, qui passent à l' état cellules naulés bordés de gris ou de noir, refractants fortement la lumiére, quelque fois irisées; granulenses à l'interieur lorsgúelles sont mûrescontenants du pigment jaune et verdâtre.

Mode de Reproduction. — "Les cellules mûres se déchírent: 1° en différenté points en même temps (c'est cas le plus fréquent); 2° en un seul point less pores sortant par un seul orifice (rare); 3° par une section circulaire la cellule prenant la forme d' un pyxide" (rare).

[1] *Medical News*, Phila., Sept. 17, 1887.

Disposition des spore, des lambeaux et du pigment.

"Tantôt les spore se répandent sans ordre ; tantôt ils aherent au pigment sans disposition régulière, tantôt ils adherent in même affectant différentes figures, comme celle d'une poire, d'une pomme de pin, d'un ananas. Les lambeaux promenants de la désaggregation des cellules forment diverse amas amorphes, blancs, noirs ou vardâtres."

Résumé of the Evolution of the Cryptococcus Xanthogenicus.

Media in which it lives.

"In the blood, vomited fluids, the brain, muscles, and in the parenchymatous organs ; in general in all the tissues and humors of the economy, and in albuminous cultivating media."

Mode of growth, (appearance.)

"They commence as small black points which pass to a state of round cells, having a gray or black border which is very refracting ; they are granulated when mature in their anterior, containing a yellow or greenish pigment."

Method of reproduction.

"The mature cells divide themselves as follows :

"1. At different points at the same time—which is most frequent.

"2. Into a single point, the spores passing out by a single orifice—rare—(!!—B.)

"3. By a circular section, the cell taking the form of a 'pyxide' capsule—rare—(!!!—B.)"

Disposition of the spores ; of the segment and of the pigment.

"Sometimes the spores disperse themselves without order ; sometimes they adhere to the pigment without any regular disposition ; sometimes they adhere to each other, forming different figures resembling a pear, a pine cone, or a pine-apple. The segments proceeding from the disintegration of the cells form divers amorphous clusters of a white, black or greenish color."

So much for Freire's description. That it will not apply to any known form of bacterial life need scarcely be called attention to. That Freire, like Pasteur, is ill-fitted to enter upon such studies in the spirit of exact pathology is self-evident, but still there is an important statement in the abstract noticed above, which it will not do to overlook. Under the heading :

"Inoculability of the Amarillus Microbe" Freire says : "I have made a great number of inoculation experiments upon animals in order to prove the transmissibility of the disease." "*I have remarked that inoculations made directly both with the blood and with virulent cultures kill rabbits and guinea-pigs in from two to ten days.*"

Now this is the point ! Here is a positive statement, which in the want of positive contradictory evidence it will not do to deny, though we do not have the full particulars, that not only in the blood, but in cultures made from materials from yellow fever patients, there is a something with virulent properties, though we cannot distinguish any specific characteristics by which to recognize that object in Freire's descriptions. This does not militate against the fact which is exactly on a par with Pasteur's results and descriptions in the rouget of the hog, in which he said a coccus was the germ, but which Schûtz showed to be a bacillus, and which was also in Pasteur's virus but was overlooked by him.

I say we cannot overlook a statement like the above. Scarcely any one can doubt that yellow fever is a septicæmia, a blood-poison, and I think all competent persons will agree with me also in its being of extra-organismal origin, that is, an exogenous disease. Being thus, it is an incomprehensible phenomenon why both Sternberg[1] and Gibier[2] should be so unsuccessful in discovering any micro-organism in the blood, at least in some cases, as my own investigations have conclusively demonstrated, not only the presence of such, but of one and the same organism in the coagulated blood filling the small vessels in sections of the liver and kidneys, from several different individuals, each of whom is guaranteed as having undoubtedly died from the yellow fever, and from the liver of an eighth individual, the genuineness of the diagnosis being also unquestionable in this case as well.

Sternberg says :[3] "Ninety-eight specimens from forty-one undoubted cases of yellow fever were carefully studied, and one hundred and five photographs were made which showed satisfactorily everything demonstrable by the microscope. No micro-organism was discovered." His other and later attempts have also been "negative" as regards this tissue.

Now, these "carefully studied" cases were made when Dr. Sternberg was a member of that "Havana Yellow Fever Commission," and we have seen that when the facts as to his qualifications (1879) were still fresh in his mind, though they were completely dispelled later—1889—the necessary "preliminary knowledge and special training was of a most imperfect character,"[4] even as late as 1884, and hence may feel justified in assuming that the requisite skill to demonstrate this organism has not yet been acquired by the government monopolist. All attempts at culture from the blood have also been unsuccessful.

Exactly similar assertions have emenated from the Bi-bacterial chief of the swine-plague trust in Washington, regarding any micro-organism in the blood of cattle diseased with the Southern cattle plague, and very lately a most reliable gentleman has personally told me that they (the Swine-Plague Trust Monopolists) could not find any germ in the blood of Texas diseased cattle, but had found one like mine in the contents of the intestines. Any one who may be here can be shown the original specimens from the blood of cattle that died of this disease in several outbreaks dating back to the first investigation in 1887, and in each one of them can see absolutely pure conditions of the germ of that disease.

[1] Med. News.
[2] Med. News, Jan. 26, '89.
[3] Med. News, Jan. 26, '89.
[4] Megnin-Sternberg.

[To be continued.]

Hospital Notes.

MEDICO-CHIRURGICAL HOSPITAL.

ACUTE PLEURISY.

WAUGH presented a case of acute pleurisy, occurring in a man of great muscular strength, but of doubtful constitution, his mother having died of intestinal tuberculosis. He was always very thin, seeming unable to put on any fat, even when taking cod-liver oil in large doses. Under these circumstances the occurrence of pleurisy was rather disquieting in view of the well-known relationship of pleurisy and tuberculosis. Indeed, it has been held that pleurisy is *always* due to tubercle; but this exaggerated view does not harmonize with clinical observations, or else our prognostic deductions concerning tubercular affections must be radically wrong.

In the present case the patient was put to bed, kept upon a dry diet, with as little fluid as was compatible with his comfort; a small, very narrow blister was applied over the affected side, and a two-grain pill of phenacetine given every two hours. The patient made a quick recovery, and was back at his work in a week. Here was a case which might well have been tuberculous, from its antecedents, but recovered.

TÆNIA.

Waugh next showed a case of tænia. Three months previously this patient, a woman, twenty-seven years of age, was placed upon the following treatment. Just before going to bed she took one ounce of sulphate of magnesia, in water. Immediately upon rising she took one drachm of oleoresin of male fern, in capsules. This was divided into four doses, which were taken half an hour apart; and thirty minims of ether, in simple elixir, with each dose. Two hours later she was given an ounce of castor oil with thirty minims of oil of turpentine. No food was taken until after the oil had operated. The worm was voided, but the head could not be found.

Now she appears again at the clinic, telling us that the proglottides are again appearing in her stools, and she suffers the nausea, qualms, and irregular appetite which she told us of at her previous visit. The same treatment was prescribed, with one addition. On the day before she took the tænicide she was told to eat a cocoanut, which has been recently recommended for tape-worm. She did so, and this time the worm came away entire. Dr. Waugh is not inclined to attribute much virtue to the cocoanut, as none of the worm appeared until after the fern had been taken.

(Notes of Prof. Shoemaker's clinic for Skin and Venereal Diseases.)

IMPETIGO CONTAGIOSA.

The lecturer in a case of impetigo contagiosa, recommended internally milk, eggs, meat and the following:

Take of oil of gaultheria . . . . . 5 drops.
Cod-liver oil . . . . . 4 ounces.
Compound syrup of phosphates . 2 ounces.—M.
Dose: One to two teaspoonfuls three times a day.

External.
Take of distilled witch hazel . . . . . 4 ounces.
Corrosive sublimate . . . . . 4 grains.—M.

After using the lotion over the surface, the parts may be dusted with this combination:
Take of iodol . . . . . 3 drachms.
Oleate of zinc . . . . . 2 drachms.—M.

SEBORRHŒA SICCA.

In a patient suffering with dry or scaly seborrhœa of the scalp and face this prescription was ordered:
Take of sulphide of arsenic . . . . . 1 grain.
Extract of ignatia . . . . . 2 grains.
Extract of gentian . . . . . 40 grains.
Mix and divide into twenty pills.
Dose: One pill three times a day.
External.—Apply twice a week, the tincture of green soap, and at once wash off with water.
Use also, two or three times a day:
Take of fifty p. c. solution of boro glyceride 4 ounces.
Bismuth subnitrate . . . . . 1 drachm.—M.

TINEA FAVOSA.

A case of favus of the scalp received:
Take of compound tincture of cinchona . 3 ounces.
Fluid extract of malt . . . . . 3 onnces.
Tincture of ignatia . . . . . 24 drops.—M.
Dose: Two teaspoonfuls in water three times a day.
External.
Take of beta naphthol . . . . . 10 grains.
Corrosive sublimate . . . . . 5 grains.
Lard . . . . . 1 ounce.—M.

TUBERCULAR SYPHILIS.

A male patient of about forty years, with tubercular syphilis, especially of the face, neck, and shoulders, being especially anæmic and debilitated, had the following treatment:
Take of sulphate of quinine . . . . . 40 grains.
Carbonate of iron . . . . . 40 grains.
Arsenite of sodium . . . . . 1 grain.
Sulphate of strychnine . . . . . ½ grain.
Mix and divide into 40 pills.
Dose: One pill three to four times a day.
External.
Take of iodol . . . . . 1 drachm.
Beta Naphthol . . . . . 5 grains.
Ointment of nitrate of mercury . 1 ounce.—M.

SCROFULODERMA.

In the case of a little girl of five years, with enlargement of the glands around the neck, attended with several sinuses, plenty of fresh air, exercise, milk, eggs, meat, and easily digested vegetables were advised. Also prescribed:
Take of fluid extract of Hoang nan . . . 50 drops.
Glycerin . . . . . 3 ounces.—M.
Dose: One to two teaspoonfuls three times a day.
External.
Take of ointment of the oleate of mercury
(10 per cent.) . . . . . 1 ounce.
Salol . . . . . 1 scruple.—M.

HYPERIDROSIS.

The excessive perspiration, occurring in a young woman of eighteen.
Take of sulphate of atropine . . . . . 1-10 grain.
Sulphate of strychnine . . . . . ¼ grain.
Cinnamon water . . . . . 3 ounces.—M.
Dose: One teaspoonful morning and evening.
External.
Take of fluid extract of geranium maculatum . . . . . 2 ounces.
Glycerin . . . . . 2 ounces.—M.

Society Notes.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING APRIL 24, 1889.

W. W. KEEN, M.D., President, in the chair.

DR. FREDERICK A. PACKARD read a Report of a Case of Spinal Hemorrhage.

Six weeks before coming to the dispensary for treatment he had fallen down a flight of fourteen steps, struck the back of his neck against the edge of the last step, and was completely paralyzed from that moment. He gradually recovered some power, and at the time of presenting himself at the dispensary his condition was as follows:

General health seems good; he eats and sleeps well; the bowels are constipated, being unmoved for a week at a time unless aided; his urinary apparatus is apparently in good working order; he has no symptoms referable to the heart; he gets short of breath easily, and, in addition to a sensation of weight upon the thorax, has a pronounced "girdle-pain;" he has not, nor has he had any vomiting or hiccough; his hearing is excellent, but his vision seems to him to be impaired; he has almost constant pain in the back of his neck, at times shooting over the occiput in straight lines on ether side; his greatest complaint is of weakness in arms and legs, most marked on left side, and of a coarse tremor occurring in all but a few positions that he assumes; he is able to walk about one block with the aid of a cane, but having accomplished that distance his right knee gets stiff and he is unable to lift the toe from the ground; he has both sexual desire and power.

Examination of the patient revealed the following conditions: Intelligent man, well nourished; speech natural; face and neck appeared entirely normal except for slight myosis. Examination of the pupils showed that they were equally contracted when shaded, but reacted feebly to light. There was no accommodative change in the size of the pupil.

Taking the history and conditions present in this case, there would seem to have been hemorrhage into and around the cord with probably also partial rupture. That the lesion was hemorrhage or in the nature of partial rupture is made certain by the sudden onset in a previously healthy man of paralysis of motion and loss of sensation. That it was high up, in the cervical segment, is shown not only by the history of complete motor and sensory paralysis below the shoulder-girdle, but also by the signs presented at the present time.

The conditions no doubt have been a hemorrhage into and around the cord at about the sixth cervical segment, with probably partial rupture of the cord on the left side of the median line. This primary effect was followed by shrinking of the clot and restoration to some extent of the abolished functions. Secondary myelitis probably then occurred with, later, the descending degeneration of the lateral columns giving the greatly increased myotatic irritability below the parts supplied by nerves from the injured area. A secondary meningitis also probably occurred about the site of the lesion giving rise to the pain in the nape, and possibly also to the "girdle-pain" of which he now complains. There are present no signs to indicate any posterior ascending degeneration, but the lesion is so high up in the cord that it would be difficult of recognition.

Concerning the reactions obtained with the galvanic current, I do not know what significance the formula 1. KClC; 2. KOC; 3. AnClC; 4. AnOC may possess. It is rather hard to see how it can indicate degeneration from polar-cell disease, since it is so widely distributed beyond the site of the lesion as to preclude the idea of direct damage to the multipolar cells in the dorsal and lumbar regions.

A CASE OF CHYLURIA.

SOLOMON SOLIS-COHEN, M.D., reported a case of chyluria evidently of a spontaneously intermitting type, for the urine cleared up under a placebo treatment consisting of gtt. iij. t.d. aq. menth. pip., thus preventing Dr. Cohen from making any extended observations. Once or twice before the patient, a negro of sixteen, had passed for some days a similar milk-colored, chyliferous urine. The urine by microscopical and chemical examinations shows a spec. gr. of 1.010, considerable albumen, fat gloludes, lymph corpuscles and bacteria.

MALIGNANT PAPILLARY CYST.

GEORGE ERETY SHOEMAKER, M.D., presented a specimen of a malignant papillary cyst of the mammary gland, of two years' growth; taken from a woman of fifty-six. During the last four months this patient had suffered much pain. The gland was heavy, tense, and stood off prominently from the chest.

On incision several ounces of thin, dark, dirty-brown fluid escaped, which probably contained much degenerated blood. There was no well-defined smooth cyst wall, but the irregular cavity was lined by prominent branching papillary growths, either projecting into the main cavity, or separated from it in groups by walls so as to form minor cysts of the size of a cherry. These brown papillomata sprang by constricted peduncles from a somewhat hardened base. This base, or what might be called the solid portion of the tumor, was found on section to be composed entirely of whitish fibrous lamellæ branching one from another, so that a piece removed for examination could not be prevented from separating into layers in handling. Virchow describes the structure of the cystic sarcoma as like that of a cabbage head, an illustration closely applicable to this tissue.

All sections examined were composed of various kinds of fibrous tissue, some quite dense, much of it embryonic. Some of this had taken on well marked hyaline degeneration, and exhibited brownish-yellow foci of decomposed blood. In other portions appeared hyaline ground substance dotted with numerous nuclei; in still others finely fibrillated quite young connective tissue, with very numerous connective tissue corpuscles. No epithelial cells were found, nor were there any nests. The bloodvessels, which were numerous, had well-developed, indeed, thickened walls; a condition not found in typical sarcoma.

Though to the naked eye, then, the growth corresponds closely with descriptions of cystic sarcoma, as given by various authors, the microscopical diagnosis has so far failed; but whatever its exact nature, its malignancy is extremely probable because of the general structure, the rather rapid growth, the presence of enlarged veins and the occurrence of severe shooting pain.

KENTUCKY STATE MEDICAL SOCIETY.

THIRTY-FOURTH ANNUAL MEETING AT RICHMOND, MAY 8, 9, 10, 1889.

DR. L. S. MCMURTRY, Danville, President; DR. STEELE BAILEY, Stanford, Secretary.

RECENT Advances in the Diagnosis and Treatment of Tuberculosis was the title of a paper by DR. F. C. WILSON, of Louisville, in which he referred to the frequency and distribution of the disease and the various methods of treating it, and showed numerous instruments and apparatus for the same. He discussed Wiegert's method of treating tuberculosis by breathing air at a temperature of 400° or 500° F. He considered the ability of the patient to do this without harm to the tissues a marvel, but it was nevertheless true. He had not yet tried it, but he meant to do so. He favored the disinfection of every particle of the sputa, and great care to avoid infection of nurse, or husband, or wife.

DR. J. N. MCCORMAC, of Bowling Green, believed in the disinfection or destruction of the sputa. For some time the Kentucky State Board of Health, of which he is secretary, has been distributing both to the laity and physicians literature to the effect that tuberculous patients should be isolated and the sputa destroyed or disinfected. It is preferable to have the patient expectorate on paper and then burn the paper.

DR. J. A. LARRABEE, of Louisville, asked if the contagion is so great as described, should we not have more cases, especially of physicians who are treating laryngeal phthisis? At Brompton Hospital there are four thousand persons treated annually, and no one of the physicians or nurses has contracted the disease. Mouth breathing he thought one of the great causes of tuberculosis, that is, the shallow breathing which follows mouth breathing.

The Transmissibility of Tuberculosis from the Lower Animals to Man was the subject discussed by DR. J. A. OUCHTERLONY, of Louisville, in a paper of considerable length and learning. This question was intimately connected with the subject of the infectiousness of the disease. The power of the bacillus to resist antiseptics is astonishing. Corrosive sublimate does not destroy the bacillus even at the strength of 1–500. The theory of inheritance has been thoroughly shaken by the discovery of the bacillus. Tuberculosis is rarely, if ever, congenital, but acquired. If the former theory was true, the prospects of the removal would be remote, indeed. If the latter is true, the prospects for the eradication of the disease are bright. We have clinical proof, also, that the disease is contagious. The object of the paper was to show that tuberculosis could be transmitted from the lower animals to man. There can be no security from tuberculosis so long as tubercular meat and milk are used. The disease is contagious, infectious, and not congenital. It is transmissible especially through alimentary canals and respiratory tract. Rabbits kept near tuberculous patients contract the disease in twenty-seven days. Rabbits suspended in cages so as to breathe the air exhaled by tuberculous cattle contract tuberculosis. The lungs are the primary seat of the infection. It may be contracted through the integument, mucous membrane, abraded epidermis, wounded and abraded surfaces. Tuberculosis in dumb animals is identical with tuberculosis in man. Transmissibility to other species is very frequent. The medical profession should inform the public of the condition of affairs and insist on the control of the meat and milk.

Speeches warmly commending the ideas presented in this paper were made by Drs. Reynolds, McCormac, and Carpenter, and on motion a committee, consisting of Drs. J. N. McCormac, Bowling Green; Dudley S. Reynolds, Louisville; John A. Ouchterlony, Louisville; and Wm. Bailey, Louisville, was appointed to bring this subject before the public.

The Importance of Rectal Examinations to Life Insurance Companies was a subject dealt with by DR. JOSEPH M. MATTHEWS, of Louisville. He considered it of great interest to life insurance companies, and to those insured in them, that the examinations be as thorough as possible. Most companies understand this, and have a long list of questions and examinations through which the applicant must go before he is admitted. No company, to his knowledge, requires a rectal examination. Many rectal diseases are incurable, and often fatal. The only thing the insurance companies do is to, in some instances, ask the question, have you had piles or fistulæ? Piles and fistulæ are generally not very serious to life as some other rectal diseases are. The doctor reported a number of cases which had come under his observation where insurance companies had lost money after a short period of insurance by neglecting the precaution of having a rectal examination made. The responsibility of the medical examiner for life insurance is a very grave one, and is too often overlooked. There are diseases affecting this portion of the body which are wholly unrecognizable save by a careful examination of the exploration of the rectum. There are diseases self limited, incurable, and always fatal. The interim between their incipiency and full development is so vaguely marked, and the insidiousness so obscure, that nothing less than a full exploration will reveal their nature. If in this interim the patient were to apply for a life insurance policy he would probably be received into the company.

DR. F. C. WILSON, of Louisville, thought it a delicate matter to ask this examination. It was with great reluctance that examination of the urine was introduced, but now no first class company fails to ask it, and it has saved them much money. He favored a middle ground. Questioning the patient, and if anything was found indicating trouble of this nature, then make the examination.

The Progress made in the Enforcement of the New

Medical Practice Act was the subject of a paper read by Dr. J. N. McCormac, Secretary of the State Board of Health. This has proven one of the most popular general laws ever passed in the State. Registration in most of the counties had been complete. Large numbers of charlatans being unable to comply with the very reasonable and conservative provisions of the statute had been compelled to leave the State, and scores of irregulars from all parts of the Union had been refused permission to practice in Kentucky. As was to be expected, the principal difficulty in its enforcement will occur in Louisville. The physicians of that city are making an organized effort to secure its strict enforcement, and there can be little doubt as to the final result. After January 1, he would publish an official medical directory of the State, giving the name, age, place of birth, address, and place and date of graduation of each physician in the State.

At the conclusion of the report the Society appropriated all the surplus in the treasury, to be used if the necessity occurs, to assist the physicians of any county where the law might be resisted in enforcing its provisions.

Syphilitic Ulceration of the Upper Air Passages was the subject handled in an excellent manner by Dr. M. F. Coomes, of Louisville.

Report on the Progress of Medicine was by Dr. J. W. Gilbert, of Lawrenceburg.

Laparotomy for Penetrating Shot Wound of the Abdomen, by Dr. David Barrow, of Lexington.

The Report on Vital Statistics was made by Dr. T. B. Greenley, of West Point.

The report of gynecology was made by Dr. W. H. Wathen, of Louisville. He confined his remarks to pelvic hæmatocele. He referred to the generally accepted definition of hematocele as blood tumor in the pelvis encapsuled within or without the peritoneal cavity. He said that all pelvic hematoceles were extra-peritoneal and thus it is not possible for hemorrhage into the peritoneal cavity to become rapidly encysted so as to form a fixed tumor in the pelvic or abdominal cavity. That the blood is mixed with lymph and coagulates so slowly that it is not confined in any one place in the cavity, but changes its position upon the movements of the body obeying the laws of gravitation. That the blood could not be confined by a layer of effused lymph immediately above it, and that, if the hemorrhage into the cavity is at all considerable, death would probably result before it could be confined by adhesions of the superimposed intestines. Intra-peritoneal hemorrhage is nearly always fatal. Mr. Tait has seen nearly one hundred cases, and they all died except two upon whom he did abdominal section. He referred to the fact that the blood never becomes encysted in intra-peritoneal hemorrhage from defective ligation in laparotomy for removal of the tubes, ovaries, etc. He gave as causes of encapsulated hæmatocele sudden metro-staxes of normal menstruation or of pseudo-menstruation following abdominal or pelvic operations and rupture of a tubal pregnancy. He said that intra-peritoneal hemorrhage really always caused by primary or secondary rupture of ectopic gestation.

He gave the symtoms and diagnosis of hæmatocele and advised against surgical interference unless the sac ruptures into the peritoneum or suppuration is imminent. If the fluctuation can be detected from below he recommended making an opening and giving free drainage in the vaginal vault, and if fluctuation is well marked above the pelvis, or ruptures occur into the peritoneum, an abdominal section should be done.

Laryngeal syphilis was the subject of a paper read by Dr. A. B. Thrasher, of Cincinnati. He said little difficulty would be experienced in the majority of cases, but occasionally the most skillful diagnosticians would be puzzled. The diseases most likely to be confounded with syphilis of the larynx are, tubercle, cancer and lupus.

In tubercle, and especially cancer, there is more pain than in syphilis. In cancer the pain is lancinating and radiates to the ear, and may be felt at any time. The voice is more changed in cancer and tuberculous disease. The classical pathognomonic syphilitic voice is usully more easy recognized when the acute observer has detected syphilis previously.

Cough is much more pronounced in phthisis than in either of the other conditions Deglutition is more impeded in tuberculous or cancerous ulceration. The syhpilitic ulcer develops rapidly in a few days; the cancerous requires weeks and the tuberculous months. Syphilis attacks preferably the upper surface of the epiglottis; tubercle the under surface; cancer the ventricular band. In syphilis there is a solitary serpiginous ulcer with sharp edges surrounded by an areola of hyperæmia; in tubercle there are numerous small shallow ulcers, or these have run together forming a large ulcer with ragged, "nibbled" edges; the cancerous ulcer appeared on the summit of an angry tumor and is surrounded by highly inflamed tissue.

In tubercle there is, as a rule, anæmia of pharyngeal and laryngeal mucosa while hyperæmia is the rule in the other affections.

Enlargement of cervical glands, anterior and posterior, is indication of syphilis and is either absent or not so marked in the other affections.

Lupus of larynx might be mistaken for syphilis, yet the disease is so rare as not to fall within the observation of most laryngologists. When the only manifestation of lupus is in the larynx the administration of anti-syphilitic remedies might be required to insure the diagnosis.

The report on surgery was made by Dr. Dr. W. L. Rodman, of Louisville. The doctor in looking over the work in this department during the past year found himself surrounded by an embarassment of riches. Senn's hydrogen gas test he considered conspicuously the most brilliant as it is perhaps the most useful. Gas finds its way out of the wound if there be perforation and burus with a blueish flame. The twelve propositions of Senn were given. Senn's discovery has greatly increased the interest in penetrating wounds in the abdomen, and in the results we find much to cheer us. Supra-public lithotomy has gained much in favor during the past year. Epicystotomy has every advantage for tumors and foreign bodies. The new cystoscope of Neitz and Leiter has rendered the diagnosis of tumors of the bladder comparatively

easy. In cystitis of the female, More-Madden of Dublin, has recommended the dilatation of the urethra, then curette the proliferating mucous membrane and apply carbolic acid over its entire surface. In iliac abscess it seems that early operation promises the most. Dermoid cyst of the neck has been recently operated upon by Keetly, of London, by cutting away a portion of the cyst wall, suturing it to the neck, and stuffing it with gauze after cleansing it thoroughly. This has resulted well in his hands and is certainly quicker and safer. Whitehead's method of operating for piles has here and there gained an earnest advocate, but will hardly supercede the ligature. Piles with prolapsus can, perhaps, be operated upon by Whitehead's method with the best advantage. Alexander's operation has fallen into disuse. It can only do good in cases of retroversion with fixation. Dr. Dudley, of New York, has recently described a new operation for rupture of the perineum. In the treatment of carbuncles, Edmund Owen, of London, uses erasion. He cuts away all slough and undermined skin, scrapes thoroughly with a Volkman's spoon and dresses it antiseptically. In this way a painful and septic mass is converted into a painless and aseptic one. Excision of carbuncles is advocated by Gesrter and others. The doctor considered it probably the best means of treating them. Colles, of Dublin, has shown that changing from the horizontal to the sitting posture in injuries to patients with fracture of the bones of the lower extremities is very injurious. A new treatment of aneurisms has been suggested by Macewen. It consists of the introduction of needles into the sac till they reach the endothelial lining of the opposite wall. The oscillation of the needles scratches the endothelium and causes proliferation of the leucocytes which are said to form a firm fibrous mass. Pneumonotomy is gaining laurels for pulmonary abscess, 50 per cent. of the cases being successful. Pneumonectomy has met with such success in the lower animals that it is recommended in man. One lobe or a lung may be excised. It is thought that the minimal respiratory area compatible with life and health amounts to two pulmonary lobes. The past year has witnessed many sharp discussions as to the comparative merits of ether and chloroform. The latter has not suffered by the comparison. It is not desirable that one should supplant the other as we need them both. One is good in some cases and inferior in others.

Acute Traumatic Tetanus, was the subject of a paper by Dr. R. C. McCord, of Lebanon. He related some cases and gave the results of treatment. He considered the bromide of potash the best of all known remedies.

Dr. L. H. Clarke, of Lexington, had had half a dozen cases in his practice and all proved fatal. He believed all cases traumatic.

Dr. Ap. Morgan Vance, of Louisville, had seen a good many cases of traumatic tetanus but had seen but one get well, which case he reported.

Dr. J. C. Carpenter, of Stanford, favored nourishing his patients. He kept them drunk on whisky so as to relax the spasms. One ounce of bromide of potassium in twenty-four hours had cured many cases.

Dr. J. G. Brooks, of Paducah, reported a case of traumatic tetanus which occurred in his practice while in the Hawaiian Islands. It was a Chinaman who was about to die, and was a case demanding kill or cure treatment, as the man was suffering terribly and begging to be killed. He gave him five grains of morphine hypodermically. The next morning he was awakened by a crowd of Chinamen who announced to him that the man was much improved. Two years later he was still all right.

Dr. J. A. Larrabee, of Louisville, said he had nine cases, four successful, and all children. He thoroughly believed that any case would yield to bromide of potassium provided the remedy was given in sufficient dose. To the educated physician dosage is simply a botheration. He knows the physiological action and gives for results. The pathology of the disease is unknown.

Dr Dudley S. Reynolds, of Louisville, was surprised to hear that any one thought the pathology of traumatic tetanus unknown. It was settled at the Second French Congress of Surgery which met in Paris, in 1886, by Prof. Cornil, who presented the streptococcus as the cause, and his demonstration was so perfect that the Congress coincided totally with his belief. This great discovery should not be passed over lightly.

Dr. J. M. Mathews, of Louisville, thought the pathology of traumatic tetanus still very unsettled. He believed there was more to be learned by the report of cases. In one case he had given bromide of potassium in sixty-grain doses every second hour for seven days, and continued the dose at greater intervals. At the end of three weeks he was able to go home.

The Management of Wounds was the subject of a paper by Dr. C. C. Skinner, of Louisville. He favors irrigation.

Dr. T. Hunt Stuckey, of Louisville, thought that in some cases, circumcision, for instance, irrigation favored œdema. He thought the dry dressing better in this case.

The Report on Otology was made by Dr. J. M. Ray, of Louisville. He thought that medical men were now giving more time and attention to ear diseases. Many still treat the ear without giving the nose and throat especial study. The deaths of prominent men of disease of these parts has called attention to these troubles.

Dr. J. G. Carpenter, of Stanford, thought the more aseptic and antiseptic we were, the sooner will these troubles heal.

Dr. John Young Brown, of Henderson, reported a case of operation for impermeable stricture.

Dr. J. M. Foster, of Richmond, thought that the time was near when external urethrotomy would be a more common operation.

Dr. A. W. Johnstone said Coxe's operation, though difficult, was not so much so as most men thought. He had made it three times and all patients were living. A little courage was necessary. He was in favor of the use of the aspirator and trocar in some cases.

Dr. W. L. Rodman, of Louisville, favored the use of the aspirator.

Dr. E. S. McKee, of Cincinnati, read a paper on Prolapse of the Ovaries. This disease he thought much more frequent than is generally considered. He said it was a symptom often rather than a separate disease, yet it had many peculiar characteristics which entitled it to distinct consideration. The dislocation may occur into the lateral pouch of Douglas, the true pouch of Douglas, and the anterior or vesico-uterine pouch, or the infundibulum of the inverted uterus. The last position is seldom found, and the next to the last is one of rarity.

Causes which lead to this trouble may be increase of weight which induces traction from below or pressure from above; causes which produce feebleness or lengthening of supports, as the conditions present during the puerperium, congestions, displacements, particularly the posterior ones, or violent straining at stool. The left ovary is more often prolapsed, because of its greater enlargement during pregnancy, and because it is more subject to disease. There are several reasons for this fact in connection with this ovary, the principal one being the valveless state of the left spermatic vein which renders the vessel easily affected by an obstruction in the circulation.

Marked pain on walking, on coition, with torturing pain on defecation are experienced by the patient, and occasionally hysteria and melancholia. Spasms of sickening neuralgic pain are felt in the pelvis and surrounding parts.

The displacement of the ovary usually occurs in this manner: It sinks downward and backward and describes an arc toward the median line. The fallopian tube and ovarian ligaments form cords. The descent of the ovary brings it to that part of the pelvic fossa known as the retro-ovarian shelf, where it may remain.

Usually diagnosis is not difficult. If found easy the patient should be examined on the left side, as the finger reaches at least an half inch farther up the posterior vaginal wall in that position. An anæsthetic may sometimes be of service. Rectal examination will allow the finger to reach an inch higher up into the pelvis than per vaginam. The elevation of the pelvic contents, en masse, must not be mistaken for mobility of the ovary.

The prognosis will depend on the condition of the ovaries, the presence or absence of complications and the duration of the disease.

The author considered Campbell's position on the knees and chest of much benefit as one of the means of treatment. He thought pessaries do more harm than good. The intestines should be kept empty with some preparation of mercury. If sexual intercourse be permitted at all it should be carefully regulated. Superior advantages result from Bozeman's method of columning the vagina with the patient in the knee chest position. He discussed Schultze's method, but considered it still under inspection. Oöphoraphy was an operation of much merit in the judgment of Imlach, of Liverpool, but other writers do not accord with him. Tait's operation had not been followed by the permanent good results expected. The essayist had seen prolapsed ovaries follow the ascending uterus as it escaped from the pelvis at the fourth month of pregnancy, and after delivery they remained in the proper places. Hysteroraphy affords relief to some cases, and sometimes as a *dernier resort*, extirpation becomes a necessity.

The attendance was good, and the meeting from the first promised to be an unusually good one. Reports of the Secretary, Treasurer, Committee on Arrangements and other committees were briefly made. Ex-Governor James B. McCreary was present and made a speech in which he extolled the medical profession very highly. He had served with them in the pursuits of peace and of war, in the legislative halls of the State and nation, had yielded his place in the gubernational chair to a doctor, and one of this profession from his own city of Richmond, now occupied the office of Chief Justice of the United States.

On motion it was voted to appoint a committee of reference in each County of the State to see to the enforcement of the new medical law by proceeding against all violators, and to use the money in the treasury of the Society for the prosecution of these offenders.

On motion the national formulary was endorsed. A committee consisting of Drs. J. G. Carpenter, of Stanford, Steele Bailey, of Stanford, and H. Hunt, of Lexington, was appointed to attend the meeting of the Pharmaceutical Association at Crab Orchard, May 15.

A motion to hold the vote for officers with closed doors, and by ballot, instead of committee, was voted down.

Officers elected were as follows: President, John A. Ouchterlony, Louisville; First Vice-President, Wm. Jennings, Richmond; Second Vice-President, R. L. Wilis, Lexington; Permanent Secretary, Steele Bailey, Stanford; Assistant Secretary, John Young Brown, Lexington; Treasurer, J. B. Kinnard, M.D., Lancaster. Henderson was chosen as the next place of meeting, and J. S. Letcher as chairman of the committee of arrangements.

On the first evening of the session an elegant hop was given at the rooms of the Madison Club, and a banquet was served at the Garnett House, on the evening of the second day. The master of ceremonies was, Dr. Jennings, of Richmond. Toasts were responded to as follows: Our Guests, Ex-Governor McCreary, of Richmond; Medical Education, Dr. Dudley S. Reynolds, of Louisville; The Young Doctor, Dr. J. M. Mathews, Louisville; The American Doctor, Dr. W. H. Wathen, Louisville; The Kentucky Doctor, Dr. L. S. McMurtry, Danville; The Absent Ladies, Dr. O. D. Todd, of Eminence. The banquet was a success.

Dr. Ap. Morgan Vance, made an interesting discourse on the subject of, The Art of Asepsis. He showed the paraphernalia of the art and a very convenient case to carry with you when making calls or going into the country.

The report on Medical Ethics was made by Dr. Dudley S. Reynolds, of Louisville. He had looked into the requirements of this and other medical societies and found them quite exacting. Ethics are not law. The ethical penalty is, censure, expulsion, ostracism. Ethics have no control over a man's prop-

erty or personal rights. He thought the Code of Ethics excellent and that the secretary should place in the hands of every member of the Society a copy, and send it into the counties where there was no society.

Dr. Larrabee, of Louisville, had never heard that hydra-headed monster, medical ethics, made so pleasant as by Dr. Reynolds. He considered ethics, the conduct of gentlemen. If a man is a gentleman, he will need no ethics. If not a gentleman, ethics will not make him one.

The report on Ophthalmology was made by Dr. S. G. Dabney, of Louisville. The advance during the past year, though not brilliant, had been steady. Cocaine has fairly held its own. The cataract operation with iridectomy was carefully discussed, and antiseptics in eye practice.

Greetings were sent to the Michigan and Kansas State Medical Societies then in session.

A Case of Tubal Pregnancy which Advanced to Term without Rupture, was the subject of a report by Dr. Arch Dixon, of Henderson. The case was one of exceptional difficulties of diagnosis. There was an enlargement which he thought an ovarian cystoma. He determined to make an exploratory laparotomy, and to his surprise opened up a sac which contained a macerated fetus at full term. The postmortem showed a case of tubal pregnancy with no trace of any rupture. The case was a very rare one, and some deny the possibility of such occurring.

A Case of Tubal Pregnancy was also reported by Dr. Charles M. Mann, of Nicholasville. His case resulted fatally and a postmortem was held.

A Case of Extra-uterine Pregnancy, was reported by Dr. J. B. Evans, of Rileys Station. He was of the opinion that the ovule can become impregnated before it reaches the Fallopian tube, and then get into the abdomen. He believes the Fallopian tube can be contracted till it will admit of the passage of the spermatozoids, but not of the ovule. He reported a case of extra-uterine pregnancy in which a patient suffered long with peritonitis and passed fetal bones and other structure per rectum.

Dr. W. H. Wathen thought the case of Dr. Dixon unique, and could not see how it could possibly occur that an extra-uterine pregnancy could be carried in the tube for this length of time. The tube walls are so thin and weak that by the twelfth week the tube ruptures and the fetus escapes into the abdominal cavity. He was sorry that Dr. Dixon did not make a thorough examination of the lining of the sac. He agreed with Tait that there was no possibility of an extra-uterine pregnancy unless it occurred in the tube with possibly a chance for an ovarian pregnancy. It is utterly ridiculous to talk of an abdominal pregnancy occurring primarily. It has never occurred and it never will occur. Extra-uterine pregnancy as is tubal primarily. We have the electrical treatment and the operative treatment. He does not believe it possible to absolutely diagnose extra-uterine pregnancy before the twelfth week. It is mere guess work before this time. He reported cases where physicians had fallen into error in diagnosing extra-uterine pregnancy when it was intra-uterine. He argued against the treatment by electricity and said the only treatment was, where rupture occurs, operate at once and treat the case antiseptically. If it does not rupture, then laparotomy is the treatment.

Dr. J. G. Cecil, could not understand how it was possible for Dr. Dixon's case to go on as he thinks it did. He thought a very fine dissection and microscopical examination would be necessary to substantiate the diagnosis. He could not agree with Dr. Wathen and Tait, that there can be no primary cases of abdominal pregnancy. Undoubted cases are on record, and Tait is aware of them but fails to refer to them in his book. He thought the only thing which could be done was to perform abdominal section. The subject was further discussed by Drs. J. M. Foster, of Richmond, and E. S. McKee, of Cincinnati.

The report on the Progress in Obstetrics, was made by Dr. J. C. Cecil, of Louisville. He discussed in an able manner, antiseptics in obstetrics, the delivery of the aftercoming head in which he would hasten the delivery of the head with the forceps, even at the expense of the perineum and cervix. He discussed the third stage of labor, and the methods of Credé and Ahlfield. He mentioned Berry Hart's theory and recommended a compromise between Credé and Ahlfield. He waits till the placenta separates, then if there is any delay uses Credés method. He discussed Cæsarean section *vs.* ovariotomy, and quoted from Busey's paper that the former was proper in all cases where child was living. Favored abdominal section over electricity in extra-uterine pregnancy.

TENNESSEE STATE MEDICAL SOCIETY.

Dr. T. J. Hupple, of Trenton, in the chair.

The Tennessee State Medical Society met in its regular annual session at Nashville, April 30 May 1 and 2. The Secretary, Dr. D. E. Nelson, of Chattanooga, at his desk.

The treasurer reported $160.68 in the treasury. Much attention was paid to legislation, and it was reported to the Society that as the results of forty years' labor the Legislature had at last been persuaded to pass a law regulating the practice of medicine. Though this was far from perfect, yet it was a great gain, and all should give it their hearty support. The following gentlemen were recommended to the Governor for appointment as a Board of Examiners: Dr. S. C. Deadrick, Knoxville; J. S. Murfree, Murfreesboro; D. D. Saunders, Memphis. A resolution requesting the Legislature to pass the bill now pending requiring the registration of births and marriages was passed.

Election of officers resulted as follows: Dr. Duncan Eve, Nashville, President; Drs. Henry Berlin, Chattanooga, James S. Neil, Marshall, and J. P. S. Walker, of Dyersburg, Vice-Presidents; Dr. E. D. Nelson, of Chattanooga, Secretary, and Richard Cheatham, of Nashville, Treasurer. The next meeting will be held at Memphis, the second Tuesday in April, 1890.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, May 18, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

JABORANDI IN ERYSIPELAS.

THIS drug was recommended some years since, as a specific for erysipelas. It has been used extensively, and the reports, obtained from a number of physicians in all parts of the country were almost uniformly favorable. Occasionally a failure occurred, but this was attributed to the inferior quality of the drug employed. For over two years it was given for every case of erysipelas which occurred in the writer's practice, without a failure or, indeed, any unfavorable action.

During the past winter, however, a failure occurred, under circumstances which render it desirable that a record should be made of the case. The patient was a lady, aged sixty years, of good constitution, but broken in health, as a result of long-continued malarial toxæmia, and with a very feeble heart. She had had some œdema of the lower extremities for some months. An attack of erysipelas occurred, beginning on the neck and spreading over the face and to the scalp. Several bullæ formed on the cheek, and the eyes were closed for several days. Withal, there was but little fever, the eruption was not vivid, nor was it painful. The condition was one of great depression, mental and physical. From the outset, she was given the fluid extract of jaborandi, in doses ranging from twenty drops to one fluidrachm. Digitalis was also given in such doses as the condition of the heart required. The effect of the jaborandi upon the erysipelas was almost nothing. In spite of as large doses as the patient's condition warranted, the disease spread continuously. Nor was the ordinary action of the drug upon the perspiration and the saliva manifested in the usual manner. Even doses of a drachm produced but slight increase of these secretions. The patient recovered rapidly when iron was given in full doses, and also applied locally.

In a subsequent case, occurring in a woman, thirty-five years old, of robust frame, the erysipelas presented the same characteristics, but was somewhat more acute in its development. It was not until doses of two fluidrachms of the jaborandi were administered that free diaphoresis and salivation were induced; but that proved the death-blow of the erysipelas. The woman recovered in a week.

In regard to the first case, it is uncertain whether the failure was due to the poor quality of the drug, or to the condition of the patient. The latter appears to be the most probable supposition; and this is strengthened by a report received from a California physician, who had several failures with jaborandi in cases whose description coincides with that given above. If this be verified by more extended experience, the observation will prove almost as valuable as the original discovery of the virtues of jaborandi in erysipelas; as an important contra-indication will be thereby established. It is much to be regretted that the continuous introduction of new remedies leaves the profession little opportunity to thoroughly investigate the properties of one, before it is thrust aside and forgotten.

MODERN MATERIALISM.

A CHARACTER in "Robert Elsmere" says: "In my youth men talked of Ruskin; now they speak of drains." The Baconian philosophy embodies the spirit of the present age. Utility is the cry; speculative philosophy is at a discount. Fine-spun theories concerning the nature of disease, and those high-sounding terms with which we once cloaked our ignorance, have given place to the practical employment of the senses, and rational deductions therefrom. "Epidemic influences," "visitations," "atmospheric constitutions," etc., are fast following demoniac possession and witchcraft down the road that leads to oblivion. It really seems at last that man has concluded to open his eyes and look about. Plumbers tell us that what we call sewer gas, and blame on the lack of ventilation of sewers, is often derived from deposits of filth situated in the bend of the pipe just under the water-closet seat; deposits which can be easily removed. "The waters of affliction come from the family well." Malaria is a myth; a name given to the results of bad ventilation, bad housekeeping, or bad plumbing. Typhoid fever and diphtheria are not visitations of Providence; they are indications of the neglect of home hygiene, and indicate not so much the exhibition of drugs as an investigation of the water supply. Epidemics of cholera and yellow fever are not evidences of God's wrath on account of national wickedness (natural as that deduction appears), but the inevitable result of neglect of public hygiene; a result which can be foreseen and prevented whenever a community shall have advanced sufficiently in the scale of civilization to appreciate and take home to their daily lives the truths of sanitary science.

In this development no single element has contributed so greatly as the general acceptance of the germ theory. The ready explanation which it gave

of many hitherto mistily comprehended phenomena not only brought scientific minds down from the cloud-lands of speculation to a solid bed rock, but it harmonized so aptly with the little sum of true knowledge possessed by the uneducated masses that its general acceptance was instantaneous.

Like the Darwinian theories, it furnishes an illustration of that wonderful allegory in "Wilhelm Meister," where the child who had no skill in laying stones to form pictures, finally brought one which, placed at the intersection of many converging lines, suddenly unified the whole system and developed the design.

Dr. William W. Keen has been elected to succeed the late Dr. S. W. Gross as Professor of Surgery in Jefferson Medical College. This will be received with pleasure by the many friends of Jefferson and of her new Professor. Eighteen years ago Dr. Keen's brilliant lectures filled the old Chant Street School of Anatomy to overflowing; and many, like the writer, acknowledge the debt they owe to Dr. Keen for his thorough teaching of anatomy. To those who have not had the pleasure of hearing him recently, we can say that the lapse of years has only matured his ability as a teacher. He comes to this high position in full vigor, and at a specially advantageous time, when the advance in her medical course marks a new era in Jefferson Medical College. No fitter selection could have been made.

Annotations.

AT THE FOOT.

We remember once to have had a schoolmate who managed without much difficulty to keep his place at the foot of the class; and he was rather proud of it too, since it was the most conspicuous position next to that of the head.

Spain easily maintains her position at the foot in nearly every branch of progress pursued by the great class of civilized nations, so we are not much surprised to read the letter in the *British Medical Journal*, written by an English medical superintendent, recounting a visit to a Spanish insane asylum. "The first thing that greeted me," he says, "upon entering was a decidedly suspicious whip, to which were attached five or six lashes; this lay in a very conspicuous position in the attendant's room at the entrance."

He further states that the building was of the crudest description, with no furniture except benches around the walls. In that portion of the building devoted to dangerous patients he found only one occupant. "The ponderous bolts having been withdrawn, the door of his cell was opened and revealed him in an absolutely nude condition; his sole bedding consisting of a loose litter of straw, from which he arose at our appearance, and came forth with an inane smile to shake hands. On his emerging from the straw, I noticed that he had a pair of iron anklets securely riveted on his ankles behind, and attached to each anklet was an iron ring, through which a heavy bar of iron passed; so that in endeavoring to walk, he could not move one foot more than six inches before the other, and that with difficulty. I have no doubt the man may have had occasional periods of excitement, but as far as I could see, he appeared to be a very harmless dement."

ARE THERE ANY "ALLOPATHS"?

Nearly every medical journal has printed the important opinion given by Judge Barrett, to the effect that a homœopathic physician has no legal right to make use of other than homœopathic remedies without full agreement with his patient. The learned judge makes use several times in the course of his letter of the terms "allopathist," "allopathy" and "allopathic," being doubtless much better versed in the history of law than in the history of medicine, else he would know that the "allopathists" were a small class of presumed physicians who died out some hundreds of years since, and that the title of those whom he designates as "allopathists" is properly "regular physicians," men who are graduates of a regular medical college, and who are not supposed to practise according to any "pathy," school or dogma, but who, for the relief of disease, make use of any of or all the abundant stores of knowledge and remedies gained through the ages, whether by accident, by empiricism, by theory, or by scientific investigation.

THE DENTURE OF THE FUTURE.

In the course of an article in *Items of Interest* on Teeth from a Zoölogical Standpoint, we notice this sentence: "Civilized man with his cooked food and knives and forks, has little or no use for projecting cuspids or cutting teeth, and the man of the future will doubtless have less teeth than we have." This is, of course, the scientific way of looking at the matter. It is in accordance with one of the great principles of evolution—if an organism has no further use for a certain part, that part atrophies, and in time is wanting. If posterity will not use their incisor teeth in taking bites, these teeth will disappear; just as the canines are now waxing less, from the fact that we do not have to make a meal off our neighbor's cat, tearing it loose from limb after the manner of our blue-blooded prehistoric ancestors. If these teeth, however, shall in the future be counted among the missing, our descendants will hardly be winsome looking to our spiritual eyes, especially when they smile, and the small boy will not be able to whistle through his teeth.

But we do not take this gloomy view of futurity with its apprehended dental gap; and although it would doubtless please the heart of many a young mother to hear that the "coming man" will not have to go through the trying process of cutting his eye teeth, mature deliberation has convinced us that this famous man will not present anteriorly two smooth Venetian-red gums, but that these gums will be armed with teeth, big molar teeth, each with four roots and five cusps.

This prophecy is based upon another great modern biological principle—the survival of the fittest. Man kind is naturally gregarious; and as the years go by the tendency is noticed to become more and more strong for them to congregate in the large towns and the great cities. Many in these large places eat at restaurants.

Those who dine at home, who fare sumptuously every day on liquid soups, soft entrees, tender meats, succulent vegetables, and the like, must, in the course of time, under our first great principle, degenerate into a class of beings having few or no teeth, because there is no use for such organs.

These foods being easy to digest will give the stomach an easy time of it, so that this valuable organ is likely to grow lazy and worthless, and in the end our sumptuously fed people will be served with foods, each dressed with its appropriate digestant; pepsin, pancreatin, ingluvin, oxgall, or what not, and they will be a weak and puny set.

Not so with the restaurant-fed man; he toils while earning his quarter, and he sweats while eating it up. His masseters stand out like columns on his face, and his temporals are as the wings of a dragon. His molars must come together with the resistless power of a hydraulic jack, ere his beefsteak is impressed. Even after the expenditure of enormous muscular effort that bite is only imperfectly masticated, and his gastric juice and his pancreatic juice and his bile must be of well-nigh poisonous strength before they are able to separate the coherent molecules of that leathery mass. There will be grants in those days. Evolution is a slow process, but the restaurant feeders will, in the course of ages, develop into a race that will have nothing but molars all the way around, as many sets as the individual may require, and each separate tooth formed of irresistible adamant.

THE OLDEST BOOK IN THE WORLD.

PROBABLY the perusal of no other book of its length would give one so just a conception of the mutations of ages, as that of the little book with the title given above, (*Bibliotheca Sacra*). Without entering into arguments in proof, it seems shown that this work was written fully two thousand years before the Christian era, and is the oldest production in the form of a book extant. It is by the hand of one Ptah-hotep, a high dignitary at the king's court, a man who had reached the great age of one hundred and ten; and while passing his latter days in private life, he wrote these valuable precepts, addressed principally to his son. By these writings we find that the Egyptians must at that time have attained to an astonishingly high degree of culture both in society, ethics, and religion.

The machinery of government was seemingly as complete as it is at present in any country; departments of various kinds existed with their chiefs and subordinates; and the extent to which literature was cultivated may be conjectured by the fact that there was an official with the title of "Governor of the House of Books."

Several of Ptah-hotep's precepts are startlingly like those we are familiar with, from Solomon, of much later date. For instance,

> If thou are among persons who are sitting down to eat at the house of one greater than thyself, take what he gives thee, bowing low. Look at what is before thee, bowing profoundly. Look at what is before thee; do not look at it frequently; he is blameworthy who breaks this rule.

Compare Proverbs, Chap. XXIII, I.

> When thou sittest to eat with a ruler, consider diligently what is before thee.

We are also surprised to find the venerable author referring to the deity almoust without exception in the singular number.

> If thou humble thyself in obeying a superior, thy conduct is wholly good before God.

And,

> If thou art a wise man, train a son who will be well pleasing to God.

His conception and the conception of his contemporaries of an overruling power, at that far distant time, long before even Abraham lived, must have been much higher than we had imagined.

Is it not singular that these laws, customs, culture and refinements should have disappeared so utterly from the country that gave them birth; to be followed long after by the brilliant civilization of the Greeks, and then its collapse; afterwards the Roman civilization, of hardly less lustre; and it in time passing out of existence. Can it be that history will still repeat itself, and that at some future time the world will again be inhabited by hordes of barbarians?

TASTELESS QUININE.

THERE is a firm now manufacturing and widely advertising in this country a "tasteless quinine," which tasteless quinine, says the *Druggists' Circular*, is tasteless simply because there is no quinine in it. Careful analysis has shown this, and yet at least one medical man has not hesitated to commend this preparation. Physicians should be very guarded about attesting the virtues of a composition, the real constitution of which they are ignorant.

"DR." OR NOT.

THE *British Medical Journal* contains several letters each week on this well-worn subject: who shall or who shall not be allowed to add the title "Dr." to their name? Some think that these should have it, and others are quite sure that those should not. In fact, so many suggestions have been offered that we have gotten lost, and in despair offer one ourselves—namely, that they imitate our example, and grant the title to each one who is licensed to practise medicine.

AT a meeting of the Anatomical Society of Nantes, Prof. Laennec exhibited specimens of a case of cerebral syphilis, which had developed sixty years after the appearance of the chancre.—*Gazette Medicale de Nantes.*

Letters to the Editor.

DROPSY.

A BROTHER practitioner in an essay on dropsy remarks: "This disease as the readers of the ——well know, arises from different causes, therefore we should meet the indications of this disease as in other diseases." In contra-distruction to the theory of the doctor we were instructed that dropsy, a watery infiltration of a part, is merely a symptom of a disease and not a disease within itself. It is the result of a valvular lesion of the heart, disease of the kidneys or any other disease wherein the pathological changes occuring produce osmosis of the serous portion of the blood into the subjacent cellular tissues of the body or into the cavities. As he affirms, "we should meet the indications;" and peradventure it be skilfully done, we do not expect that there would arise any occasion to treat the condition known as dropsical. A. L. SAYLOR, M.D.

NORTH POWDER, Ore.

WE have received a copy of a letter from Dr. Jacob R. Ludlow, of Easton, Pa., to Dr. George W. Neff, on the oleomargarine bill. Dr. Ludlow does not approve of the inspection or taxing of oleo factories, or of any legislation on the subject; looking upon oleomargarine as "one of the most valuable forms of food that modern skill and science has been able to produce."

The Inquirer.

MEASLES COMPLICATED WITH CHIDBIRTH.

MRS. M., whilst in her ninth month of pregnancy was attacked by a severe form of rubeola accompanied with great dysponœa. Sordes collected on her teeth from the first; tongue dry; great thirst.

When the eruption was well out labor pains began, and in six hours a dead child was born, having on its body an eruption as severe as that on the mother. In a few hours after the birth, the mother's eruption suddenly disappeared, resulting in dangerous dysponœa and apparent collapse, with wandering delirium. A diaphoretic brought the eruption out again, when suddenly the lochia stopped, delirium continued, and in thirty-six hours she succumbed in spite of my efforts.

I should like to know if any of my professional brethren have treated such a case successfully, as this is for me the first of its kind in a practice of over eighteen years. WM. HENRY, M.D.

HARMON, ILL.

SUGGESTIONS WANTED.

MRS. H., aged twenty-four; weighs 194 lbs.; plethoric habit; irritable and impatient; never had any children; has been married nineteen months. Five months after marriage she was standing on a chair arranging a Christmas tree when she slipped and fell to the floor. Upon arising she complained of pain in her back. Menstruation ceased for four months, and she supposed herself pregnant. During this time she had a constant, dull headache, and at the expiration of four months her menses returned irregularly up to two months ago, when they appeared regularly.

About the time of the fall she noticed that she required large draughts of water to quench her unusual thirst, and also that a large amount was voided during the night. This state of affairs has been going on continually ever since; and at the time I first saw her, about one month since, she was taking one gallon every night and voiding two gallons before morning. No account has ever been taken of the water drank during the day. Since she has been drinking so much she has improved in weight; health and appetite are good.

Such was her condition when I first saw her. I gave her ergot fluid extract, ʒi, t. d., with no apparent result; I then put her on ergotine and zinci valerianas in capsules. This she has been taking for three weeks with the report that she feels better now in every way, not so irritable, etc.; but there is no diminution of the thirst. She takes medicine with many protests, and I am at my wit's end now what further to do. GEO. W. C.

A THORACIC ABSCESS.

MR. S. P., aged fifty-four years, of good stamina, a farmer. Was taken sick last November with what the doctor called a fever. Then a few days afterwards in the left axillary space a swelling appeared like that of an ordinary boil. His treatment was calomel, lactopeptin, whisky, diluted phosphoric acid and wine, with a small opening made through the cuticle over what was considered a boil.

This line of treatment, though there occurred one or two hemorrhages from the bowels, was continued until January 11, when I, with my father, were called in consultation to see the case. We found the man greatly emaciated, prostrated upon bed, pulse 120°; range of temperature from 2½ to 3½ degrees above normal; tongue dry, fissured and exceedingly red. A pus cavity extended from left axilla obliquely downward to the seventh intercostal space. For thirty days had this abscess been forming until now the pyogenic membrane was entirely upon the pleura. The drainage was a small pin-hole outlet in the axilla. The pus had not found its way into the pleural cavity, probably because it was corralled by a pyogenic membrane. We made free incisions into the third, fifth and seventh intercostal spaces, then with a fountain syringe, thoroughly washed out the cavity with warm carbolized water, as well as possible, and with a 1–1000 bichloride mercury solution, dressed with iodoform and absorbent cotton, and gave internally syr. iodide of iron.

Two days afterwards I found large quantities of pus were continually discharging, and that he did not tolerate well the syrup iodide of iron. Put him upon Goodell's four chlorides; continued the washing with the carbolized water. Instead of the mercuric solution gave:

℞.—Balsam Peru . . . . . ℥ij.
Olive oil . . . . . ℥ij.
Iodoform . . . . . ℥j.—M.
Sig.—With a small ear syringe fill the cavity, and wait for its own drainage; continue the iodoform dressing.

Left the patient now in the hands of his former physician.

On the 27 of January was requested to take charge of the case. Found the patient had improved for a few days since my last visit. Now has increased pulse rate, a higher temperature, no diminution in quantity of pus discharged, more emaciated, with gloomy forebodings. I continued the carbolized water, substituted listerine for the balsam Peru, and resumed for a few times the mercuric solution. Put him now upon the vegetable alteratives, adding iodide potassium x. gr. every four hours. I should have said that he was fed with nourishing food to the full capacity of the digestive organs, and yet we could not lessen the discharge, nor build up muscular strength. We continued the carbolized washings, kept all openings free, and stopped the listerine, prescribing instead tincture iodine, but with no better results.

By this time, February 17, we had gained nothing. The nervous centres flag, the mind succumbs, and dementia follows; the kidneys respond slowly, a large quantity of muco-purulent matter deposits in the urine. In a word, the patient is given up by anxious friends.

A fearful cough supervenes, large quantities of pus are expectorated. The pyogenic has given away, and we have the chest wall filling up with pus.

We now tried this plan of treatment:

℞.—Sulphite calcium . . . . . gr. ¼.
Sig.—Every four hours.
℞.—Iodide of potassium . . . . . gr. xx.
F. E. sarsaparilla . . . . . ℥j.
F. E. snake root . . . . . gtt. iij.
F. E. stillingia . . . . . ℥j.—M.
Sig.—One dose every two hours.

℞.—Lithiated hydrangea . . . . . ℥j.
Benzoata of soda . . . . . ℥ij.
Acetate of potash . . . . . ℥j.
F. E. pareira brava . . . . . ℥j.—M.
Sig.—Teaspoonful, repeated every two, four, or six hours, as required to stinulate kidneys.

℞.—Syr. sarsap . . . . . ℥ij.
F. E. wild cherry . . . . . ℥iv.
F. E. serpentaria . . . . . ℥j.
Sulp. morphia . . . . . ♏ij.
Simple elixir . . . . . ℥iv.—M.
Sig.—Teaspoonful as required to check cough.

The washing out of the cavity was kept up at regular intervals followed with a strong solution of Labarraque's solution of chlorinated soda, which acted like magic in destroying the pyogenic microbe. The other remedies responded to their utmost. The system reacted, the man was saved; to-day, April 8, is visiting friends.

Query: Was it pyæmia or anæmia of the brain that caused the dementia? Was there any connection between the muco-purulent deposit in the urine, and the formation of pus in the pus cavity?

J. E. Milner, Jr., M.D.
Comanche, Texas.

Book Reviews.

Lectures on Nervous Diseases. By Ambrose L. Ranney, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous Diseases in the New York Post Graduate Medical School and Hospital. Philadelphia: F. A. Davis, 1888. Pp. 775. Price, $5.50.

This work as the title indicates, is mainly a compilation of a course of lectures, but they have been so elaborated for the purpose of publication that the book has rather the character of a distinct treatise. The author, however, does not purpose writing for only the specialist, the pathological anatomist, or the skilled histologist, but rather for the busy practitioner, for him who has not the time to devote to the more abstruse and recondite matters relating to a single aspect of disease, but only enough to employ in studying its purely practical signification. To this end we think the author has arranged his matter and chosen his illustrations most admirably. Of the latter there are one hundred and ninety-two, nearly all in colors, and all neatly finished with the exception of several showing the application of electricity, which are rather crude. The plates illustrating pathological changes and the nervous relationship of different facts are chiefly diagramatic, rendering the context more clear to him who is not especially skilled in this branch. We also commend the author's practice of giving macroscopic drawings of the appearance assumed by the body and by various parts, in consequence of different diseases, instead of filling the pages with microscopical illustrations of the different degenerations, and alterations in ganglia, nerve roots and nerve terminations. The figures are in harmony with the text.

The first section is devoted to "Anatomical, Physiological, and Pathological Deductions Respecting the Nerve Centers of Man." In this section diagrams are given showing the relationship between the various components of the nerve organism, if we may so call it; and also the parts affected in the various diseases, beginning at the cortex and going down.

Part second: "Clinical Examination of Patients Affected with Nervous Diseases."

This section seems to us to be exceptionally valuable. It is so clear, that it leaves little to be desired. With regard to the difficulty of making a diagnosis in nervous diseases the author says: "The majority of practitioners apparently join in the feeling (which happily conduces largely to the benefit of specialists in neurology) that nervous anatomy and physiology is too complex a study for them to master; and that they must be therefore given over to those who are devoting themselves particularly to the department of nervous diseases. While this is true in part, I believe that it is not only possible, but comparatively easy, for any medical practitioner who is willing to make the necessary effort, to grasp certain general principles which are applicable to the examination of cases afflicted with nervous diseases. The subject of arriving at a diagnosis is then discussed under three heads, each thoroughly treated:

1. The clinical history of the patient, and how to record the chief symptoms of each case.

2. The symptoms revealed to the physician by his sense of sight.

3. The symptoms revealed to the physician by instruments of various kinds and other tests.

The third section treats of "Diseases of the Brain and its Envelopes." The different diseases are here taken up in order with their morbid anatomy, etiology, symptoms, diagnosis, prognosis and treatment.

A number of diseases likely to be confounded are carefully distinguished by separate and elaborate differential diagnosis.

Section four: Diseases of the Spinal Cord and its Envelopes.

Section five: Functional Nervous Diseases. We notice that the author lays great stress on reflex irritation from strain on imperfect eyes as a potent factor in the causation of many cases of functional nervous diseases; even going so far as to say with regard to migraine: "For many years I have taught in my lectures that I had yet to meet a case of typical migraine in which an examination of the eyes or the eye-muscles would not show the existence of a marked error. All observations to date confirm me in this view. Latent hyperopia is an extremely common cause of reflex disturbance in these cases; and esophoria or hyperphoria are not infrequently found."

In the sixth section are considered the Toxic and Unclassified Nervous Diseases," such as hydrophobia, multiple neuritis, chronic lead poisoning, arsenic paralysis, and the like.

The final section is devoted to "Electricity in Medicine." The author devotes over a hundred pages to this subject, first describing the different kinds of electricity, next the mode of construction of the different apparatus, and finally giving ample directions for the proper application of the several kinds; and, in fact, full information on all points connected with electro-therapeutics. A number of diagrams showing the various motor points, and a good index complete the contents of the volume.

Dr. Ranney may congratulate himself by the thought that in this excellent work he has added something valuable and lasting to the bibliography of nervous diseases.

THE ETIOLOGY, DIAGNOSIS, AND THERAPY OF TUBERCULOSIS. By PROF. DR. H. VON ZIEMSSEN. Series III, Physicians' Leisure Library. Detroit: George S. Davis. Price, 25 cents.

This is an attractive looking, neatly printed little paper bound volume of 118 pages, being in substance a course of lectures delivered by the author. The book is divided into three parts in accordance with the title; part first treating of the etiology, in which, by the way, we notice that von Ziemssen believes in the hereditary transmission of tuberculosis; part second, diagnosis; and third, treatment. He considers fresh air of the greatest importance both in prophylaxis and in treatment, citing the fact that 50 per cent. of the deaths of nuns are from tuberculosis, and that from three to ten times as many prisoners die of the same disease, relatively speaking, as do ordinary people.

Gleanings.

LUYS reports a case of paralysis agitans in which considerable amelioration followed treatment by hypnotism, with rotary mirrors.

M. BOISSEAU DU ROCHER has treated many patients affected with constipation in the following manner: He prescribed two spoonfuls of effervescent citrate [?] before each meal; then he galvanizes the intestine two hours after breakfast, terminating by a general static electric *séance*. Ten *séances* effect a cure.—*La France Méd.*

A. R. SMART, M.D. (*Toledo Med. and Surg. Reporter*), advocates igni-puncture for internal hemorrhoids. After forcibly dilating the sphincters, the base of each tumor is perforated one or more times by a wire of the size of a knitting needle, heated to a dull red. The patient is put to bed for from five to seven days after the operation, and on the second the bowels are opened with a gentle enema. In four or five weeks hardly a trace of the tumors will be found; no loss of tissue and subsequent contraction; only small indurations, which will subsequently disappear.

ATHLETES AND ATHLETICS.—Irving Ross, M.D. (*Jour. Am. Med. Assoc.*), holds that the popular opinion as to the danger to health and life connected with great muscular exertions is in the main fallacious. He has never found a case of hernia caused by over-exertion, though he has known many hundreds of athletes. He maintains that they are not more subject to aneurism and heart disease than other people; that instead of having their lives shortened they are, as a rule, a rather long lived class, citing a number of noted examples in proof; that where disease or death does come early it can generally be shown to be due to free indulgence of gross appetites and indulgences; in short, "that all the manly sports should be encouraged and fostered with a view to promote qualities that intimately concern not only the happiness and usefulness of individual life, but also the good of society, and the future of the human race."

MANIA AND MELANCHOLIA FOLLOWING GYNECOLOGICAL OPERATIONS.—Dr. T. G. Thomas reported in a paper before the New York Academy of Medicine six instances in which acute mania or melancholia followed these operations: removal of ovaries, one; of breast, two; of abdominal tumor, one; perineorrhaphy, two. The last two cases died within three weeks after the operation, one in acute mania, the other in acute melancholia; of the two breast cases, one died within two weeks in acute melancholia, the other is still violently insane; the case of abdominal tumor died in eight days, maniacal; and the patient whose ovaries were removed recovered entirely, though after a period of confinement in an insane asylum In four out of these six cases there was evidence of eccentricity before the operation.

Position of the Vulva in Negroes.—Weiss (*Revista de Cienc. Med.*) states that extended observations show the vulva of negro women to be about two centimetres farther back than that of Europeans. The low position of the vulva is very rarely seen in white women; while in negroes he did not find any instance in which the vulva occupied the same position as in whites. The most important result is that with negroes the period of perineal distension during parturition is much shorter and less painful than with their white sisters.

A New Treatment of Epidemic Diphtheria.—Dr. Arthur Hennig reports excellent results in the treatment of diphtheria by the use of lime water as a gargle, taking a swallow of two and a half to five drachms every quarter or half hour, according to the severity of the case, and by the local use of the ice bladder.

If the patient cannot gargle, he gives lime water in sufficient quantity internally; or, having the patient bend his head backwards, pours lime water in his mouth and then shakes his head in all directions. This procedure is to be continued until the spreading of the false membrane can be stopped and it can be seen to loosen.

When a child cannot gargle, and will not take the lime water internally, he used a steam atomizer (Richardson's), of such construction that it can be used in inspiration only; if used in expiration the carbonate of lime might be precipitated.

He gave as much as three quarts of lime water a day during the disease without bad result; but to prevent the lips from becoming sore, he rubbed them several times a day with vaseline.

Sometimes he ordered chlorate of potash internally, but never as a gargle, and always on a full stomach. When the fever is very high he gives anti-thermic remedies, such as antipyrin and antifebrin.

The ice he puts in the œsophagus of an ox or a cow, about ten to twelve inches long, which will reach from one ear to the other. The ice bag, made up in the above manner, is wrapped in a cloth and put about the neck of the patient. The patient under this mode of treatment not only feels comfortable, but the body temperature also falls considerably. The pulse becomes more frequent, swallowing easier, and the exudation less. The application of the ice is persisted in until the patient complains of being cold, or of burning in the throat, which generally is on the sixth or seventh day. By this time the membranes are loose and thrown off in shreds, and the new formation of epithelium started.

Among ten hundred and fifty-four cases treated during ten years by this antiphlogistic method, not a single instance of a bad result, on account of the treatment, was noticed.

As a diet, milk is the best, then beef-tea; meat which is easy to digest may be given sometimes for a change.

As soon as the patient feels well enough, he lets him get up and walk about, especially if a child, and such cases are generally of shorter duration and without sequelæ.

The chronic form of epidemic diphtheria was also treated by this method with very good results, and he thinks that lime water cannot be displaced in efficacy by any other drug in the treatment of epidemic diphtheria.—*Deutsche-Medizinal Zeitung.*

Hysteria.—Janet (*La France Méd.*) gives the following singular case: The patient had a neurotic history, embracing chorea, anæsthesia, hemichorea and hemianæsthesia, and hysteric crises, alternating with paroxysms of somnolence. At twenty years of age she was seized with anorexia, which increased to an absolute dysphagia. The sight of a cup of water brought on violent efforts at vomiting, lasting many minutes. For fifteen months she was nourished by the sound. but as nearly all the food thus taken was soon vomited, she became quite feeble. The urine had to be drawn, she became paralytic, and her emaciation was extreme. She proved an easy subject for hypnotism, and was readily thrown into a somnambulistic state, in which the dysphagia disappeared completely. She was thus fed daily with two full meals of chicken, soup, eggs, and beer. This was kept up for eighteen months, by which time a decided change had taken place for the better; the paralysis disappeared and she grew plumper. But while she appeared to be cured, it was only while hypnotized; when awake she could not swallow a cup of water.

She was then awakened by degrees during the repast, and induced to eat each day while in a state more nearly akin to wakefulness. In three months she was able to eat while fully awake. Four months later the symptoms returned in their original severity. The same means were employed, but instead of hypnotizing her for each meal, she was left in that state for an indefinite period. It was five months before she could quit the hospital, and even then she was unable to eat while awake. She was sent out still in a state of somnambulism.

The inconvenience of this method is that she has no recollection when awake of what has passed during her trance. When awakened, she takes up the consciousness of the day and hour when she last fell asleep. In fact, in this woman there has been created a double existence.

The Identity of Erysipelas and Acute Lymphangitis.—MM. Verneuil and Clado, after making some careful investigations, form the following conclusions:

1. Erysipelas and lymphangitis are only two forms of one and the same contagious, infectious, and parasitic disease.

2. Their agent is a special microbe, easy to recognize and to isolate, to cultivate and to inoculate in animals.

3. This microbe, discovered and described in erysipelas alone, is found in lymphangitis with its characteristics and properties complete.

4. The absolute identity of both cause and nature of the two diseases is established definitely, although considered by many authors as distinct.—*La France Médicale.*

Electricity in Diseases of the Brain and Vaso-molor System.—L. C. Gray, M.D., in *New York Medical Journal*, divides diseases of the brain with respect to electrical treatment into the insanities and the gross cerebral lesions. Subacute mania, melancholia, the insanity of doubt, and those other various morbid fears and fancies—functional insanities, can all usually be benefited by electricity, but only in the period of convalescence. Of these meloncholia will best respond to treatment, mania next, while the benefit in the insanity of doubt and the functional insanities will vary greatly. Electricity is of no use in brain tumors, in meningitis of trumatic or epidemic or aural origin, or in facial hemiatrophy. Along with other treatment it is serviceable in intra-cranial syphilis, in the early stage of headache and insomnia. Tic douloureaux is uncertain in its response. The form of electricity used is important. Static electricity is of no value, and the Holtz machine is simply an imposing toy that may have a temporary effect on impressible people of hypochondriacal or hysterical tendencies. The insanities, as a rule, require treatment only to the intra-cranial contents, and that is best done by the galvanic current. The gross cerebral diseases produce two great classes of symptoms, those that are entirely cerebral and those that are both cerebral and peripheral. In the former, galvanism to the intra-cranial contents, and in the latter, galvanism to intra-cranial contents whilst faradization of affected peripheral structures. Galvanism is applied by putting one electrode upon the nape of the neck, and the other on the forehead. Begin with very light current and gently increase to one or rarely to than two milliamperes. Three minutes is long enough for the first sitting. Gradually decrease strength of current, then remove electrodes. In spite of all that has been said, the author after sixteen years' experience has not been able to notice any therapeutic difference between the poles; if one pole does not agree, he tries the other; if that does not he stops the electricity.

Phenacetin. — Dr. James G. Kiernan, M.D., of Dunning, Ill., speaks thus of Phenacetin in the *Medical Standard* for April: "While it is quite as powerful as methozin and acetanilid, it does not cause the pain in the stomach, nor the scarlatiniform rash of the former; nor does it give rise to the cyanosis of the latter, however prolonged may be its administration, and though Dujardin-Beaumetz has given it for months, in doses of 1–2 grammes per diem, there have never been observed bad effects. He has used it in every form of pain (neuralgiæ, migraine, rheumatic pains, muscular rheumatism, acute articular rheumatism, the lightning pains of tabes, etc.,) with the best results. Further, in cases of hysteria, and of hysterical or neurataxic pains, phenacetin has seemed to produce better effects than bromide. It calms the excitability of the nervous system, and in some obstinate cases of nervous insomnia it procured sleep. Phenacetin seems not only an analgesic but a hypnotic.

I have tried phenacetin (para-acet-phenetidin) in ten cases of migraine. Of these, three were epileptiform, arising from coarse brain disease, tumors, cerebral abscesses, etc. Here the drug given in five-grain doses four times daily, had excellent effects as regards the pain. The migraine was, however, replaced by fits of temper (the patients were children).

In the other cases there were temporarily beneficial effects. In two of these cases (the patients had a neurotic ancestry), a scarlatiniform rash made its appearance twice on the use of five-grain doses. It desquamated rapidly, and was noticed only after the first two doses. In trifacial neuralgia, phenacetin was often of value, when supplemented by constitutional treatment, where diathetic conditions were present. Constitutional treatment without the phenacetin did not give good results.

In a few cases of insomnia, resulting from simple exhaustion, phenacetin in ten-grain doses proved to be a valuable hypnotic. It failed in the excited states of mania and melancholia. In a few cases of agitated dementia, there was a temporarily beneficial hypnotic effect. The fulgurant pains of locomotor ataxia were temporarily relieved. In two cases of fever, cyanosis and excessive sweating were observed to result from five-grain doses.

In my judgment the scarlatiniform rash, cyanosis and excessive sweating must result in predisposed cases from any hypnotic or antipyretic which exercises its action through the nervous system. To be efficient, drugs must exercise powerful action on certain centers, and in defective nervous systems, these drugs must produce effects which take the line of the least resistance."

The Gynecic Element in Psychiatry.—C. A. Reed, M.D., in *Buffalo Medical and Surgical Journal*, holds that mental disturbance and actual insanity in women are much more frequently due to some lesion of the genital apparatus than is generally supposed. He believes that there are to-day, in our asylums, many female patients confined, whose condition under proper treatment for the local lesion might be greatly ameliorated or the patients entirely cured. In support of his views he cites a number of cases in his own practice in which insanity or melancholia had developed on account of some menstrual trouble, pelvic tumor, inflammation, or the like, but had disappeared upon curing the local lesion.

The cases he mentions are these: Pubescent mania from delayed menstruation—recovery; melancholia from pelvic abscess—operation—cure; aphasia from cervical stenosis—operation—cure; hystero-epileptic insanity from diseased uterine appendages—laparotomy—cure; puerperal insanity—laparotomy—drainage—recovery. Under the aphasia case the author remarks: "Here was a case in which, viewed entirely from a psycho-neurological standpoint, the lesion would have been located according to Broca, in the third left frontal convolution; or according to Meynert, in the Island of Reil; but viewed from the gynæcological standpoint, the essential lesion so far as the aphasia was concerned, actually existed in the submucous ganglia, which, according to Frankenhäuser, comprise the termini of the uterine nerves."

Medical News and Miscellany.

GERMANY is over-crowded with doctors.

YELLOW FEVER is epidemic at Truxillo, Peru.

DR. B. H. DIEHL has removed to 2151 Park Avenue.

DR. P. S. DONNELLAN has removed to 1028 Arch Street.

DR. J. A. KRUG has located at 2437 North Fifth Street, Philadelphia.

CHILI horses have the epizoötic. This makes it chilly for surburban dwellers who rely on street cars.

SMALLPOX and scarlatina make life unsafe in the ancient city of Siena, as well as in many other Italian towns.

SYDNEY J. ARMSTRONG, the surgeon of the Inman Line Steamer City of Paris, committed suicide. He had been drinking.

DURING the past year the Pennsylvania Hospital treated 2363 cases in its wards, 4409 accident cases, and 7616 out-patients.

DRS. CARL FRESE and H. R. Wharton are the Physicians to the new Children's Hospital at the Mary J. Drexel Home.

ON page 17 of the TIMES AND REGISTER, May 4, the name should have been John G. Meachem. Another argument in favor of the typewriter.

ONE thousand Italians landed at Rio de Janeiro and stepped off their vessel into an epidemic of yellow fever. In eight days more than one-half were dead.

A LOUISVILLE physician recommends the douching of children's upper air-passages with creolin solution as a prophylactic during the prevalence of diphtheria.

IN St. Louis, a doctor who was called to see a sick child found a quack at the bedside, whereupon the irate physician kicked the pretender down stairs. The child died.

A CHICAGO doctor says 50 per cent. of the men of that town are crazy, because they get out of their woolens and into pneumonia during this merry month of May.

THE treatment of mental diseases by colors is revived. Melancholy requires red; acute mania, blue. The young love yellow, the color most conducive to growth; while old age prefers the warm red ray.

THE Ohio State Medical Society holds its Forty-fourth annual meeting at Youngstown, on May 22 to 24. Among the principal attractions are papers by A. R. Baker, H. J. Herrick, A. B. Carpenter, H. S. Upson, R. A. Vance, and B. L. Milliken of Cleveland; S. D, Ayres, C. W. Tangeman, A. B. Thrasher, M. Thorner, F. Forchheimer and J. F. Whittaker of Cincinnati; D. T. Gilliam, S. Loving, A. W. Sharp and S. S. Stein of Columbus, and a number of prominent men from Toledo, Zanesville, Akron and other Ohio towns.

NOTES FROM L'UNION MED. DU CANADA.

WHEN patients resist the action of atropine, substitute duboisine.—*Foucher.*

MENTAL distress, especially when due to love, is a powerful cause of chlorosis in young girls.—*Laramée.*

THE angularity of the features is very remarkable in persons suffering from cancer, even while as yet latent.—*Laramée.*

IN chronic parenohymatous nephritis the lumbar pains are generally more intense than in other chronic nephritic inflammations.—*Laramée.*

BEWARE of eserine in certain affections of the cornea complicated with iritis; complete adhesion of the sphincter iridis may result from it.—*Foucher.*

LANPHEAR (*Med. Index*), gives what is the usual final word in regard to remedies for pertussis. He finds antipyrin in certain cases efficient, and in others it has no appreciable effect.

TOBACCO AGAIN.—It is said that ten out of twenty candidates for cadetship at West Point were recently rejected on account of tobacco heart brought on by cigarette smoking.—*People's Health Journal.*

DR. THOMAS FEATHERSTONHAUGH gives a list of sixty-two different ways in which the word pterygium was misspelled by physicians. How many could he have collected if he had taken his own name as the test?

SHRADY has been interviewed again, and now gives us the important news that women meet death more bravely than men.

But, then, women have so much less reason to fear death, their chances in the hereafter being considerably better.

DR. BRYCE, editor and proprietor of the *Southern Clinic*, favored us with a call recently. Dr. Bryce is a typical Virginian, both in his appearance and in the manly way in which he lifts up his voice for the right; even if in doing so he is compelled to disapprove of the acts of his friends.

THE Griffin (Ga.), *News* is responsible for the story of a man who got a cut hand inoculated with cucumber juice and turned into a mass of cucumbers. Mrs. Credulous wonders why the regular physicians never unearth any of these wonderful cases, and she attributes it to their hide-bound dispositions.

Items of Interest tells of a girl, probably from Weighback, who could not be persuaded to enter the dentist's chair until she had received the most satisfactory answers to her inquiries as to how one was placed in the chair, and how the positions of the patient and the chair were changed after the patient was in it. The explanation satisfied her as far as lower teeth were concerned, "but," said she, "the most of my teeth that need filling are upper ones, and how do you fix the chair to fill them?" It afterwards turned out that a mischievous brother had told her that in order to fill upper teeth it was necessary for the dentist to reverse the chair so as to stand the patient on his head.

THE Attakapas Pharmaceutical Association, at Iberia, La., memorialized the Louisiana State Pharmaceutical Association, setting forth the inefficiency of the so-called Pharmacy law in securing to the people of the state the immunity from peril, that they are entitled to, from the indiscriminate sale and handling, by unqualified persons, of drugs, medicines and poisons as now permitted.

THE Press Bureau of the Chambers Street Hospital, New York, is one of the best organized in the country. From the St. Louis *Globe-Democrat* we learn that a man was brought there with both arms and both legs broken, one of the latter in three places, and internal injuries besides. One arm was amputated at the shoulder and one leg at the hip-joint. The remainder of the man bids fair to recover.

WE notice that Mr. William Torrey Grant, son of Dr. Grant Bey, of Cairo, carried off first-class honors in practical anatomy and second-class honors in theoretical anatomy, in the examination of the University of Edinburgh. It is a well-known fact that distinguished men rarely transmit their talents to posterity; but young Dr. Grant evidently does not propose to be known merely as "the son of his father."

ELECTRICITY FOR SNAKES.—A report comes by way of Germany, that a novel use of electricity has been made in India, for the prevention of the intrusion of snakes into dwellings. Before all the doors and around the house two wires are laid, connected with an induction apparatus. Should a snake attempt to crawl over the wires, he receives a shock of electricity, which either kills or frightens him into hasty retreat.—*Am. Analyst.*

SOFT WORDS.—The New York *World* says that twelve different albums are offered as prizes for smoking cigarettes, and that many a boy under twelve is striving for the entire collection, which would necessitate the consumption of nearly 12,000 cigarettes. All these Satanic influences at work to ruin our boys should spur every parent to redoubled efforts for their salvation.—*Union Signal.*

A FEARFUL RESPONSIBILITY.—In view of the repeatedly demonstrated fact that the death-rate, under homœopathic treatment, in all diseases, is from 10 to 60 per cent. less than under allopathic treatment, the man who enters upon the practice of medicine without practical knowledge of homœopathy takes upon himself the fearful responsibility of unnecessarily sacrificing a large percentage of the lives of those who die under his treatment.—*People's Health Journal*, (Homœopathic).

LEONARD, of Detroit, started the idea of publishing the names of the frauds who obtain credit from medical journals for advertising and then decline to pay their bills, with an impudent, "What are you going to do about it?" The law is a tedious, troublesome, and expensive remedy, and these men know it. But there is another method which they dread, and that is *publicity*. Drs. Leonard and Daniel have rendered medical journalism and honest advertisers a service by exposing these persons.

A DANGEROUS PRESCRIPTION.—A druggist in Minnesota asks the *Am. Drug Clerk's Journal* how the following precription could be prepared:

℞.—Potassii Permangan . . . . . ʒss.
Hydrarg. Chlor. Corr. . . . . gr. xv.
Glycerini . . . . . fʒij.

He tried dissolving, and that failing, next triturated them in a mortar and attempted to dissolve by heat, but always got a precipitate. The editor remarks that it was no fault of the drug clerk's he escaped alive, and that the prescription should have been refused.

Army, Navy & Marine Hospital Service.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the four weeks ended May 11, 1889.

PURVIANCE, GEORGE, Surgeon. Detailed as chairman of Board for the physical examination of candidates for appointment as cadets, Revenue Marine Service, May 3, 1889. Detailed as chairman of Board for the physical examination of officers, Revenue Marine Service, May 11, 1889.

IRWIN, FAIRFAX, Surgeon. To proceed to Bath, Wiscasset. Rockland, Belfast, Bangor, Ellsworth, Machias, and Eastport, Maine, as Inspector, April 22, 1889.

MEAD, F. W., Passed Assistant Surgeon. Detailed as recorder of Board for the physical examination of candidates for appointment as cadets, Revenue Marine Service. May 3, 1889. Detailed as recorder of Board for the physical examination of officers, Revenue Marine Service, May 11, 1889.

WHEELER, W. A., Passed Assistant-Surgeon. Granted leave of absence for thirty days, April 16, 1889.

BRATTON, W. D., Passed Assistant-Surgeon. Relived from duty at San Francisco, Cal., to assume charge of the Service at Portland, Oregon, May 8, 1889.

MAGRUDER, G. M., Assistant-Surgeon. To proceed to Baltimore, Md., for duty, May 8, 1889.

PERRY, T. B., Assistant-Surgeon. When relieved at Portland, Oreg., to proceed to San Francisco, Cal., and await orders, May 8, 1889.

To report to the Commanding officer, Revenue Steamer "Rush" for special duty May 11, 1889,

CONDICT, A. W., Assistant-Surgeon. When relieved from duty at Boston, Mass., to await orders, May 8, 1889.

To report to the Commanding officer, Revenue Steamer "Chase" for special duty, May 11, 1889.

HUSSEY, S. H., Assistant-Surgeon. When relieved from duty at Baltimore, Md., to proceed to Boston, Mass., for duty May 8, 1889.

GEDDINGS, H. D., Assistant-Surgeon. To proceed to Baltimore, Md., for temporary duty, May 8, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending May 11, 1889.

BEARDSLEY, GROVE S., Medical Inspector. Detached from the "Brooklyn," proceed home and wait orders.

LOVERING, P. A., Passed Assistant-Surgeon. Detached from the "Brooklyn," proceed home and wait orders.

NORTON, OLIVER D., Assistant-Surgeon. Detached from the "Brooklyn," proceed home and wait orders.

HAWKE, J. H., Surgeon. Detached from the "Essex," proceed home and wait orders.

STOKES, C. F., Assistant-Surgeon. Detached from the "Minnesota," and to the "Iroquois."

BRANSFORD, JOHN F., Surgeon. Orders to the "Iroquois" revoked. Resignation accepted to take effect May 4, 1890, with leave of absence granted to that date, with permission to leave the United States.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 559.

NEW YORK AND PHILADELPHIA, MAY 25, 1889.

The Medical Register Vol. V, No. 125.

PAGE

ORIGINAL ARTICLES.

DIGITAL DIVULSION OF THE PYLORUS FOR CICATRICIAL STENOSIS. By J. M. Barton, A.M., M.D. - - - - - - - - - - - - 73

HUNTING THE GERM OF YELLOW FEVER. By Frank S. Billings, M.D. [Continued] - 78

PREREQUISITES TO MARRIAGE AND LAWS TO ENFORCE THEM. By E. L. Detweiler, M D. - - - - - - - - - - - - - 80

HOSPITAL NOTES.

PHILADELPHIA HOSPITAL:

Mammary Abscess. *Stryker* - - - - - 81
Icterus Neonatorum. *Stryker* - - - - - 81
Ophthalmia Neonatorum. *Stryker* - - - 82
Hare-lip. *Stryker* - - - - - - - - - 82
Diarrhœa. *Stryker* - - - - - - - - - 82
Stomatitis. *Stryker* - - - - - - - - 82
Constipation. *Stryker* - - - - - - - 82
Fracture of Lower Jaw. *Steinbach* - - - 82

MEDICO-CHIRURGICAL COLLEGE:

Sarcoma of Lower Jaw. *Garretson* - - - 83
For Bad Breath. *Garretson* - - - - - - 83
Tenotomy. *Goodman* - - - - - - - - 83
Hip-joint Disease. *Pancoast* - - - - - 83
Diagnosis of Hip Disease. *Pancoast* - - 83
Value of Sulphur. *Shoemaker* - - - - - 83
Enucleation. *Keyser* - - - - - - - - 83
Cicatrix of Cornea. *Keyser* - - - - - - 83
Wild Hairs. *Keyser* - - - - - - - - - 83
Peribomian Tumors in Children. *Keyser* - 83
Discission of Cataract. *Keyser* - - - - - 83
Care of the New-born. *Keyser* - - - - - 83
Chancroids. *Stubbs* - - - - - - - - - 84

ORTHOPEDIC HOSPITAL:

A Singular Cure for Epilepsy. *Morton* - 84
Resection of Bone. *Morton* - - - - - - 84
Deformity of the Wrist. *Goodman* - - - 84
Synovitis. *Goodman* - - - - - - - - 84
To Detect Fluid in a Joint. *Goodman* - - 84

PAGE

PENNSYLVANIA HOSPITAL:

Heart Trouble. *Longstreth* - - - - - - 84
Impacted Fracture. *Ashhurst* - - - - - 84
A Medical Maxim. *Longstreth* - - - - 84
Cirrhotic Liver. *Longstreth* - - - - - - 84
After-treatment of Abdominal Section. *Hunt* - - - - - - - - - - - - - 84
Diphtheria. *Longstreth* - - - - - - - 84

POLYCLINIC:

Chronic Pneumonia. *Mays* - - - - - - 84

EDITORIAL.

TOBACCO HEART - - - - - - - - - - - 85
THE BISHOP CASE - - - - - - - - - - 86

ANNOTATIONS.

Intra-pulmonary Injection - - - - - - - 86
The Timby System - - - - - - - - - - 87
A Six Months' Term Enough - - - - - - 87

PARIS LETTER. *Linn.*

Antipyrin in Diabetes. *Panas* - - - - - 88
Duty of the Physician in Announcing the Coming of Death. *Goix* - - - - - - 88
Quinine Wines. *Huchard* - - - - - - - 88
Artificial Vaccine. *Woytkoff* - - - - - 88
Treatment of Diphtheria. *Simon* - - - - 88
Treatment of Typhlitis. *Bouchard* - - - 89
Exalgine - - - - - - - - - - - - - 89
International Medical Language - - - - 89
Idiosyncrasy for Quinine - - - - - - - 89
Hypodermic Injections of Morphine. *Huchard* - - - - - - - - - - - - - 89
Itch. *Paul* - - - - - - - - - - - - 89

LETTERS TO THE EDITOR.

Correction. *Mendenhall* - - - - - - - - 89
Abnormal Conditions in Labor. *Bloom* - - 90

THE INQUIRER.

Assistantship Wanted - - - - - - - - - 90
Hall's Catarrh Cure - - - - - - - - - 90

PAGE

Hair Tonic - - - - - - - - - - - - - 90
For Moths - - - - - - - - - - - - - 90

BOOK REVIEWS.

Wood's Monographs, May, 1889 - - - - - 91
Diseases of the Skin. *Hyde* - - - - - - 91
The Medical Annual - - - - - - - - - 91
Michigan State Board of Health - - - - - 91
Digest of Criticisms on the U. S. Pharmacopœia. Part I - - - - - - - - - - 91

GLEANINGS.

Surgical Diagnosis by the Teeth. *Hutchinson*, 92
Antisepsis in Labor. *Roulin* - - - - - - 92
Disorders of Menstruation. *Currier* - - - 92
Treatment of Aneurisms. *Rodman* - - - 92
For Dysentery. *Moriarty* - - - - - - - 93
Long Pregnancy. *Maus* - - - - - - - - 93
Large Infant. *Cooper* - - - - - - - - 93
Cuff Splint. *White* - - - - - - - - - 93
Acute Coryza. *Cardoni* - - - - - - - - 93
Antipyretics. *Boyd* - - - - - - - - - 93
Gonorrhœal Ophthalmia. *Grandclement* - 93
Puerperal Eclampsia. *Day* - - - - - - 93
Typhoid Fever. *Broughton* - - - - - - 93
Tertiary Lesions. *Blanc* - - - - - - - 93
Congenital Tetanus. *Shaw* - - - - - - 93
Varicose Ulcers. *Ely* - - - - - - - - 93
Aspirating the Brain. *Souchon* - - - - - 93
Electricity in Cancer. *Parsons* - - - - - 93
Pulmonary Abscess. *Harris* - - - - - - 94
Ingrowing Toe-nail. *Joseph* - - - - - - 94
Oxytoxic Massage. *Moore* - - - - - - - 94
Orchitis in Mumps. *Brown* - - - - - - 94
Epilepsy. *Hughes* - - - - - - - - - - 94
Purpura. *King* - - - - - - - - - - - 94
Hysteria. *Ewald* - - - - - - - - - - 94

MEDICAL NEWS AND MISCELLANY, 94

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 96

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xviii

Original Articles.

DIGITAL DIVULSION OF THE PYLORUS FOR CICATRICIAL STENOSIS.

(Read before the American Surgical Association, Washington, D. C., May, 1889.)

BY J. M. BARTON, A.M., M.D.,

Surgeon to the Jefferson Medical College Hospital, Philadelphia, Pa.

DIGITAL divulsion of the pylorus for cicatricial stenosis as first performed by Prof. Loreta of Bologna, Italy, in 1882, has scarcely received the attention which I think it deserves anywhere except in Italy.

The mortality from the twenty-five operations, which I have succeeded in collecting, is not great when we consider that every successful case is a patient rescued from certain and by no means distant death, and this mortality is already decreasing. When searching the journals for records of such operations, I found the reports of the presentation of many specimens of cicatricial stenosis of the pylorus to various pathological societies, showing that the cases in which this operation would be of service are not so very rare.

My own experience has been limited to two operations. Even the first, though it proved fatal on the fourth day encouraged me to operate again, as I was fully satisfied that had it been performed earlier, when the patient was stronger, there was no reason why it should not have been successful. My second case has the following history:

Mrs. Y., aged forty-eight years, a patient of Dr. Adams, of Vineland, N. J., was first seen by me at her home near Vineland, in December, 1888. For convenience of study and operation I admitted her to Jefferson College Hospital in January, 1889.

During 1884, 1885 and 1886, she suffered from gastric ulcer. She had pain and vomiting immediately after eating, the vomiting occurring as often as six times in the twenty-four hours, she had lost greatly in weight and had two severe hemorrhages.

In 1887 all the symptoms left her and for the greater part of the year she enjoyed excellent health, weighing in January, 1888, one hundred and forty-three pounds, which was more than she had ever weighed in all her life. During 1888, she became very ill, with symptoms of pyloric obstruction and lost flesh rapidly, weighing after her admission to the hospital in January, 1889, only ninety-three and a half pounds. She then vomited but once in twenty-four or forty-eight hours; this occurred when she laid down at night and was not accompanied by nausea. It was usually from one and a half to two quarts in quantity and measured nearly, and sometimes quite, as much as all the nourishment taken since the preceding act of vomiting twenty-four hours before, many articles taken during the day could be recognized, indeed she stated that she had occasionally been able to recognize articles eaten as long as two weeks before.

As she took her meals she felt that her stomach was becoming more and more distended and when she

laid down at night gravity brought the contents of her stomach into her throat and they were then vomited.

Her bowels were obstinately constipated, acting only once in twelve or fourteen days, and then only after frequently repeated large injections; purgatives administered by the mouth producing no effect.

She had lately been able, occasionally, to feel a small tumor about the size of a hazel nut, two inches to the right of the umbilicus and situated quite deeply.

Her stomach was greatly enlarged; distended by the carbonic acid gas developed from half of a soda powder, it reached as low as the umbilicus, and as far as the small tumor, though we could not say that the tumor was connected with the stomach.

The vomited matters separated themselves into the usual three layers, the middle one being quite clear. They were nearly free from undigested food and not offensive; free hydrochloric acid though searched for was not found.

The operation was performed in the presence of the class of Jefferson Medical College on February 16, 1889. The abdomen of the patient had been prepared the day before, the mercurial dressings being still on when she was brought into the amphitheatre for operation. Her stomach had been washed out on the morning of the operation with a solution of bi-borate of soda; this had been repeated until the fluid returned quite clear. Chloroform was used as the anæsthetic in preference to ether as being less apt to be followed by vomiting.

The hands and instruments having been prepared with antiseptic solutions I made a median incision through the skin about four inches long, terminating at the umbilicus; the peritoneal incision was, however, only three inches in length. There was but little bleeding and it was readily controlled by clamp forceps.

The dilated stomach was found directly beneath the incision. The juncture of stomach and duodenum, even from the outside, was markedly contracted and irregular on its surface. There were no adhesions and no tumor was there. The tumor was found to be a hard scybalous mass in the ascending colon, which also contained quite a number of smaller masses of hardened fæces.

As the wall of the stomach three inches from the pylorus felt quite healthy, I folded it transversely, midway between the greater and lesser curvatures, and with a pair of sharp scissors made an incision between one and a half and two inches in length. There was no bleeding requiring any attention.

I introduced my index finger through this incision, and felt the pylorus contracted to about the size of a number ten French catheter; its margins were quite hard and fibrous. As the finger would not enter, the blades of a small uterine dilator were passed through the wound in the stomach, and guided by the finger, were introduced into the contracted pylorus, which was then readily dilated until it admitted the index finger; with the aid of a pair of œsophageal forceps it was still further dilated until both the index and middle fingers were admitted; the two fingers were then separated about half an inch, when I ceased, feeling that further effort would probably rupture the mucous membrane. This dilatation gave a circumferance to the pylorus of four and a half inches.

The mucous membrane of the wound in the stomach was brought together by a continuous silk suture and the serous coat by a continuous Lembert suture, also of fine silk, carried in an ordinary sewing needle; this suture was introduced deeply into the muscular coat in order to obtain a firm hold; even then it tore out at one or two points, requiring an interrupted suture to be used at those places.

When the finger was first introduced into the stomach it caused some retching, forcing most of the stomach out of the wound, where it was kept during the subsequent manipulations.

After the wound in the stomach was closed that organ was carefully sponged and restored to the abdominal cavity. The abdominal wound was then closed and dressed in the usual manner.

I am indebted to Dr. Callender, the resident physician, for the following history of the after treatment of the case, and also for the personal care and attention which he gave the patient.

Mrs. Y., operated upon February 16, 1889. She was nourished by the following enema given every six hours:

℞.—Valentine's meat juice	f℥ij.
Half of an egg	
Pepsin	gr.x.
Tr. opii	gtt.v.
Milk enough to make	℥ij.

She vomited about ℥iv of blood half an hour after the operation. She had no pain and was not greatly shocked.

February 17. Enema continued; she took ice in the mouth but did not swallow the water.

February 18. Same as the 17th.

February 19. Same as the 18th.

February 20. Enema was continued and at 1 P.M. f℥j of milk was given by the mouth; at 2, f℥iij, and at 4, 6, 8 and 10 f℥ss of milk.

February 21. The bowel became irritable and would not retain the nourishing injection. Therefore a ℥j of a weak solution of cocaine was thrown into the bowel seven or eight minutes before each enema which allayed the irritation. She took by the mouth f℥ss of milk every three hours during the night, and every two hours during the day.

February 22. The quantity of Valentine's meat juice was increased to f℥ss. The enemas were given but twice in the twenty-four hours. Six hours after each enema, a food suppository was inserted. By the mouth she took alternately f℥ij of milk and f℥ij of beef tea every two hours.

February 23. Bowel washed out by soap suds enema; as the suppositories were found unabsorbed their administration was discontinued. The nourishing enemas were given every six hours, composed as on the first day, except that each contained f℥ss of meat juice instead of f℥ij. They were preceded by cocaine as before.

The beef-tea and milk were given as yesterday.

February 24. The bowel becoming irritable the enemas were stopped.

Milk and beef-tea f℥ij every two hours.

Egg-nog morning and evening. Most of the stitches removed.

February 25. Bowels moved freely by soapsuds enema. ℥xx of milk, ℥xvj beef tea, ℥iv chicken-broth, and two egg-nogs were taken during the day. Rest of stitches removed.

February 26. Nourishment as yesterday.

February 27. Bowels moved by enema. Nourishment as yesterday, and a small piece of chicken.

February 28. ℥xvi milk, ℥xvj beef-tea; oyster broth, egg-nog.

March 1. Bowels moved by glycerin enema. Milk, beef tea, oyster broth, egg-nog, small quantity of chicken and a few oysters were given.

March 2. Continued.

March 3. Bowels moved by glycerin enema, milk toast, coffee and a poached egg for dinner. f℥xx. milk, ℥xx beef-tea, oyster and barley broth, egg-nog.

March 4 and 5. Same diet in same quantities.

March 6. Quantity of food slightly reduced, as an attack of indigestion was feared, though the patient would have preferred the larger amount. She was constantly hungry.

March 7. Was out of bed to-day for an hour and a half.

March 8. Chicken, rice, coffee and liquid nourishment.

March 10. Eggs, lamb chops, baked potatoes and liquid nourishment continued. Egg-nog stopped.

March 11. Bowels freely opened by citrate of magnesia; in most of her passages small, very hard, scybala were found. They had probably been in the colon before the operation.

March 14. Patient placed upon house diet, with some extras.

Her weight on February 8, before the operation, was 93½ pounds; on March 25, it was 110 pounds; on April 15, 118 pounds; on April 27, 122 pounds. She was able to leave the Hospital April 10.

At no time was her temperature over 99°, or under 98° F. She had no pain at any time, and required no anodynes.

I have succeeded in collecting twenty-five published operations, which I have included in the above list. Many of these are by Prof. Loreta. I had hoped to have obtained the results in all his cases, but Dr. Peruzzi, his chief-assistant, replies to a letter of inquiry, "that the Professor has performed in all about thirty operations, and that at least six more have been performed by other Italian surgeons, and they were all successful when the diagnosis was correct." This would make the total number of operations performed about forty-three.

The twenty-five operations included in my list were performed upon twenty-four patients, one patient having been operated upon twice, successfully, by Prof. Loreta. From the twenty-five operations there were fifteen recoveries and ten deaths; making a mortality rate of 40 per cent.

Two operations, both successful, were performed in England; five in America, with three deaths; but none in France or Germany, though in the journals of these two countries many of the Italian cases appear in full.

Three operations were attempted in Germany, one ending in resection, one in partial resection and partial dilatation,[1] while the third was completed by a successful plastic operation.[2]

In France, the pylorus was dilated for cancer, a fistulous orifice was left, through which it was kept dilated by a bougie introduced every third day, the patient died on the twelfth day.[3]

Of the ten deaths in the twenty-five operations included in my table, six were due to shock, two to hemorrhage, one to tetanus, and one to suppression of urine.

The large mortality from shock, from an abdominal section performed in from half an hour to an hour, is probably due to the fact that in this, as in most new surgical procedures, the operation is postponed too long.

The mortality is already decreasing; of the first twelve cases reported, six recovered and six died, while of the last twelve nine recovered and but three died.

This mortality can, perhaps, still be lessened by earlier diagnosis and operation, and by such methods of operation as are most quickly performed and accompanied by the minimum loss of blood.

OPERATIONS OF DIGITAL DIVULSION OF THE PYLORUS FOR CICATRICIAL STENOSIS.

No.	Operator.	Residence.	Date.	Age.	Sex.	Duration of disease.	Tumor.	Abdominal incision.	Result.	
1.	Loreta,	Bologna,	Sept. 14, '82.	47	m.	20 years.	Tumor.	Edge ribs.	Cure, five months after in perfect health.	Mem. Acad. Bolog., Series IV, Vol. 4
2.	Loreta,	"	Dec. 22, '82.	18	m.	7 years.	None.	Edge ribs.	Cure.	Raccog. Med., '83, p. 147.
3.	Giommi,	Cesena,	Feb 1, '83.	2	f.	?	?	?	Death in 12 hours.	Ibid.
4.	Loreta,	Bologna,	Mar. 17, '83.	46	m.	17 years.	?	Edge ribs.	Death in 37 hours.	Raccoglitore, 3–30–'83.
5.	Loreta,	"	July 15, '83.	34	f.	?	?	?	Cure.	Lancet, 9–1–'83, p. 376.
6.	Frattini,	Venice,	June 9, '84.	?	?	?	?	?	Cure?	Gazz. d'Osp., '84, p. 392.
7.	Loreta,	Bologna,	Mar. 9, '85.	26	f.	?	Tumor.	Median.	Cure.	Bull. del. Sci. Med., '85, p. 137.
8.	Loreta,	"	Letter to Dr. Harris, stating that to November						Death, shock.	
9.	Loreta,	"	30, 1885, he has had nine cases, of which five were						Cure.	Med. News, Phila., 3–20–'86.
10.	Loreta,	"	cured and four died, three from shock and one						Death, shock.	
11.	Loreta.	"	from hemorrhage.						Death, hemorrhage.	
12.	McBurney,	New York.	July 6, '85.	39	f.	20 years.	Tumor.	Edge ribs.	Death, hemorrhage.	Annals of Surgery, '86, p. 372.
13.	McBurney,	"	July 6, '85.	52	f.	30 years.	Tumor.	Edge ribs.	Death, 30 hours suppressed urine.	" " "
14.	Loreta,	Bologna,	'86.	19	f.	?	?	Median.	Cure.	La Riforma Med., '86, 259.
15.	Haggard,	England,	Mar. 7, '86.	51	f.	5 years.	None.	Edge ribs.	Cure, well Mar. 30, '88.	Brit. Med., 2–19–'87.
16.	Loreta,	Bologna,	Mar. 16, '86.	33	m.	?	None.	?	Death, 10th day, hem.	Acad. Sci. Bolog., 4–24–'87.
17.	Barton,	Philada., Pa.,	May 22, '87.	58	m.	1 year.	Tumor.	Median.	Death, 4th day, exhs'n.	Jour. Amer. Med. Asso., '88, p. 548.
18.	Loreta,	Bologna,	Sept. 14, '87.	47	f.	7 years.	?	Median.	Death, tetanus, 5th day.	Gazz. d'Osp. Milano, '87, p. 803.
19.	Loreta,	"	Oct. 13, '87.	35	f.	5 years.	?	?	Cure.	" " "
20.	Loreta,	"	Oct. 31, '87.	34	m.	10 years.	?	?	Cure.	" " "
21.	Treves,	London, Eng.,	Dec. '87.	?	m.	?	?	?	Cure.	Lancet, 2–18–'88, p. 336.
22.	Loreta,	Bologna,	Jan. 30, '88	54	m.	15 years.	Tumor.	Median.	Cure, recontracted.	Gazz. d'Osp., '88, p. 618.
23.	Loreta,	"	June 20, '88.	54	m.	15 years.		Median.	Cure, same pat. re-oper'd	" " "
24.	Bull,	New York,	June 11, '88.	38	m.	20 months.	None.	Edge ribs.	Cure.	Letter from Dr. Bull.
25.	Barton,	Philada., Pa.,	Feb 16, '89.	48	f.	5 years.	Tumor.	Median.	Cure.	

[1] "Charite Annalen," 1887, p. 538.

[2] "Heineke of Erlangan, Central. f. Chir.," 1887, p. 55.

[3] "Bertoye Lyons Med.," 86, Vol. 2, p. 96.

Diagnosis.—The diagnosis can be conveniently divided into two parts: (1) to determine the existence of pyloric obstruction, and (2) to differentiate between the obstruction caused by cancer and that caused by cicatricial stenosis.

But few of the reported cases have such a typical history as the one of my own, which I have just read; the co-existence of dyspeptic symptoms or of some still open ulcers complicating, the diagnosis in most of the cases.

From a study of these cases, I would regard as of little value some of the symptoms upon which much stress has been laid.

The material vomited in some cases consisted of partly digested food, in some it was wholly undigested and offensive, while in others it consisted of well elaborated chyme.

The character of this material indicates the health and physiological activity of the stomach, but throws but little light upon the condition of the pylorus.

In dilatation of the stomach due to mechanical obstruction, the glands of the stomach are not necessarily affected, and perfect digestion may go on.[1]

In some of the cases sarcinæ were present, but in many they were absent. The same may be said of starch granules, of needles of the fatty acids, of free hydrocloric acid, of the symptom of pain on percussion, of pain and burning on taking food, and of the other dyspeptic symptoms which usually have existed in most of these cases for many years before the symptoms of obstruction occurred.

The vomiting of blood is often quite a recent symptom,[2] and probably indicates the existence of some unhealed ulcers.

The vomiting is rarely typical, it often occurs four or five times a day, quite often immediately after taking food,[3] and some patients are unable to take any food whatever by the mouth.[4]

The following symptoms I would consider of value:

1. A greatly dilated stomach.

2. The vomiting of from one to two quarts of material at one time.

3. When in the matters vomited articles are recognized that have been taken many hours, days or weeks before. In one case two prune stones were found which had been swallowed two years before.[5]

4. When the act of vomiting is performed with great ease, without nausea and the appetite is good immediately after.

5. Obstinate constipation.

6. The non-effect of ordinary purgatives, as they do not pass the pylorus.

7. A preceding history of gastric ulcer of several years' duration and temporary improvement, followed by simple obstructive vomiting of well elaborated chyme many hours after taking food. This typical history occurred but twice among the twenty-four patients.

[1] Pepper. "Syst. Med."

[2] Raccoglitore, 3, 30, 83, and "Annals Surg." 1886, p. 372.

[3] "Gazz. d'Osp. Milano," 1887, p. 803, and "Them. Accad. Bolog. Ser." 4, vol. 4.

[4] "Gazz. d'Osp. Milano," 1888, p. 594.

[5] "Raccog Med." '83, p. 147.

Where the symptoms are obscured by co-existing disease of the stomach great reliance may be placed upon the detection of a decidedly enlarged stomach, as this condition is very rare except from mechanical obstruction of the pylorus.[1] In one of the cases the stomach reached to within two inches of the symphysis pubis,[2] and in most of them it reached below the umbilicus.

This dilated condition of the stomach may be suspected when from one to two quarts of material are vomited at one time, and can be accurately determined by distending the stomach with carbonic acid gas, developed from bicarbonate of soda and tartaric acid introduced separately; or by pumping water in and out of the stomach and measuring it.

Medical treatment may relieve some of the complicating symptoms, and those left may then be typical of obstruction.

The obstruction may be due to the presence of a malignant growth, or to cicatricial stenosis. There are a few cases due to other causes, but they are very rare.[3]

The mere presence of a tumor is almost without value in making the differential diagnosis between cancer and stenosis. In the twenty-four reported cases a tumor was present in seven, absent in four, and not noted in thirteen.

Prof. Tyson has called attention to the fact that cancerous growths usually drag the pylorus several inches below its normal position.[4]

The tumor found in stricture of the pylorus is produced by the original ulcer penetrating the mucous membrane, causing peritoneal inflammation and adhesion to the omentum and to the surrounding structures; this would fasten the pyloric extremity of the stomach before the ulcer had healed, and of course, long before the contraction of the pylorus and the subsequent dilatation of the stomach took place.

We would, therefore, expect the non-malignant tumor to be higher in the abdomen than the malignant one.

A rapidly growing, well defined, nodular tumor, low down in the abdomen, is probably malignant. A poorly defined tumor, not increasing under observation, high up in the abdominal cavity, is probably non malignant.

The average duration of cancer of the pylorus according to Brinton, is one year. The maximum duration according to Bartholow, is three years. In the above table the average duration of stomach symptoms in the thirteen cases in which it is given is over eleven years.

In cancer bleeding is frequent, though rarely profuse; in ulcer it is much less frequent but is usually a decided hemorrhage when it does occur.

Fragments of a malignant growth may occasionally be found in the matters ejected from the stomach.

The history of a temporary improvement is against the disease being malignant.

The presence of hectic, of the cancerous cachexia,

[1] "Pepper's Syst. Med."

[2] "Central. f. Chir." '87, p. 55, reported by F. von Mueller (reprint).

[3] "Pepper's Syst. Med."

[4] "Phil. Path. Soc."

of secondary growths and of diarrhœa mark the latter stages of a malignant growth.

In the latter stages of cancer the obstruction is often removed by ulceration of the growth, obstructive vomiting ceases and diarrhœa occurs from the irritation caused by the discharge from the ulcerated surface. In the latter stages of ulcer the stenosis increases and the constipation is more obstinate.

The Abdominal Incision.—In all of the reported operations but two methods of opening the abdomen have been used; one by an incision running from one inch below the ensiform cartilage, to the extremity of the ninth rib on the right side, a distance of about six inches; the other being by an incision in the median line between the ensiform cartilage and umbilicus, and from three to six inches in length.

The first method was used by Loreta in his earlier cases, though he now uses the median exclusively; of the two the median is the better as there is much less bleeding and it takes much less time. In my last case though the incision through the skin was four inches in length, the peritoneum was only opened for three inches; this I found gave quite sufficient room. *The stomach wound* should be made far enough from the pylorus to be in healthy tissue; this may lessen the bleeding which in several of the cases was reported as terrific, requiring the use of T forceps and of ligatures. If some inches away from the pylorus it will be outside the zone of inflammation following the stretching. This distance will not interfere with the manipulations in the pylorus as the stomach walls are quite pliable.

Stretching the Pylorus.—Loreta states in the report of one of his cases that he placed his two index fingers in the pylorus and separated them three inches. Dr. Harris who translated this case for the *Medical News* regards this statement as a clerical error, but in the report of some subsequent cases Loreta repeats the statement.

In experimenting upon the recent cadaver I found that when I separated my fingers more than an inch, the mucous membrane ruptured.

Dr. McBurney, of New York, lost one of his cases from hemorrhage from a rupture of the mucous membrane produced while stretching the pylorus to a long diameter of three inches.

In my last case I introduced the index and middle fingers and separated them about half an inch. I felt that this was all the parts would bear. This gave a circumference of four and a half inches. None of the successful English or American cases have been dilated to any greater extent. One of these cases was still in good health nearly two years after the operation.

Closing the Stomach Wound.—In the twenty-five reported operations the stomach wound has been closed in every possible way; by Gely's suture, by the suture of Appolito, by interrupted Lembert suture, by continuous Lembert suture, by cat-gut, by silk, by sewing the mucous membrane with cat-gut and the peritoneum with silk, by sewing the mucous membrane with silk and the peritoneum with cat-gut and by various compound sutures; they all did well; the stiches did not give way in a single case, in none was there the slightest leakage, none suffered from peritonitis, and in none was the stomach wound the cause of death.

Peruzzi writes that Prof. Loreta has never had any trouble whatever from the stomach wound. Therefore, the most rapid of these methods would probably be the best, and I would suggest a continuous suture of cat-gut to the mucous membrane, and the suture of Appolito to the peritoneum, though I did not use this method in either of my cases.

Food after the Operation.—Among the reported cases food has been given as early as a few hours after the operation without injury,[1] and in one case nothing but ice was given by the mouth for seventeen days.[2] In my first case I gave food by the stomach on the second day owing to the exhausted condition of the patient. In my last case I delayed until the fourth day; though from the collected cases I see no reason why it should not be begun earlier. Peptonized milk, animal broths, diluted wines and the yelk of egg, would be best, depending upon the condition of the stomach previous to operation.

Rectal nourishment will be required until sufficient food can be given by the mouth.

Solid food has rarely been given before the tenth day and then sparingly.

Anæsthetic.—Chloroform if the heart's action is good would be better than ether, as it is much less apt to be followed by vomiting.

Permanency of Cure.—Recontraction of the cicatricial tissue and reproduction of the stenosis would naturally be feared, but Loreta in a letter to Holmes in January, 1885, nearly three years after his first operation, writes: "I have now operated upon six cases, they all have recovered and all remain well up to the present time."

Haggard performed his operation, March 7, 1886. In the *British Medical Journal*, of March 19, 1888, over two years after, his case is reported as "still perfectly well, no vomiting, dilatation of stomach less and she has recently married."

Peruzzi, in his letter to me of March 22, 1889, states that he knows of only one relapse among the thirty cases upon which Prof. Loreto has operated, this patient was re-operated upon, recovered and remained well. This case is probably No. 22 on my list.

In one of the fatal cases included in my list the obstruction was valvular, due to irregular contraction of the walls of the stomach.[3] In another case, not included in the list, as the pylorus was not dilated, the valvular obstruction was caused by distortion produced by external adhesions, these were divided and the patient made a good recovery.[4]

In another case not included in the list, the operator recognized that he had badly ruptured the mucous membrane while stretching the pylorus. He immediately performed pylorectomy with recovery of the patient.[5]

In another case, the obstruction was caused by the

[1] "Mem. Accad. Bol.," Ser. 4, Vol. 4.
[2] "Brit. Med.," 2-18-87.
[3] "Annals of Surgery," '86, p. 372.
[4] "Gazz d'Osp. Milano," 1888, p. 594.
[5] "Novarro, Boll d'Sez. Cult. d. Sci. Med. in Siena," 1887, p. 376.

adherent pancreas, the cause of the adhesion was found to be a healed ulcer starting in the posterior wall of the stomach and penetrating the pancreas.

In this case, an incision about two inches in length was made from stomach to duodenum, passing through the pylorus. The two extremities of the wound were brought in contact and the wound sewn up at right angles to its position when made. When completed it was parallel to the long axis of the body. This patient recovered after a serious illness.[1]

HUNTING THE GERM OF YELLOW FEVER.

By FRANK S. BILLINGS.

(Director of the Patho-Biological Laboratory of the State University o Nebraska.)

[Continued from page 55.]

HENCE, knowing the abilities of the original investigators employed by the Government such evidence is of no value whatever.

Dr. Paul Gibier was sent by the French Government to study this disease during the late eruption in the Southern States and contributes a paper on the Yellow Fever, an Experimental Study on its Etiology,[1] which is absolutely worthless except as evidence of the absurd unfitness of the author for the work he was intrusted with.

In the first place he is inclined to attribute the black vomit in per-acute cases of the yellow fever to a pigment, secreted by a germ which he thinks specific because "its biological qualities are entirely in accord with the physiology of yellow fever itself, and in certain conditions it blackens the bodies it comes in contact with, so much so that some liquid cultures have the appearance of black vomit," though he immediately qualifies this remark by saying, "I am far from pretending, although it has been so claimed, the last character, no matter how suggestive it may be, is pathognomonic." Then he admits "it does not always appear," and Sternberg says,[2] "The bacillus of Gibier I have only isolated in three cases; I have never observed in my cultures the black vomit pigment which, according to Gibier is produced during the development of this bacillus and am at a loss to understand this discrepancy in our observations." If Gibier can be trusted and his bacillus does produce black pigment, then Sternberg cannot be correct in asserting that he has met the "bacillus of Gibier," for on such a simple question, one or the other must be correct, and the one who errs incompetent. Either the bacillus is melano-genetic or it is not.

On the other hand I agree with Sternberg when he says: "So far as the pigment in black vomit is concerned I have no doubt that it is of hæmic origin," and not only because of his evidence that red blood cells are present in the vomitus, but because exactly similar conditions may be seen in occasional cases of the Southern cattle plague even though the animals do not vomit, and occasionally in swine plague.

It would have been well had Gibier given us Americans a description of an organism to which he attributes so much importance as to claim, "I think I am right in saying that the presumption that this bacillus is the cause of yellow fever tends to become a certainty."

But he gives us no evidence whatever in support of such a statement. On the contrary all he has to say is directly opposed to any such conclusions. It has not even collateral evidence in its favor.

Gibier continues: "Besides, I must notice that in cases in which autopsy took place early after death the blood, liver, spleen and kidneys have been constantly found free from microbes." This is simply an assertion to be taken *cum grano salis*. It is no more than saying, with Sternberg, "I could not find them," or words to that effect.

But to go on with our French authority who says: "This fact strengthens the theory which I have supported, viz.: that yellow fever is an intestinal affection."

However, two objections may be presented which I must answer.

1. "How is it that the microbe, supposed to be pathogenic, is not found in every case after death, and if it has disappeared, how shall we explain the persistence and the aggravation of the accidents?"

2. "If the yellow fever is a disease the germ of which grows exclusively in the intestines, how shall we explain the albuminuria?"

Earlier in my remarks I have spoken of the lamentable pathological inability of these investigators as evinced by the total absence of any detailed microscopical description, and as further evidence in the same direction, I point to the second question proposed by Gibier:

What should cause the albuminuria but the same factors which cause this phenomenon in many cases of acute diseases of the character of the yellow fever (in fact every one of the septicæmiæ is accompanied by albuminuria)? What but the extreme fever and sequential disturbances of the circulation and parenchymatous changes in the kidneys in consequence thereof? The kidneys are also full of microörganisms in this disease, Gibier, Sternberg, *et. al.*, to the contrary.

Gibier is undoubtedly right when he says that "the yellow fever is an intestinal infection," but further than that I decline to follow him. Were the respiratory tract the way by which these germs gain access to the human organism, we should have received some intimation of pulmonary lesions, but as we have not, the only possible way of infection must be by the digestive tract. Exactly the same thing occurs in the Southern cattle plague, but here we are very much in advance of these observers for we have demonstrated, in all necessary ways, the presence of the specific germ in the intestinal contents as well as in the blood and organs. In fact, it will do these gentlemen no harm, and we advise it also to the United States Government, as yellow fever appears to be so far beyond their limited abilities at present, that they take a little practice in a disease where the way has been opened for them, and study the Southern cattle plague. After they have done that satisfactorily they

[1] "Heinke, Central. f. Chir." '87, p. 55.
[1] *Med. News, loc. cit.*
[2] *Med. News, loc. cit.*

may be able to do something with its twin sister—the yellow fever.

Any one who has had long experience in the experimental study of this class of diseases, caused by a member of the ovoid belted germs, but more particularly with such as the Southern cattle plague and yellow fever, in which infection invariably occur via the digestive tract, will be soon struck by the very great variation in the number of germs found coursing in the blood and present in the organs in different individuals. I think it can be taken to be almost a rule, that the more prolific the infection, the more rapid the multiplication of the germ within the intestine, the greater and more intense will be the irritation of its mucosa with consequent proliferation of the cells in its follicles and crypts, as well as the greater the amount of ptomaine produced, which, while causing the most acute and severe symptoms by its absorption and dispersion over the organism, is still marked by the few germs, comparatively, which find their way through such an intensely swollen mucosa into the circulation. I have demonstrated this fact by experimentation. The same results can be achieved by the continuous feeding of strongly saturated bouillon in which the germs have been killed, without one being present in the organization, (See my Swine Plague Report).

Examination of Pieces of Organs from Undoubted Cases of Yellow Fever.—As has been remarked elsewhere, no one acquainted with the literature of the yellow fever could possibly be long engaged in investigations upon the Southern cattle plague of the United States without being most forcibly struck with the many strong points of resemblance between the two diseases. Let me at once most positively assert that, *I do not now think, and never have thought, that the two diseases are identical—that they are one and the same disease*—though for some unknown reason several reviewers of the first edition of my work have fallen into such an idea. Notwithstanding the closest resemblance in diseases, and, as I now again assert, in the morphology of their microörganismal causes, still any likelihood of these diseases being etiologically identical is absolutely contradicted by the fact that one can and does occur in its appropriate species of animal life without the other occurring at the same time in the same locality. The absolute folly of placing any great weight upon the most exact morphological correspondences in etiological organisms having any evidence in identity-diagnosis, and even the closest biological resemblances, is most conclusively shown in comparisons between the swine-plague and a new disease I have lately discovered the germ of, the so-called "corn-stalk disease." Here we have two diseases, one occurring in cattle, the other in swine, the germs of which are so near alike that even the most expert mycologist would not dare say which was which on a microscopic examination, and which even have many strong points of resemblance in cultures, but fortunately, also, equally strong ones of differentiation; and yet practical experience has conclusively demonstrated that each disease is confined to its own species, and even experiment has demonstrated the impossibility of inoculating the corn-stalk disease in swine. In this case we have again as strong points of conformity in the lesions induced in swine plague and those in the corn-stalk disease in cattle as between the Southern cattle plague and yellow fever, and yet, as asserted, these diseases are in no way identical, though belonging to the same class—extra-organismal septicæmia, and caused by a member of the group of the ovoid belted germs.

The coincidences between the Southern cattle plague and the yellow fever incited so much interest that every endeavor has been taken to procure alcoholic material from "undoubted cases" of yellow fever, and considerable means spent in that direction. I even went so far as to offer my services to the United States Government to go to the infected districts in Florida the past summer and fall, but the authorities appear to have had such sincere regard for my life and value to the country in other directions that no answer has ever been received from them on the subject.

However, I was eventually successful in obtaining quite a supply of really reliable material. The first specimens were sent me from Baltimore by Dr. Geo. M. Sternberg, and arrived at my laboratory in December, 1887, and were noticed in the first edition of this report. They were preceded by a letter from Dr. Sternberg, in which he says: "The material sent you is from an undoubted case of yellow fever."

In his address on Hunting Yellow Fever Germs,[1] the same observer says: "In my researches by the method of staining thin sections hardened in alcohol I have encountered several different microörganisms, *but no one of these has been found in a series of cases.*

"One, the bacillus of Lacerda and Babes, I have found only in material brought from Dr. Lacerda's laboratory, in Brazil, and in two only out of nine cases represented by material from that source."

These are the only cases mentioned by Sternberg in which he found the organism named.

It is somewhat singular what trips specimens of this material have been sent upon. First, it went to Babes and Cornil, in Paris; then to Baltimore; again, to me in Nebraska, and again, I have sent pieces of it to Koch, Hueppe, and Baumgarten, in Germany, as well as to several American observers, as also, pieces from the six cases which I received later, to which allusion will soon be made. Although Dr. Lacerda primarily saw this organism the first intelligent description of it was given by Babes,[2] who says:

"The capillaries of the liver and kidneys contain large numbers of jointed filaments. With a Zeiss $\frac{1}{18}$ H. I. one discovers these filaments to be composed of elliptic, cylindrical granules, united in pairs, or forming small groups, in which they are united by a pale intermediate substance."

The material upon which the above examinations were made was sent to Babes by Dr. Lacerda, of Rio Janeiro.

At a subsequent period Babes examined other material, sent by another physician, from two patients, but received negative results, as he did with the liver

[1] *Loc. cit.*

[2] "Les Bacteries," Cornil-Babes, Paris, 1885, p. 448.

of a third which he examined in connection with Robert Koch. He did not think that his results were positive enough to warrant any conclusive opinion.

[To be continued.]

PREREQUISITES TO MARRIAGE AND LAWS TO ENFORCE THEM.

By E. L. DETWILER, M.D.,
HERNDON, VA.

I. SUITABLE AGE AND HEALTH.

IT would be hard, indeed, to dwell with much importance upon the age which persons should attain before they begin the consideration, in a serious manner, of that great question of this life, viz.: the joining together in wedlock. Regarding it in a lesser light by the masses has been the chief incentive which caused me to attempt to place it before the profession for its consideration.

As we take a retrospective view we cannot help but see, especially through the eyes of a physician, the lack of judgment displayed in persons entering into, or about entering, the relations referred to. That the effects are more baneful and terrible to the welfare of the human race than is any single disease, I think no well-informed person can doubt, and yet diseases have volumes written on their prevention, treatment, and laws to prevent their spread.

Physiologists teach us that perfect development is not attained before the age of twenty-five, or thereabouts, for up to that age the epiphyseal connections of the osseous system have not entirely undergone that ossific change so essential for the welfare of persons who are about to make that great change in life; especially is this true of the female, as the pelvic articulations up to that age would be more likely to suffer damage than they would after ossification had been completed, owing to the great strain to which the pelvis is subjected incident to child-bearing and labor. With the male the age is not of so much importance as regards his osseous and muscular systems. But common sense demands that he be fully as old as his wife, or older. Again, a woman should not be too old, since later in life the coccyx joints become strongly ossified, and labor for the first time in such a person would be likely to fracture the coccyx. The other extreme in the male is not so important, so long as he select a wife of the proper age for marrying.

Our next thought is of a fit physical condition, or health as a prerequisite to marriage. This is a matter which, in my judgment, is of the greatest importance to a couple about to enter the marriage contract. And I think that it is not agitated enough, for comparatively no precautions are taken to prevent the great and lasting cycle of hereditary disease entailed upon the innocent offspring of unions where this matter has not been considered. For example, a person strongly predisposed to tuberculosis should, under no circumstances, marry, as he, or she, would probably be instrumental in bringing into the world weak, sickly, frail, puny human beings, probably destined to a premature grave, or else to drag out a miserable existence, a burden to themselves and all others, probably in turn becoming parents of families whose physical condition, in all probability, would be worse than their progenitors. And we might name many other diseases and conditions fully as awful in their effects upon the unfortunate child as the one which we have cited. We shall mention but two, however: struma, in its several forms, and the venereal disease. The latter, I think, cannot be measured in its vast production of misery, sin, and suffering. Now, I ask the question, could not something be done to prevent it, in a measure? Has a person any more right, legally, to bring a child into the world maimed, by disease, for life, than he has coolly and deliberately to injure one that has already been born? I think not. I can see no difference, and if any, it is in favor of the latter, as a broken bone, a striped or bruised body, would likely soon be repaired by the vitality existing in a healthy child. But not so with the unfortunate inheriting disease of some sort. Would the intelligent stock raiser leave the care and perfection of his animals to the fancies and lusts of their natures, we could very soon see the effect of it upon the herd. The handsome swine would rapidly degenerate into the more common breeds, and the spirited steed into the sluggish farm horse. But if they are turned out and given perfect freedom, the stronger males will always predominate, and either kill or drive away the weaker ones, and the result is that wild herds improve, as a rule, thus proving that the union of the more healthy and strong in the animals tend to improve their condition. If so in the lower animals, why isn't it true of the human race? We might dwell upon this matter at greater length, but it is not necessary. All fully know the tendency of it, viz.: to degenerate and weaken our race, physically, morally, intellectually, and socially, and in view of the inevitable result, is it not the duty of our legislators to do something to stop the downward course of our people? I think it is, especially as we have tried to show that it is worse to injure the health of an unborn infant than to inflict a sudden but curable injury upon an individual already born; and our courts would speedily and justly punish an act of that kind. Now I can see but one way out of the difficulty, and that is to enact laws restricting marriage in our land to the physically and mentally sound, by creating an examining board in a convenient central locality of each county or city, whose function it should be to examine, at stated times, all applicants for marriage license, etc., granting them a certificate if found sound; if not, to withhold it, and make it a misdemeanor for any one to issue the document without first seeing the certificate of health.

The law in order to be a success should be a general one, or couples would go from State to State and very little good could be derived from it; or each State could pass laws making it illegal for any persons to live in that State in relation of husband and wife without being able to satisfy the requirements of the law of that State. If some such plan as this would be adopted, I think there would be no doubt that the general health of our nation would greatly improve. It would be one of the greatest prophylactic measures a government could take to preserve

the health of its people. Our government considers itself fully vested with the power to institute and enforce quarantine and other measures to prevent the spread of disease, why would it not be as constitutional to pass good and sound laws touching the state of affairs as referred to in this paper, which brings infinitely more suffering and trouble into the world than even yellow fever, cholera or smallpox epidemics have brought. Then, again, should the above plan be adopted, I am of the opinion that the rejected applicants would decrease in numbers just in the proportion to the rigidity with which the law was enforced; and that in a few generations there would not be very many who could not pass a physical examination that would allow them the privilege of marrying.

I hope that our Government may be amongst the first of the great nations to adopt a prophylactic plan of this kind. As it leads the world in all other respects, why should it not in this matter also? There are other matters which should be considered in marriage which indirectly bear upon the future health. Chief among them is the financial condition. I do not mean that the parties should be extremely wealthy, nor do I mean that they should be very much the reverse, but I do think that before persons engage in marriage, they should be engaged in a business which yielded a good living; for without the necessaries of life, the health of both parent and offspring would be likely to suffer much, and the matter should receive their weighty consideration. On the other hand, I do not think it wise for a person otherwise ready for marriage to put it off until they can enjoy the luxuries of an affluent position, as many bright prospects, and what might be happy unions, are blighted from this very cause. So to these I would say, marry as soon as your financial prospects will admit, and do not wait for wealth. The station or occupation of an individual it would also be well to consider. For instance, children reared in the room adjoining a bar-room, exposed to all the evil influences connected with it, even though sufficiently nourished and clad, would be likely to suffer from it, morally and physically. But this is a matter, in which so long as callings of that nature are countenanced by law, very little can be accomplished. Marriage is a necessity to preserve the health and purity of a nation, for without it, and strict laws governing it, bastard children would be plentiful and many of them the production of individuals the very embodiment of physical abortion and moral depravity. Crosses between races of different colors would also be more frequent than they are now.

The last matter which I will mention, is the selection of a mate, but will not dwell particularly upon that, so long as people give a due prominence to the consideration of the other matters mentioned in this paper. For I am told by some, who claim to know, that there is a certain subtle substance or condition known and described as "love," which most persons deem absolutely necessary to a union, and as it is a matter which physiologists and physicians seldom take up, more than once or twice, we purpose to have very little to say on the matter.

To recapitulate briefly the headings of my subject: first, age; second, health; third, financial prospects; fourth, station, occupation, etc.; fifth, marriage a necessity; sixth, the selection of a mate; and the last matter should be made more of a business matter and less of an infatuation than it is by the masses of our young, or in other words, pay strict attention to the first five headings of my subject, then if that other element, or factor can be supplied, it is right to go ahead.

Hospital Notes.

PHILADELPHIA HOSPITAL.

(Clinic by Dr. Stryker.)

GENTLEMEN: The case now before us is that of a young woman who is suffering from mastitis, otherwise known as mammary abscess or inflammation of the breast. Mastitis may come on at any time, but it is most common during lactation; usually in the first week after parturition. This case, however, developed in the second week. This condition may arise in the breast which become engorged; from exposure to cold, or from rude treatment by the child. Where the nipples are tender or fissured, suckling causes such pain that the mother refuses the child; allows the ducts to become overfilled, and consequently a mastitis is set up. In all such cases protect the breast from cold; keep the ducts empty and remove all cause for irritation. The condition may become more serious and involve the glandular tissue itself as it has done in this case. As a rule, this is very painful. If the woman is strong and plethoric, leeches applied near the armpit give relief. Anoint the parts with warm sweet oil or lard to soften the tissues, and coax the milk out by gentle pressure from the periphery towards the nipple. If there is much fever, use hot lead-water and laudanum, covered with oiled silk. If this will not answer, an abscess will result which calls for poultices. The poultice should be changed every three hours. When pus is formed, make a free incision *along the line of the ducts*, at the most dependent portion, and introduce a drainage-tube. This may be the end of it, but this is not always the case, for multiple abscesses may form and fill the breast with sinuses, and as a result the future usefulness of the breast will be destroyed. Such a condition exists in this woman. In this case syringe the sinuses with lime-water, or sulphate of zinc, gr. ij to ℥j of water; or equal parts of dilute alcohol and iodine. Her strength has been kept up by good nourishing diet and wine; and a tonic of iron and quinine.

ICTERUS NEONATORUM.

During the remainder of our course, I wish to diret your attention to some of the most common complaints of young children; and I would first have you note the intense yellow color of the whole body of this child, which now is six days old. It is a condition of icterus neonatorum, due to an improper elimination of the bile, from a cause as yet not thoroughly understood. In mild cases it calls for no

treatment. In a case so marked as this give a gentle laxative—a small dose of sweet oil, repeated until good yellow stools are obtained, when the condition gradually leaves.

OPHTHALMIA NEONATORUM.

We have, in this same child, a condition of purulent ophthalmia, in which the eyes are markedly inflamed, the lids swollen, and the whole eye covered with a yellowish pus. This condition may arise from leucorrhœal or gonorrhœal discharges which enter the child's eyes during birth, or from soap or irritants applied by the nurse in cleansing the child In this case the irritation began on the second day with puffing of the eyelids and injection of the membranes. The secretion was thin and watery at first, but soon became thick, glueing the lids together. Hasty treatment is important in these cases. Mild cases, due to cold, dirt, or soap, often require to be kept thoroughly cleansed with warm water. Severe cases, from specific causes, require thorough cleansing with warm water and an application of nitrate of silver, gr. v to ℥j of water. Make the application yourself to the inflamed lids with a soft brush, and afterwards apply a weak salt solution to neutralize the excess of nitrate of silver. Keep the eye cleansed with bichloride of mercury 1–4000, and have a cloth wet with it over the eyes, to keep down inflammation and exclude light. When they begin to improve, substitute zinc sulphate, gr. ½–j to ℥ of water; three drops applied ter die. Don't cleanse with a syringe; use a brush or cotton. As obstetricians, it is your duty to see that the eyes of the new born are thoroughly cleansed with pure warm water. Inflammation in the eyes of young children, if allowed to continue, commonly results in the loss of sight, or destruction of the whole eye.

HARE-LIP.

Here is another child, four weeks old, who has a complicated case of hare-lip. As you see, the lip has a single fissure on the left side, and in addition there is a cleft palate. This is a surgical case, and I only wish to impress this fact: never do a hare-lip operation until the child is three or four months old, and well and strong, unless absolutely necessary, for they never stand these operations well when so young. Do the hare-lip operation first, and when it is healed properly attend to the cleft palate.

DIARRHŒA.

We will next consider the cases of these five infants who are suffering with mild diarrhœa of a non-inflammatory type, in which the bowels are relaxed and nausea is present. These attacks come on suddenly without any premonitory symptoms as a rule; maybe a slight rise in temperature, with a furred tongue, presenting red spots. It is of short duration, and is due to some undigested food in the alimentary tracts. The stools before you, on the napkins, are greenish or yellow, with undigested particles of food in them. This condition may come at any season of the year, and is most common in artificially fed children. If allowed to run on, it leads to disastrous results and becomes inflammatory. Small doses of mistura olei (castor oil, sugar, mint, acacia, and water) frequently repeated will give the best results in the end. Remove such causes as heat, cold, or improper diet. Spiced syrup of rhubarb is also good. If the oil fails to check it, give a dose of chalk mixture for its astringent action. Pepsin with chalk, or ♏ss. of tincture nux vomica with brandy stimulates digestion. Use no anodyne or opiate in these cases.

STOMATITIS.

Stomatitis, a condition not uncommon in young children, consists of a white curd-like deposit, resembling milk curds or a furred tongue, on the mucous membrane of the mouth and gums. It is simple and is indicative of some gastric derangement—most common in artificially fed children; but in these two cases before you, the children have been suckled by their mothers, and the cause is due to some external fungous deposit. It is easily controlled. Wash the mouth frequently with cool water. Occasionally rub the inside of the mouth with a mixture of borax and glycerin on a soft cloth. It is well to give a small dose of magnesia as a gentle laxative. When this condition comes late in entero-colitis, it is a premonitory sign of death. Ulcerations may set in, ulcerative stomatitis, which calls for positive treatment. Cleanse the ulcerated surfaces and touch with a crystal of alum, wet with water. Wash the mouth frequently with borax and myrrh. Regulate diet. You do not want to do a great deal for children; give as little in the way of medicine as possible.

CONSTIPATION.

I wish to call your attention for a few moments to a common complaint of childhood—constipation. Children begin with this condition in early life; and if present at birth or a few days after it, would suggest malformation. If the bowels of the new born are not moved in twenty-four hours, instigate an investigation and you may find a thin, web-like membrane over the anus. If simply a membrane, split it. More extensive malformation calls for surgery. Artificially fed children, as they grow older are annoyed with sluggish action of the bowels. Best treatment is to regulate diet; for if you will cater to the child, you will have less trouble than when you begin medicines, which must be continued if once begun. Habit has a great influence, and they should be encouraged to go to stool at regular intervals each day. If you are called to do something, use barley-water or oatmeal water with the milk as a gentle laxative. Resort to enemata rather than medication. Where medicines must be used, give syrupus rhei with magnesia, or a dose of castor oil may be necessary to clean the whole bowel. If the child is weak and lacks tone, give tincture nux vomica, ♏ss.–j ter die. Do not get into the habit of ordering a purge to children, but recognize the cause and regulate accordingly.

FRACTURE OF LOWER JAW.

Dr. Steinbach presented the case of a young man who had sustained a compound fracture, in the median line of the body of the inferior maxillary bone, with marked deformity. He was unable to maintain the parts in apposition by splints, wiring the teeth, or the Gibson bandage. Holes were made through the

alveolar process on each side, and the parts were drawn together and held firmly in position by a silver wire. The teeth were also wired, and after thorough antisepsis, a Gibson bandage with splint was appl.ed.

MEDICO-CHIRURGICAL COLLEGE.

REMOVAL OF A SPINDLE-CELL SARCOMA OF THE LOWER JAW.

THE patient, a colored woman, had been operated upon a year before, for a cystoma in the same region in which this sarcoma subsequently developed. This sarcoma involved the right side of the lower jaw between the symphysis and the ramus.

The operation consisted essentially in first making a vertical incision through the lower lip, ligating the inferior coronary artery, then separating the structures along the side of the bone and ligating the facial artery. The bone now being exposed, a circular saw driven by the dental engine was brought into use, and a section of bone removed leaving however, the whole lower margin of the jaw remaining in order to prevent the great deformity which would otherwise have resulted. The tumor having penetrated deeper down, the dental burr was used to bore out the remaining unhealthy structure, after which the inferior dental artery was plugged, and the parts cleansed and dressed.—*Garretson.*

FOR BAD BREATH.

Garrettson's prescription for bad breath is the following :

℞.—Acidi carbolici . . . . . gtt. xii;
Tinct. iodi comp. . . . . gtt. lxxx.
Glycerini . . . . . f℥ij.—M
Sig.—Put a pint of water and gargle five or six times daily.

TENOTOMY.

Goodman believes that the secret of the prevention of abscesses in wounds made in the operation of tenotomy, is to squeeze out all the blood contained in them, before applying a bandage.

FOR HIP-JOINT DISEASE.

Pancoast did some extensive muscle cutting in order to give relief to a patient in an advanced stage of hip-joint disease, dividing the tensor vaginæ femoris, sartorius, rectus, the gracilis, the adductor longus, and part of adductor brevis.

DIAGNOSIS OF HIP-JOINT DISEASE.

Hip-joint disease may be recognized, when, upon the patient's lying down, a flexed condition of the limb is observed, which upon being extended, raises the middle of the back. Upon the administration of ether, if the leg assumes a straight condition, the muscle should not be cut.—*Pancoast.*

VALUE OF SULPHUR.

Shoemaker thinks that sulphur is much neglected, considering its marked impression upon the liver and upon the sebaceous glands of the skin. The sulphide of arsenic, and the sulphide of calcium, have been used very effectively in various troublesome affections of the skin, both externally in the form of an ointment and internally.

ENUCLEATION.

Whenever an eye is in such a condition of disease as to render a restoration of sight hopeless and impossible, it is best to take it out, and thus prevent any sympathetic irritation or ophthalmia being set up in the other eye.

In the operation of enucleation, Keyser, first with scissors and forceps, cuts the conjunctiva in a circular manner of a sufficient diameter to allow the exit of the eyeball; he then, with the aid of a hook to bring the muscles into view, severs them from their attachments to the sclerotic, at the same time breaking up all inflammatory adhesions which may exist. Then, with a blunt-pointed curved scissors, glides down over the internal surface of the eyeball, and with one clip divides the optic nerve.

The pain experienced by the patient from the cutting of the nerve is so intense, that Keyser generally gives a little ether just before this stage of the operation. The pain in these cases, however, is not due to the division of the optic nerve, but to the cutting of the ciliary nerves which run along with the optic and are distributed to the ciliary body.

CICATRIX OF CORNEA.

This cannot be removed in the ordinary manner—the scalpel is interdicted. The *modus operandi* is: tattooing with the very best India ink, having previously used cocaine to render the operation painless. Tattoo slowly and carefully, as considerable inflammation is likely to result. If the latter should become too marked, allay it by using applications of cold water.—*Keyser.*

WILD HAIRS.

Destroy the hair-bulb by electricity. This is done in the following manner: Pass a tiny needle down along the shaft of the hair into the bulb, and apply the galvanic current, as strong as required. Small bubbles will immediately appear at the entrance of the needle. These show that the electrictity is acting. —*Keyser.*

PERIBOMIAN TUMORS IN CHILDREN.

Dr. Keyser recently removed three of these tumors from the eye of a child two and one-half years of age. The doctor says they rarely occur thus early, the usual sufferers being individuals from twelve to fifteen years of age. He had never before seen one in a child so young.

DISCISSION OF CATARACT.

Congenital cataract should receive immediate attention. Delays are not only useless but dangerous. Discission ought to be performed soon after birth, as early as the seventh or tenth day. To the initiated this is a simple operation, for it requires but three instruments, a speculum to separate the lids, forceps to hold the ball, and a needle, called Bowman's needle, to make the puncture.—*Keyser.*

CARE OF THE NEW-BORN.

Never trust the nurse to wash the new-born infant's face. Doctor, this is *your* business. See to it that you thoroughly cleanse mouth, nose, ears, and eyes, especially the latter. Not so to do is a sin

of both omission and commission. Remove from the eyes every trace of vaginal secretion, for these left to remain are so much bad seed sown in good ground—bound to root and grow, not after many years or many weeks, but after a few days.—*Keyser.*

CHANCROIDS.

For these, there is nothing better than simple iodoform.—*Stubbs.*

ORTHOPEDIC HOSPITAL.

A SINGULAR CURE FOR EPILEPSY.

DR. MORTON some time since operated for equino-varus upon a boy subject to epileptic fits. These fits were congenital and of very frequent occurrence. Indeed, upon the morning of the day of operation the patient suffered from no less than five attacks, yet, strange enough, after the tenotomy the epileptic fits suddenly ceased; nor have they since occurred.

RESECTION OF BONE.

Morton, in a bad case of varus, where the back of the foot had become callous by being walked upon, removed a wedge of bone from the tarsus, dissected out the indurated skin, performed the necessary tenotomies, and secured a perfect result.

DEFORMITY OF THE WRIST.

For a slight deformity of the left wrist resulting from a sprain, Dr. Goodman recommended massage.

SYNOVITIS.

It sometimes happens that chronic forms of this trouble do not readily yield to the treatment by tapping. When this occurs it is well to inject a little bichloride. This induces more active inflammation. It is well, however, to use with the bichloride some muriate of ammonia, to prevent its coagulating the albumen in the tissues.—*Goodman.*

TO DETECT FLUID IN A JOINT.

For anyone who is likely to have difficulty in determining the presence of fluid in synovitis, it would be well to remember that a *positive* indication of its existence would be the rebounding of the patella when tapped with the finger. Another indication, not nearly so positive, however, is fluctuation of the patella.—*Goodman.*

PENNSYLVANIA HOSPITAL.

HEART TROUBLE.

MUCH of the regulation treatment for valvular heart trouble Longstreth thinks is misdirected. Says he: "Orthopnœa is relieved by a brisk purgative of calomel, when it will not yield to the regulation treatment with digitalis and cupping. The trouble lies behind, not in front, of the heart. Once the valves are affected we cannot restore them to their normal state; treatment should, therefore, be directed to the point where it would be most beneficial, namely, the liver. Death is more frequently caused by non-nutrition, due to a failure of the liver to act properly, than by a failure of the heart due to defective valves. George Shaw, of beer-parade notoriety in this city, served as a clinical subject for five years. He had most marked valvular trouble, and suffered exceedingly from orthopnœa. Of the latter he was always relieved by a brisk purgative. He finally died, not from his heart trouble, but from red atrophy of the liver."

IMPACTED FRACTURE.

In an impacted fracture of the neck of the thigh bone do not disturb the impaction.—*Ashhurst.*

A MEDICAL MAXIM.

One of the earliest maxims I ever learned was from dear old Dr. Carson. It was his custom to say that when a patient complained of trouble in the chest we should look for the cause below the diaphragm, and when he complained of trouble in the abdomen we should look for the cause above the diaphragm.—*Longstreth.*

CIRRHOTIC LIVER.

At an autopsy by Longstreth a cirrhotic liver was shown to have indirectly caused the death of a patient suffering from a slight attack of pneumonia. By its contraction the liver was unable to relieve the heart of its overflow, consequently the blood was dammed up there, coagulation set in, and death was directly caused by heart-clot. Examination showed the ventricles clogged with blood clots.

AFTER-TREATMENT OF ABDOMINAL SECTION.

Hunt does not believe the rationale of the after-treatment of abdominal sections now in vogue to be in accordance with the established principles of therapeutical surgery. Says he: "I cannot see why the great principle of rest is not applicable in wounds of the intestines, as well as in wounds or fractures of the extremities. Why not place a wounded intestine in splints as well as a fractured extremity? Would not union of an incised gut be more likely to occur with the bowels quiet, in a state of rest, than in a state of peristaltic action? Then why not administer opium?" He referred to himself as having recovered from typhoid fever after perforation, by having had his bowels kept in a state of rest by the administration of opium, and added that many of the profession disbelieved his having had perforation, because he didn't die to prove it.

DIPHTHERIA.

Disinfect and keep nasal passages clear with solution of borax, ten grains to the ounce, with a little glycerin added if much dryness exist. Swab or spray the throat with a solution of the perchloride of iron, adding syrup or glycerin if much dryness exist.—*Longstreth.*

POLYCLINIC.

A PATIENT treated by Mays, two years ago, for chronic bronchial pneumonia, in whose left lung percussion dulness was elicited throughout its entire extent, and in the apex of which consolidation had set in, returned in a comparative good state of health, having given birth to a child and buried her husband in the meanwhile. Her treatment consisted of the regular tonics, rest in bed, and the application of a linseed poultice on the chest, continued for several months.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, May 25, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

TOBACCO-HEART.

SHIELS (*Pacific Medical Journal*) gives the results of a little collective investigation of his own. He propounded a series of questions to the members of the New York Academy of Medicine, and the answers are analyzed. The first question was, "What constitutes tobacco heart?" All who answered excluded organic lesions, regarding it as a functional derangement, characterized by irregularity, irritability, palpitation, and intermission. Some also mentioned uneasiness and pain.

Does it produce marked irregularity of the pulse? Some said it produces intermissions; one believing tobacco to be the most common cause of this symptom. Some say it increases the frequency of the pulse; others that it lessens it. Probably in some cases it stimulates, in others depresses.

Does it cause hypertrophy or valve-disease? Some affirmed that it does cause hypertrophy; and the author is himself of this opinion. Most anwers were in the negative.

The majority also answered that tobacco heart is not a common affection. Considering the number of tobacco users the condition must be rare; among moderate smokers it never exists, and it is the first sign that excess has begun.

People of a nervous type are more apt to suffer from it than those who are phlegmatic.

Cigarettes were held to be most injurious; and Dr. Shiels agrees with this; giving as a reason that they are used by younger boys, and are apt to be used almost continuously, and the smoke inhaled. The least injurious method is the Turkish pipe. The effects are, however, chiefly dependent on the quantity of tobacco used.

Few could give an estimate of the proportion of smokers affected, but the author puts it below five per cent.

On the question of the effect on mental activity, the answers were contradictory; about an equal number believing that it increases, lessens, or does not affect the brain activity. Some referred to its power of steadying and soothing. Dr. Shiels believes they are all right; each correctly describing the effects in the cases observed by him.

Many found it caused insomnia. As to a permanent effect on the brain the answers were generally negative. One, a superintendent of an insane asylum, reported five of his cases were due to tobacco. The author doubts this; as well as the St. Thomas' Hospital reports of three cases of tobacco delirium.

There was no consensus of opinion as to the effect on the spinal cord; but of ninety-one answers nearly all affirmed that it caused tremulousness of the hands.

The tendency was to the effect that as regards the teeth, tobacco is preservative. Evidently it cannot then be a cause of dyspepsia.

Pharyngitis is a very common condition in smokers. The answers as to digestion tended to show that tobacco is an aid, unless used to excess, or just before meals. Many stated that tobacco acted as a laxative.

Among the young it causes emaciation; also when used to excess or by chewing. Some denied this, and one affirmed that eighty per cent. of smokers are corpulent.

Many said that no effect upon the lungs was produced, but many were of the opinion that when the smoke was inhaled it caused irritation of the mucous membrane. Dr. Shiels speaks of a peculiar sharp, short cough, in cigarette smokers.

As to tobacco blindness, two oculists out of seven had seen cases in which alcohol was not used. The answers by general practitioners were negative. Amblyopia is an exceedingly rare result of tobacco smoking, even when practised to excess.

The use of tobacco by the young is harmful in the extreme, and should not be allowed previous to the age of seventeen years, or even twenty-one.

Does tobacco ever shorten life? Nearly all answer that they have never seen it cause death directly; while many note it as a coöperating cause.

Is the moderate use of tobacco hurtful or beneficial? Most say neither; but Dr. Shiels thinks that the general use of the weed indicates some beneficial action. In spite of laws and crusades against it, the use of tobacco has spread to nearly every part of the globe. This fact goes to show that it must fulfil some human want. Excluding youth, idiosyncrasy and excess, its moderate use afterwards has a beneficial effect.

We have given a comprehensive sketch of this paper, which we look upon as of considerable importance. Its freedom from bias is especially commendable; as, in general, writers upon tobacco have been evidently prejudiced, and its opponents in particular have shown themselves fit to be classified with the anti-vaccinationists.

Our own observations, however, are not quite so favorable to tobacco. We have examined the hearts of a great many young men, and found the irregularity mentioned by Dr. Shiels in a greater proportion

of cases than he admits. Fully ten per cent., perhaps fifteen, of smokers suffered from it. On one occasion we examined a large class of students, and recognized a number as excessive smokers by this irregularity of the heart. The argument deduced from the universal employment of tobacco is of doubtful authenticity. It could quite as well be used to justify the use of alcohol; perhaps of many immoralities which are very generally practised.

Idiosyncrasies in regard to tobacco are comparatively rare. We have met with one case in which an inability to form a tobacco habit was transmitted to the third generation. In this family there was also a notable tendency to nausea upon riding in stage coaches, railway trains, or even in the street cars; similar to sea-sickness.

THE BISHOP CASE.

THE physicians who performed the autopsy upon the body of the mind-reader, Bishop, are probably satisfied that they made a mistake. No possible good to science can excuse the haste with which they proceeded to operate, without the previous permission of either the family or the Coroner. Even dead men have rights, which are protected by law, and the consequence of their imprudence may fall heavily upon Dr. Irwin and his associates.

Besides, they are confronted with the ghastly possibility that the mind-reader was not dead. He is said to have been subject to catalepsy, and to have twice lain in trance so profound that he was thought to be dead; this lasting over two days. This, the newspaper account, obtained from the excited female relatives, will, of course, be heavily discounted by the scientific reader. We think the probability of Bishop's being alive at the time of the autopsy is slight. Still the question has been raised; and in justice to the physicians, as well as out of regard to the feelings of the relatives, the most searching investigation must be held and the matter settled definitely, to the satisfaction of all concerned.

The condition known as trance is not often met with; and among recorded cases the death-trance is exceedingly rare, though the novelists have rendered it familiar. Still, as Gowers says, the most ghastly incidents of fiction have been paralleled by well-authenticated facts. He enumerates as the signs of life in such cases the absence of decomposition, the normal appearance of the fundus oculi as seen with the ophthalmoscope, and the persistence of muscular electro-excitability. In a case observed by Rosenthal, the muscles still responded to electric stimulation thirty hours after the supposed death; and in forty-four hours the patient awoke.

Ferrier gives as the first sign of death: cessation of the heart's action. Rayer states that the heart cannot stop for more than seven seconds without death; but Ferrier thinks a longer time should be allowed. The use of the stethoscope is evidently regarded by him as a sufficient means of establishing this fact. If the cessation of the heart's action be established, no other sign is necessary. As accessory signs, he speaks of cessation of respiration; as ascertained by holding a mirror or a flock of cotton-wool to the mouth, or by placing a cup of water on the chest and observing whether the reflection on its surface remains still. Rosenthal says that the existence of electrical contractility indicates life, or that death has occurred within three hours. After death the body cools at an average rate of 1° F. hourly. Hypostasis occurs usually in from eight to ten hours after death; rigor mortis may appear immediately or at any time up to twenty-four hours; while putrefaction is evident on the third day.

Until the facts of this case have been made public by Drs. Irwin, Ferguson, and Hance, we may surely assume that they made us of all the resources of their art to satisfy themselves that Bishop was really dead; and if this be the case, the chances of their having been mistaken are too slight for serious consideration. One apprehension on the part of his friends may be at once set at rest; there is not the least possibility of consciousness having remained in so profound a trance, were this really an instance of that state. It is only in the slighter forms of trance that the patient remains conscious, forms which resemble sleep, but not death.

Annotations.

INTRA-PULMONARY INJECTIONS.

IN the Boston *Medical and Surgical Journal*, Bowditch details two cases of phthisis treated by intra-pulmonary injections. The first case is that of a man whose diagnosis of phthisis is, to say the least, doubtful. The symptoms as given indicate rather a fetid bronchitis, with the formation of bronchiectases, in which the secretions became decomposed; giving his breath a gangrenous odor, and leading to a septicæmic condition. No statement of the temperature range is given, but an examination of the sputa revealed no bacilli. Three intra-pulmonary injections of "carbolized iodine" were made, at intervals of seven and ten days; and the patient recovered so far as to permit of his leaving the hospital and assuming the duties of a hotel employè. Six months later he was seized with symptoms of undoubted tubercular phthisis, the bacilli being found in the sputa; and the intra-pulmonary injections were not followed by even a temporary improvement.

There is no evidence in the history before us that there was any tuberculous element in the first attack; which, occurring in a person predisposed to phthisis, simply prepared a suitable field for the culture of the tubercle bacilli, of which they took advantage, when dissipation had reduced the patient's strength somewhat.

The second case was as follows:

J. J. C., man, twenty-six, single, clerk in Boston. Father died of phthisis at seventy-two. Mother of "liver complaint." Habits good. No venereal, ma-

larial, or rheumatic history. Never ill until three months ago, at which time he took cold when down the harbor, and since then has had constant and distressing cough with muco-purulent expectoration, occasionally bloody. Rapid loss of flesh, and night sweats. Hemorrhage two weeks before entrance. No appetite. No sleep, owing to cough. Bowels regular. Micturition normal. Pulse 110; temperature 101° (P.M.). Examination showed marked emaciation, and general characteristics of advanced phthisis. Percussion revealed decided dulness in the upper right chest down to third rib; less marked, but noticeable, below this level. Down to third rib respiration was bronchial and amphoric, with numerous coarse bubbling râles; below, with a sharp line of demarcation between the two regions, coarse moist râles throughout right front were heard.

Dulness in upper half of right back with moist râles throughout. In the upper portion breathing was rather obscure. Questionable râles heard in left back between spine and angle of scapula. No other special abnormalities could be found. Patient was ordered extra diet, a cough syrup, the compound syrup of hypophosphites and whisky, ℥ss t. i. d.

The only examination for bacilli recorded gave a negative result. The injections caused some improvement in the local symptoms, but the patient failed steadily and died three and one-half weeks after his admission to the hospital. Now, we submit that this was not a tuberculous case. The points against the tubercular theory are: the inception; coming from a cold, contracted while out on the bay: where no good Bostonian would admit the existence of bacteria. The hemorrhages, the low temperature, the dulness and the absence of bacilli, with the rapid wasting and speedy death, all point to a simple inflammatory disease rather than a tuberculous one. The bacillus is not the only cause of pulmonary inflammations, and the clinical diversity between bacillar and simple inflammations is distinctly defined.

The good effect of these injections in these cases, is, however, of much interest, and we venture to hope that this method of treatment may in the future prove of great value; if we can rid ourselves of the idea that it is a germicidal application, and utilize the agent as we would in the treatment of an ulcer in a more accessible locality.

THE TIMBY SYSTEM.

THE most distinctive feature of our modern social life is the Trust; by which we mean the combination of persons actuated by a common impulse, to secure their objects the more readily. We have railway trusts, whose object is to squeeze the greatest possible amount from the people for supplying them with transportation. The great flats which form so conspicuous a feature in New York, are combinations by which a number of families secure the comforts of modern house-keeping at a less cost than they could obtain the same for in separate residences. In consonance with the prevailing tendencies comes the Timby system, which aims at supplying pure air, heated in winter, or cooled in summer, distributed from a central depot of supply to the contiguous district. The company provides a plant suitable for supplying a community of 50,000 persons. From the central depot mains are laid along the streets, below the frost line. In these conduits run hot-water pipes, which heat the air; the latter being drawn from the top of a high chimney and propelled by a fan. The hot-water pipes do not enter the houses, but stop at the street; smaller pipes being employed to conduct the heated air through the buildings. In hot weather the air thus forced through the houses is first cooled, by the use of ice or of freezing mixtures. This is a provision of the utmost importance, as the difference of a few degrees often means life or death to invalids, especially children. The cost of heating is reduced to a minimum, as the cheapest grades of fuel can be utilized; such as that which forms the great culm banks in the coal regions. This has been used at the Murdock Free Hospital, in Boston, and is said to be the cheapest fuel obtainable.

The air thus introduced can be impregnated with disinfectants if desired; and these can be limited to a single house or room. The danger from fire is greatly lessened, the annoyance from the use of coal, the dust, dirt, ashes, making up and attending to fires, etc., are all done away with by this system. Explosions cannot occur, as the water pipes do not enter the houses, and the pressure in them is limited to five pounds to the square inch. Electric wires can be laid in the same conduits, and the power connected with the plant may also be used to run the dynamos.

The inventor of this system is Theodore R. Timby, who also invented the revolving turret of the monitors. The President of the company is Dr. William A. Hammond.

Health, economy and comfort will be subserved by the adoption of this method, and we hope to chronicle its successful introduction.

THE Canada *Lancet* argues that a six-month's session for the Medical College is long enough, and we heartily agree with our contemporary. There is a limit to all things human; and despite the advances of the age, the human mind has a limit to its receptivity. A season of activity must be followed by one of repose, as the night follows the day. The muscles of the prize fighter cannot be kept in condition very long, or the state known as "over-trained," supervenes. Even the base ball or cricket player becomes stale after a prolonged season, and his cunning fails him; the ball eludes his weakened grasp. After six months imbibition of knowledge from a dozen different sources, the medical student reaches a pitiable state of super-saturation; and it is more than likely that further effort would result in his forgetting what he had already learned. Better add another year to the course and grade the studies, and and keep the term at six months.

THE death of Minister Rice from œdema of the glottis recalls the fact that Washington died of the same affection. These cases are not very common.

Paris Letter.

ANTIPYRIN IN DIABETES.

PROF. PANAS has communicated to the Academy of Medicine two cases of diabetes, complicated with cataract, in which he employed antipyrin with success; and from these cases and others of Dr. Germain Sée's and Dr. Robin's, it is clear that this drug has an antiglycogenitic action at once efficacious and prompt, and that it will succeed where other drugs fail. It is effective even when a certain amount of feculents are allowed as food. The dose should be three grammes per day. The drug should not be continued constantly. It should be given for a week or ten days and then a period of repose should follow, while the usual regimen should be instituted. This diet, which is so fatiguing to these patients, is one of the reasons for giving antipyrin, as it allows the patient to take ordinary food during the time he is taking the drug, and thus gives him a rest from the regimen. In short, an alternation of the usual regimen with antipyrin is now the accepted best treatment for diabetes. M. Dujardin Beaumetz claims that he first indicated this treatment, and M. Worms says that it is possible that all the antithermic drugs act in the same way. He used sulphate of quinine ten years ago in diabetes, and still thinks well of its action, which is much the same as that claimed for antipyrin in such cases, and as its innocuousness is well known, it is a pity that it is not more often used in all forms of diabetes, particularly the nervous form, the most frequent of all.

What is the duty of a physician when he sees death certain?

This question has been lately treated by Dr. Goix. First of all, is it necessary to speak at all? This must be answered in the affirmative. Certainly a doctor should speak as soon as he sees death imminent, and this for many reasons. The family may wish to call other members to see the patient, and, above all, it may be that wills and other last testaments should be prepared. Why is a doctor called into a house? To treat a person who is ill no doubt, but he is also expected to keep the family informed of the probable termination of the illness. After the treatment what interests them most is to know the prognosis, and it must be considered wrong for a doctor to undertake to treat a patient without looking upon the question of whether he is likely to get well or not. Frequently complaints are made of a doctor, not that he did not cure the patient, but that he did not let the family know that it was a serious matter, and that there was danger to life. The strict duty of a physician is to notify the family as soon as he knows that there is danger.

The next question that arises is, to whom shall he speak? To the patient or to the family? As a rule, one should never tell a dying man that his case is serious, and that he will not recover. This, however, is no reason for saying to him that he will get well, nor does it prevent speaking to some member of the family, or if this is not possible for any reason, then it becomes the duty of a Christian doctor to notify a clergyman of the patient's denomination of the facts, and allow him to act.

The last point is, when must a physician speak? The moment there is certain peril or probable danger, and it is important not to act too late, so that the patient will still have active knowledge of his state, and can act legally if needed. On the other hand, it is never too late to speak, and if one is called in late, and the patient is really dying, it is well to insist on a clergyman's being called, because people often wait until such ministrations are no longer of use. It is therefore, a physician's duty to prevent this by giving prompt notice. Even in cases of lunatics, it is well to give prompt notice of their approaching death, as they sometimes have lucid moments at this time, that may be taken advantage of by a clergyman to offer the last consolations of religion. Certain diseases, such as angina pectoris, aortic insufficiency, labio-glosso-laryngo-paralysis, etc., are causes of sudden death, and it is here the duty of a doctor to say "that at this moment he is not alarmed since the patient might live for a long time," but he should, nevertheless, tell the relatives that the patient might die suddenly, and let them take such precautions as they like under the circumstances.

Quinine Wines.—These very useful tonic wines are rarely good, most of the usual brands contain a very feeble quantity of the active principle, so that it is much better to give a formula to patients needing such drugs. No matter how honest the druggist is who prepares "quinine wines" or cinchona wines, they are seldom efficacious. Dr. Huchard gives the following, which he uses with success in small wine-glass doses:

℞.—Grenache wine . . . . . 400 grammes.
(Any good strong white wine will do)
Bitter orange-peel syrup . . . . . 50 grammes.
Soft extract of cinchona,
Glycerin . . . . . āā 25 grammes.
Tincture of coca . . . . . 15 grammes.—M.

Sig.—Rub the extract of cinchona up in the glycerin (to prevent the wine's clouding by precipitation of the cinchona resins), and then filter several times when mixed. When there is constipation the coca tincture can be replaced by 15 grammes of rhubarb tincture.

Discovery of an Artificial Vaccine Matter.—Dr. Woytkoff, of Moscow, Russia, while working on the study of the active principle of genuine vaccine matter prepared an artificial lymph which seems to possess all the properties of vaccine matter. Its inoculation produces pustules in the same way, and they confer immunity quite as well as the real matter. The preparation of this lymph and its culture has its origin in the theory that certain pathological processes are provoked by the association of several kinds of microbes, and not of one alone. M. Woytkoff presented to the Medical Society of Moscow a calf bearing the characteristic pustules which he produced by his artificial lymph. The theoretical and practical results of this discovery are of great importance. We merely mention it at present and await further experimentation to confirm the facts.

Treatment of Diphtheria.—Dr. Jules Simon, of the Children's Hospital, gives the following formula:

Local Treatment.—To be used with hydrated cotton wrapped on a pair of pincers.

℞.—Salicylic acid, 0.50 centigrammes to 1 gramme.
Alcohol . . . . . q. s. to dissolve.
Glycerin . . . . . 40 grammes.
Eucalyptus (infusion) . . . . 60 grammes.—M.

Sig.—Apply every hour in the day and three times during the night.

If the false membranes are thick and adherent, also use the following, in the same way, two to four times a day in the intervals:

℞.—Perchloride of iron,
Glycerin . . . . . āā 10 grammes.

Besides this, irrigation of the throat is performed every two hours with aqua calcis, Vichy water, or carbolized water, one to a hundred; but this last is not so much liked as medicinal lime-water.

If there is swelling of the glands of the neck, apply the following pomade on a wadded bandage around the neck:

℞.—Ext. belladonnæ . . . . . 2 grammes.
Potass. iodid. . . . . 1 gramme.
Lard . . . . . 30 grammes.—M.

Internal Treatment.—Alcohol in all its forms, wines and liquors, champagne, etc. The youngest child can take large doses of brandy, thirty to forty grammes a day is not too much for a three years old. To each dose of grog add a drop of perchloride of iron, giving ten to twenty drops in all per day of this.

When the child is over six years of age give also:

℞.—Cubebæ . . . . . 60 grammes.
Copaibæ . . . . . 30 grammes.
Ferri subcarbonat. . . . . 4 grammes.
Bismuth. subnitrat., q. s. to form the preparation into a solid mass, and divide it into "boluses" the size of the point of the little finger, and give four of these per day.

Treatment of Typhlitis.—Prof. Bouchard gives the following indications: 1. To calm the pain. 2. To place the intestines in a state of repose and reduce the digestive ferment to a minimum. 3. To produce asepsia of the large intestine.

For the first, use cataplasms, mercurial ointment with belladonna, and morphine injections. Secondly, as to the alimentation: milk with alkaline water added to it, or the yellow of eggs; all solids to be avoided and all fermentable substances. The bowels are to be kept free by laxatives, such as sweetened water and a spoonful of magnesia, or a dessertspoonful of castor oil. No violent purgatives must be given. Third, for intestinal asepsia: twice a day make a rectal injection with a quart of the following solution, which must be first heated to 38° centigrade:

℞.—Borate of soda,
Tincture of benzoin,
Camphorated alcohol . . āā 5 grammes.
Water . . . . . 1000 grammes.—M.

The following formula is given for *exalgine*, spoken of in our last letter:

℞.—Exalgine . . . . . 4 grammes.
Kirsch . . . . . 40 grammes.
Dissolve and add
Distilled water . . . . . 80 grammes.
Syrup (simp.) . . . . . 30 grammes.—M.

Sig.—Each tablespoonful contains 0.25 of exalgine, and take from one to three in twenty-four hours.

International Medical Language.—One of our local medical societies lately undertook to study up this question, and after a long debate in which all the various tongues were tried, both dead and living, and combinations of both, including what is now called *volupük*, a vote was taken as follows:

1. Is it advisable to adopt an international scientific language? Unaminous vote. Yes.

2. Ought it to be a dead language? No.

3. Shall it be the French language? Majority vote. Yes.

This beats the fixed laws of the Medes and Persians, and *is quite French.* Victor Hugo used to say Paris was the centre of the world, and French was the language of the world, but we fancy we hear some one say, "What egotism!"

Idiosyncrasy for Quinine.—It sometimes happens that persons suffering from intermittent fevers cannot take quinine without its causing erythema, accompanied by severe itching; but if a solution of bromide of sodium, 1 in 40, be used, giving a dessertspoonful of it every two hours, quinine may be given with impunity.

Hypodermic Injections of Morphine.—Dr. Huchard gives a practical point about these everyday operations that has considerable value. It is to insist on complete silence and repose, not only on the part of the patient, but on all around.

It is well known that sometimes an injection has no effect, and Claude Bernard showed that morphine does not suppress sensibility as chloroform does, but that it provokes a sort of exaggeration of excitability and a considerable sensibility to noise, and it is certain that a morphine injection will completely lose its effects if the precaution is not taken to make all keep quiet about the patient; even the curtains should be drawn to have a certain amount of obscurity—if it is given in the day time.

Itch.—Dr. Paul proposes the following soap:

℞.—Marseilles soap . . . . . 100 grammes.
Petroleum,
Alcohol . . . . . āā 50 grammes.
Wax . . . . . 40 grammes.—M.

Sig.—Soap the parts three or four times a day.

THOMAS LINN, M.D.

PARIS, April 26, 1880.

Letters to the Editor.

IN your issue of May 11, 1889, in giving the discussion on typhoid fever in your reports of the Indiana State Medical Society of this year, you make it appear that I recommended the giving of oft-repeated doses of calomel in two-grain doses, which is very different from what I did, or would recommend.

I give one-tenth of a grain, every four hours during the day, leaving it off at night. Will you please make the correction, as I think two-grain doses, often repeated, would be very hazardous, and would be far from producing the results I would desire from it.

Very respectfully,

W. O'NEALL MENDENHALL, M.D.

RICHMOND, INDIANA, May 13, 1889.

ABNORMAL CONDITIONS IN LABOR.

LABOR cannot be regarded as a disease, but is a physiological phenomenon taking place about nine months from the last menstrual appearance, in which certain peristaltic contractions and relaxations of the muscular walls of the uterus take place, resulting in the expulsion of the uterine contents without artificial aid, providing no perversions, or abnormal pathological conditions manifest themselves throughout its course; yet, no cases come under the practitioner's notice, the welfare of which depend more upon the honesty, proficiency, skill, and good judgment of the physician than those of labor. A true physician, one who has the interest of his patients at heart, will thoroughly acquaint himself with the mechanism of labor, so that he may intelligently note its progress. A slight neglect of duty, improper or injudicious meddling on his part may produce intense and prolonged suffering, or even cause the death of the patient.

The old axiom, "Let nature alone and it will accomplish its work," holds good in the majority of cases; yet how often do we find a patient suffering intense agony for hours, the doctor at her bedside, trying to console her by telling her that God and nature intend her to suffer thus for her offspring, that it is her duty to bear with patience the affliction thus brought upon her, that all will be right in due time; when, perhaps, at the same time some abnormal condition is present retarding the progress of labor, which might, perhaps, be rectified by simple and harmless means, and thus relieve the patient of her prolonged and uncalled for sufferings, were it not for the negligence, indolence, or, perhaps, ignorance of the physician. It is the accoucheur's duty carefully to watch every symptom as it manifests itself in the case intrusted to his hands, and, as far as possible, correct every abnormal condition that may arise during the progress of labor. He should ever be ready to assist nature in the accomplishment of her object as much as prudence and good judgment will allow.

Among the abnormal conditions of the uterus that may occur during the first stage of labor, are the following: inefficient action of the uterus, in which the contractions may be feeble or irregular; a condition that will torture the patient for hours without any progress. In order to rectify this, we must seek for the cause; perhaps, among the following: a torpid state of both mind and body, a deranged condition of the digestive organs, irritation of the os and cervix uteri, uterine inflammation, rheumatism of the uterus, plethoric condition of the uterus, excess of liquor amnii. Again, there may be rigidity of the os uteri, obliquity of the uterus, rigidity of the vagina. The anterior lip of the os uteri may be retained between the head of the child and the symphysis pubis. Or there may be causes referable to the child, such as rigidity or toughness of the membranes, etc.

Then there are abdominal conditions that will retard labor in the second stage, which we will not mention now; nor need we give treatment, as the text-books are too convenient of access to the physician to render it necessary. Suffice it to say that were we more diligent in watching our cases we should have less use for the forceps or the perforator and the crotchet. There would be less laceration of the perineum, and more hearty and robust mothers.

D. M. BLOOM, M.D.

NEW WATERFORD, O.

The Inquirer.

SIR: I am anxious to obtain medical practice in Philadelphia, either as assistant, or partner, or as successor to a gentleman wishing to retire. I am not particular as to class of work, provided prospects are fairly good. I hold the diplomas of the Royal College of Surgeons, London, and of the Dublin College of Physicians, and am an Associate in Arts of Oxford University. I am thoroughly experienced in all branches of general practice, but particularly in gynecology and diseases of children, of which I have made a special study. Acquainted with French and German. Address, H. G., office of this journal.

HALL'S CATARRH CURE.

Take of iodide of potassium	60 grains.
Comp. tinct. cardamom	4 fluidounces.
Comp. tinct. gentian	12 "
Caramel to color.	

—Druggists' Circular.

HAIR TONIC.

To prevent the falling out of the hair, Dr. Bordet (*Med. Chirurg. Rundschau*) gives the following formula:

Take of carbolic acid	30 minims.
Tincture of nux vomica	2 drachms.
Comp. tinct. of cinchona	1 fluidounce.
Tinct. of cantharides	30 minims.
Cologne-water	1 fluidounce.
Cocoanut oil, to make	4 fluidounces.

Mix.—To be applied to the scalp twice a day with a small sponge.

—Meyer's Druggist.

FOR MOTHS.

Use with an atomizer:

Alcohol	500 parts.
Naphthalin	10 "
Carbolic acid	10 "
Camphor	5 "
Spirit of lemon	5 "
Oils of thyme, lavender and savine (of each)	2 parts.

—Meyer's Druggist.

ANTISEPSIS IN LABOR.—(*L'Union Med.*), 1888, Dr. Louis Roulin claims that inter uterine, and even vaginal injections, are accompanied with danger, and recommends in normal labor the following methods: First wash the hands with a 1 per cent. solution of chloral, then before the child is born wash the sexual organs and neighboring parts with the same solution.

After the birth of the child repeat the washing; then apply to the vulva salolgauze, on this hydrophile, and over all cotton wrung out of a 1 per cent. solution of chloral. This dressing is to be renewed every six hours. He uses chloral because it is not poisonous and acts just sufficiently antiseptic.

Book Reviews.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs Selected from the Latest Literature of Foreign Countries, with all Illustrations, etc. New York: William Wood & Co., 56 and 58 Lafayette Place. Published monthly. Price, $10 a year; single copies, $1. May, 1889.

Sir Henry Thompson, the distinguished English surgeon, is the author of the first paper in the May number of the Monograph, On the Preventive Treatment of Calculous Disease and the Use of Solvent Remedies. This interesting topic is treated of by the writer in three lectures. The first is devoted to the early history of calculous disease and the treatment best adapted for its prevention, the second to the dietetic treatment of patients excreting uric acid in excess, and the third on the treatment of stone in the bladder by solvents; its history and practice. All the lectures just alluded to are most interesting, but the one which is most instructive refers to the dietetic treatment. The author insists upon the avoidance of alcohol, and says when you admit some compromise in the matter advise a sound light wine, the ordinary produce of the Moselle, if possible; in its absence, that of the Rhine or Bordeaux.

Sprains; their Consequences and Treatment, by Surgeon C. W. Mansell Moullin, of London, occupies the remaining portion of the volume. Among the other useful agents recommended may be named faradization and galvanization, Dr. Moullin adding that galvanism is more effectual than the interrupted current. The May issue of the Monographs is both interesting and practical, the papers that it contains being of essential value to physicians.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN By JAMES NEVIN HYDE, A.M., M.D. Philadelphia: Henry C. Lea's Son & Co. 1888.

The success of a book is usually to be judged in proportion to the demand for, and its appearance in, subsequent additions. Five years having elapsed since the appearance of the first edition of the work, it looks very much as if the book did not take. Dermatology has made most rapid advancement during the period just referred to, and if the author had been a little more practical and a little less theoretical in his writings, he would have produced in the volume before us one that, as he says, is for the use of students and practitioners. The additions in the present edition have too much bidding for the commercial advancement of the author. In other words, the original first edition, which, from the late appearance of the second, so signally failed, has been enlarged by adding such points as hold the author up to the esteem of himself and those who may glance through its pages. The first part of the work has very few good features, not any of which are original, and the rest is largely made up of a compilation from other well-known treatises upon diseases of the skin. The small portion of the book devoted to therapeutics is woefully deficient, many of the modern additions made to this department within the last five years not even being mentioned. The author has thus shot very wide of his expression upon his title page, "designed for practitioners and students."

THE MEDICAL ANNUAL AND PRACTITIONERS INDEX. A Work of Reference for Medical Practitioners. 1889. Seventh year. London: Wright, Bistal, Hamilton, Adams & Co. New York: E. B. Treat.

This is a valuable résumé of the year's progress in medicine, fully up to the times, and condensed to the minimum consistent with perspicuity.

The first part is devoted to *new remedies*, comprising the new drugs and new information added to our Materia Medica during the past year.

The second part aims to give all the new points with respect to treatment that have been offered in the same time. The diseases are arranged alphabetically and can be turned to in a moment.

Besides containing a compilation of the latest literature on the different diseases, the value of this part is increased by a number of new contributions on various subjects; such as Paralytic and Spasmodic Affections of the Throat, Sir Morell Mackenzie; Diseases of Women, J. W. Taylor; Electro-therapeutics, Kenneth Millican; Diseases of the Heart, James R. Leaming; Diseases of Bone, Syphilis, Jonathan Hutchinson, and many others.

The third part is devoted to miscellaneous information: New Inventions, Progress of Pharmacy, Dietic Novelties, etc. This work covers so wide a scope, and contains so much important matter, that there is not a physician to whom it would not prove of service.

SIXTEENTH ANNUAL REPORT OF THE SECRETARY OF THE MICHIGAN STATE BOARD OF HEALTH FOR THE YEARS 1887-88.

The report contains a number of interesting papers, such as: The Causation of Consumption; Time of Greatest Prevalence of each Disease in 1887; A Contribution to the Study of the Causes of Diseases; Relation of Certain Meteorological Conditions to Diseases of the Lungs and Air Passages as Shown by Statistical and Other Evidence; Report Concerning an Outbreak of Typhoid Fever at the State Prison, Jackson, Michigan, and the like; the whole forming a valuable addition to our knowledge of general health conditions.

DIGEST OF CRITICISMS ON THE UNITED STATES PHARMACOPŒIA. Sixth Decenial Revision (1889). Published by the Committee of Revision and Publication of the Pharmacopœia of the United States of America. Part I. New York, 1889.

This is a paper bound pamphlet of 189 pages, containing part of the criticims, corrections and suggestions relating to the last pharmacopœia. These have been collected with great care by a specially appointed competent man, and are intended mainly as a basis upon which to construct the next pharmacopœia.

SMALLPOX has broken out in Wilkesbarre; supposed to have been imported from Nanticoke.

Gleanings.

Surgical Diagnosis by the Teeth.—Referring to pyorrhœa alveolaris (Riggs' Disease), a condition in which the gums recede and non-carious teeth are shed, the author Jonathan Hutchinson pointed out that an analogous disease—sycosis—affects the hairs, in which a suppurative inflammation attacks the hair follicles and causes the hairs to drop out. Similarly the nails are in rare cases thrown off by reason of sycosis affecting their matrices. Sycosis of the beard, of the eyelashes (misnamed tinea tarsi, since no cryptogam exists), one and all have a similar pathogenesis, viz., a contagious inflammatory suppuration, the pus being carried from hair to hair and exciting fresh foci of suppuration. Although often occurring in weakly subjects, it was not necessarily confined to these; indeed, he regarded these forms of sycosis as local, and not constitutional conditions. The treatment seemed to lend color to this theory, for while tonics and general remedies did not ameliorate the disease, local epilation never failed. Comparing sycosis with pyorrhœa alveolaris, the lecturer insisted that the local inflammatory theory explained all the conditions. The purulent depots at the gum margins of the teeth infected one the other, and so the disease gradually spread.

Materials used for Stopping Teeth.—Without for a moment disparaging the value of amalgams as a stopping material, Mr. Hutchinson believed that in some rare instances they were the cause of intractable and irritable sores upon the lips, gums and cheeks. He spoke simply as an observer, not knowing the chemical composition of these stoppings, many of which, he was told, were secret preparations; but he had certainly seen ulcers which refused to yield to treatment disappear after the removal of discolored amalgams. He had always been careful to eliminate the probability of roughness of the stopped teeth being the cause, and had never seen ulcers where gold fillings had been employed. He quoted a case of an American physician who presented a number of ulcers which several surgeons had pronounced syphilitic; the patient, however, stoutly maintained that he had never had syphilis or a symptom of it, and all his children were perfectly healthy. Mr. Hutchinson, finding that he had several amalgam fillings, which had been inserted some years before in America, ordered their removal, which, being done, the ulcers rapidly disappeared.

Syphilitic Teeth.—Mr. Hutchinson said he had little new to say on this subject. The notched incisors were now generally admitted as evidence of hereditary syphilis. The upper centrals are the *test* teeth, and in no single instance had they misled the lecturer; but the markings on other teeth might be misleading, as they were often caused by the mercury given as a remedy for the syphilis, and were not due to the syphilis itself. In the great majority of cases of hereditary syphilis the markings on the central incisors are present, but not always so. Of several members of the same family one or two might have the characteristic teeth, while the others escaped. He wished to draw attention to two points of clinical observation: 1. In all cases where interstitial keratitis occurs there are found malformed teeth, and those who have the *test* teeth characteristically marked have suffered from interstitial keratitis. 2. Children who show signs of hereditary syphilis in the shape of phagedænic affections of the throat have no peculiarity of the teeth, and do not have interstitial keratitis.

The teeth affected by stomatitis, whether mercurial or other, were often mistaken for syphilitic teeth. Mercury given in infancy set up inflammation of the tooth sacs, and so led to deformity of the enamel. The test teeth in these cases are the first permanent molars, which might be compared with the premolars. Lamellar cataract, so commonly associated with stomatitic teeth, was due to convulsions. In adult life the presence of mercurial teeth was an assistance. Often the smallest doses of mercury would in these cases produce salivation, and the teeth revealing the idiosyncrasy would warn against its incautious use. The correlation of dental defects with errors in other structures had been brought before the Society by Mr. Moon. Rat-like teeth were due to suppression of lateral denticles, and were often associated with micro-ophthalmos and deficiency in hair. Skin defects, however, are not always accompanied by tooth lesions. Referring to dentition in rickets, Mr. Hutchinson deprecated speaking of any definite rachitic teeth; the disease attacked the teeth as it did other structures.

The value of considering the teeth lay in answering the question, not, are the teeth present, but rather how and why did the teeth go? Some constitutional conditions would affect this, or in some cases local disease, as in pyorrhœa alveolaris. Again, tartar causing gum absorption often ran in families. In some cases it was due to excessive salivary secretion. The lecturer did not consider gout, as such, produced any typical teeth. As long ago as Graves, tooth grinding had been shown to be common among the gouty, and this practice led to wearing down the teeth.—*Press and Circ.*

Disorders of Menstruation.—A. F. Currier, M.D. (*American Lancet*), in summing up a paper on this subject, says: "All these facts tend to show that the monthly congestion in woman is not local, but general, or at such times, that the vascular tension is so raised that vessels which are near the surface are much more liable to rupture than under ordinary conditions of tension and pressure."

Treatment of Aneurisms.—W. L. Rodman, M.D. (*American Practitioner and News*), concludes a thoughtful paper on Treatment of Idiopathic Aneurisms by Compression, by saying: "After reviewing the statistics of ligation and compression, I am forced to one of two conclusions: either surgeons in general do not appreciate the enormous fatality after ligation, or else they discredit the virtues of compression. Otherwise, how explain the fact that men go along doing an operation which statistics show is wholly unjustifiable except in the rarest instances?"

MORIARTY (Indian *Medical Gazette*), recommends bichloride of mercury and cannabis indica for dysentery.

L. M. MAUS, M.D. (New York *Medical Journal*), gives the history of a case of pregnancy extending to three hundred and thirty-four days.

EXTRAORDINARY SIZE. — H. A. Cooper, M.D. (Kansas City *Medical Record*), reports attending the confinement of a woman who gave birth to a child weighing 16½ pounds.

CUFF SPLINT.—J. E. White, M.D. (Canada *Practitioner*), describes a new splint for Colles' fracture, which he calls a "cuff splint," and for which he claims several important advantages.

CARDONI, of Florence, has found in the secretions of acute coryza the *staphylococcus pyogenes*, *staphylococcus aureus et albus*, the *diplococcus* of Fränkel, and the *pneumococcus* of Friedländer.—*The Microscope.*

ANTIPYRETIC.—J. R. Boyd, M.D. (Kansas City *Medical Record*), discusses the actions of the different modern antipyretics, and holds that saticylate of ammonium is the most satisfactory. He begins with grs. x every two hours.

TREATMENT OF GONORRHŒAL OPHTHALMIA.—Dr. Grandclement, of Lyons, France, advises to cauterize the conjunctiva every twelve hours with a 2 per cent. solution of nitrate of silver, and every hour to thoroughly and completely wash out the conjunctival sac with a solution of corrosive sublimate, 1–1000.—Lyons *Medical.*

PUERPERAL ECLAMPSIA.—Day (N. O. *Med. Jour.*), reviews the theories of eclampsia which attribute it to toxæmia, and finds them less satisfactory than Meigs' hypothesis of cerebro-spinal hyperæmia. Blood-letting, prompt, free, and full, is, therefore, placed at the head of the list of remedies, followed by chloroform, chloral, and rapid delivery.

TYPHOID FEVER.—At the meeting of the Medical Society of North Carolina the chief topic of discussion was typhoid fever. A full report will be found in the North Carolina *Medical Journal.* Dr. Broughton states that he has employed the sulpho-carbolate of zinc in two-grain doses, with the best results, not only in typhoid fever, but in all cases where the source of infection is from a germ generated within the gastro-intestinal tract.

TERTIARY LESIONS.—Blanc (N. O. *Med. Jour.*), mentions several important characteristics of the late syphilides. These are the clear-cut ulcer, the pyramidal tubercles accounting for the undermined edges, with healthy skin surrounding. The deposit is not long stationary; it must resolve, ulcerate, or cicatrize. The process spreads at the margin by the formation of new tubercles, giving the growth a serpiginous form, with crescentic or kidney-shaped patches, never geometrically complete.

CONGENITAL TETANUS.—Shaw (St. Louis *Med. and Surg. Jour.*), records a case of congenital tetanus. He gave one grain of chloral, five grains of bromide of potassium, and five minims tincture of asafœtida by enema, every two hours, so that during the first two days sixty grains of chloral and one hundred and fifty of bromide were given. The child's condition then warranted an increase of the interval between doses to three hours, and this was continued two days longer. The child recovered.

J. D. ELY, M.D. (*Medical World*), advocates the following for varicose ulcers:

℞.—Bismuth. subnit. . . . . ʒss. to ʒj.
Iodoform . . . . . gr. x to xx.
Cosmoline . . . . . ℥j.

Add listerine—which is an efficient compound to cover the odor of the iodoform, as well as being otherwise useful—a sufficient quantity. Mix, spread on soft cloth and apply to the ulcer, after cleansing it with carbolic or castile soap and water, and renew it night and morning.

RECOGNIZING the importance of aspirating the brain in cases of abscess or cyst, Souchon (N. O. *Med. Jour.*), recommends substituting the drill for the trephine for penetrating the skull. He has drilled holes through the skulls of several dogs, and through these capillary orifices has plunged large-sized hypodermic needles in various directions through the brain, without any untoward symptoms ensuing. This work could be best done by using the surgical engine.

ELECTRICITY IN CANCER.—J. I. Parsons, M.D. (*British Medical Journal*), details the history of four patients with cancer, whom he has treated with powerful galvanic currents locally applied. The *modus operandi* in each case was as follows: The patient was anæsthetized and an interrupted voltaic current passed through the tumor and all the tissues for some inches around it, by means of fine insulated needles, so as not to injure the skin. A battery of seventy cells with an electro-motive force of one hundred and five volts was used; and beginning with ten milliamperes the strength was gradually increased to six hundred, and flashed through the growth in every direction from fifty to one hundred times, according to circumstances, carefully watching pulse and respiration the while.

Three of the cases were carcinoma of the breast. The first was a rapidly growing scirrhus of seven months' duration; the second was a scirrhus of a year's duration, and the third a recurrent scirrhus of the same duration, having come back one year after excision. In two of these cases there was much pain. The fourth case was a painful and fast-growing epithelioma of the cervix uteri. Three of the cases were operated on for the first time August 23, September 26, and November 12, respectively, 1888, and the fourth January 13, 1889. Electricity was applied from one to four times in the different cases, and the history of each since has been total absence of pains and an apparent entire stoppage of the malignant growth. Not the least interesting feature is the fact that the patients were able to be up and about the day after the operation.

HARRIS (*British Medical Journal*) reports a case of pulmonary abscess which was cured by incision and drainage.

INGROWING TOENAIL.—Joseph (*British Medical Journal*) recommends the removal of the soft tissues covering the buried nail; believing that the latter is not at fault.

This was Pancoast's teaching twenty years ago.

MOORE (*Maritime Medical News*) recommends external friction and pressure during labor, in cases of uterine inertia, where the abdominal muscles are weak and relaxed, and in anteversion of the uterus; in fact, in the cases which call for an oxytoxic.

BROWN (*Maritime Medical News*) reports ten cases of orchitis, out of twenty consecutive cases of mumps. In nine the orchitis occurred on the side on which the parotitis first subsided. One was a double orchitis. Benefit was derived from rest in bed with the testicles supported.

EPILEPSY.—The time has come when we must recast our stereotyped definition of epilepsy as a disease characterized by sudden unconsciousness, etc. The epileptogenic zone is not confined to the psychomotor area, but epilepsy must start within it, or be arrested within it, or it may begin and end in the fasal ganglia. But wherever it may begin or end, if the lesion causing it is wholly within the motor area, consciousness need not necessarily be involved, and its loss, therefore, need not be regarded as an essential symptomatic evidence of the existence of epileptic disease.—*Hughes, Alienist and Neurologist.*

PURPURA: MALARIAL OR CINCHONAL.—King (*Southern Clinic*), reports a case of purpura hemorrhagica following the administration of quinine and antipyrin for a fever supposed to be malarial. The patient died. Dr. King attributed the outbreak to malaria, but there is more evidence in favor of the causative action of quinine. This is rendered more probable by the failure of that drug to relieve the other symptoms. Iron, ergot, turpentine, and digitalis, calomel, morphine, and belladonna were also used without benefit.

FOR HYSTERIA.—Ewald (*American Lancet*) recommends the following prescription in hyperæsthesia, gastralgia, vomiting, and spasmodic manifestations of hysteria:

℞.—Hydrochlorate of morphine . . 0.20 gramme.
Hydrochlorate of cocaine . . . 0.30 "
Tincture of belladonna . . . . 5 to 10.00 grammes.
Water of bitter almonds . . . 25.00 grammes.

Ten to fifteen drops are administered in one hour. The physiological effects should, of course, be watched in order that the doses may be modified, or suspended if advisable.

Medical News and Miscellany.

GURJUN OIL is said to cure leprosy.

QUARANTINE examinations are to be made at the Lazaretto on and after June 1.

DR. S. B. KNIGHT has been Superintendent of the Episcopal Hospital for thirty years.

DR. BROUSE, lately of Reading, is not dead, but alive and practising at Oklahoma City.

THE Philadelphia Medical Mission treated 3220 cases last year, and held 1017 meetings.

A FAMILY in Stamford, Conn., is said to have fourteen children down with scarlet fever.

THE Board of Health has forbidden the use of wells along Shur's Lane, which now pollutes the Schuylkill.

ST. LOUIS druggists now use the microscope largely in their business. This is some of Frank James' good work.

HAIR'S asthma cure is said to be made from a prescription of Prof. Bartholow's, upon which Dr. Hair has made over $300,000.

A FULL beard and six feet of stature are said to be essential to the success of the physician. Brains come in a good distance down the scale.

FOURTEEN of the buildings of the Stanford University in California are about completed. The dormitory will accommodate two hundred students.

AT the University Hospital, John Mumma had his trachea opened for the removal of a tooth, but the operator failed to extract the foreign body.—*Record.*

THE schools in Trimble, Miss., have been closed on account of the prevalence of hydrophobia, and men have been engaged to kill all dogs found on the streets.

A MAN named Ferro died on the operating table, at the Philadelphia City Hospital, from the effects of the ether. Dr. Ransley was operating for hip-joint disease.

THE Home for Incurables, one of the most successful charities ever started in Philadelphia, received about $25,000 in legacies and gifts during the past year.—*Times.*

A HYDROPHOBIC mule kicked a Hatboro' man. An alleged "mad-dog doctor" confined the man to his room for two weeks with little food and no water. The man got well.

THE couveuse at the Woman's Hospital is said to have saved four infants' lives in the past three months. A new incubator has been ordered from Paris which will hold three babies at once.

A CASE of Cæsarean Section was down on the bills at one of our city clinics the other day, but the child wouldn't wait, and came into the world by the usual route, before the clinic day arrived.

NETTER holds that patients who have recovered from pneumonia are dangerous to their friends for many years subsequently, as living pneumococci may be found in their saliva. This explains the frequent recurrence of the disease.

WHO is to take Keen's place at the Woman's Medical College?

If Dr. Goodman could be induced to leave New York, he would be an admirable man for the position.

THE Camden County Medical Society held its annual meeting at Gloucester. Dr. W. H. Iszard, of Camden, presided. Officers elected: W. A. Davis, President; H. H. Davis, Vice-President; E. L. B. Godfrey, Secretary; A. Mecray, Treasurer.

THE communication of disease from domestic animals to man is now the subject of investigation. The list of diseases known to be communicated in this way includes glanders, trichinosis, tuberculosis, and, probably, tetanus, diphtheria, and scarlatina.

HOW IT LOOKS TO A MAN UP A TREE.—Too many doctors spoil the broth, and the youngest one tumbles into it head foremost. Garfield might have been alive to-day if he had been attended by one single-purposed country doctor, instead of a squad of inharmonious wiseacres.—*Record.*

THE Maryland State Board of Health desires to coöperate with other State Boards in securing the passage of a law prohibiting the transportation of the bodies of persons dead from smallpox, cholera, leprosy, typhus or yellow fever: and the proper encasing of those dead from diphtheria or scarlatina.

A NEW weekly medical journal is announced to appear in St. Louis during the present year. The business management will be directed by a publisher well known in Chicago and St. Louis, who will spare neither labor nor money to make the undertaking a success. The editorial staff is not yet announced.

SIX deaths were reported, last week, from cholera infantum; two from cerebro-spinal meningitis; sixty-eight from phthisis; five from diphtheria; five from erysipelas; five from scarlatina; seventeen from typhoid; thirty-two from pneumonia; six from measles; one from purpura, and seven from whooping-cough.

IT is well known to the medical profession that when the editor of a daily paper is anxious to make an ass of himself in the most conspicuous manner possible, he usually selects some topic trenching upon medical matters. If he can pervert the facts in his attempt to disparage reputable doctors, and their ways, he waxeth hilarious. — *Western Medical Reporter.*

It may be received as a rule, that the habits and customs of a country are those which are best suited to it. Dr. Seymour has concluded that the houses of the Japanese, built of wood, are better suited to their country than the brick and stone structures erected there by Europeans. The wooden houses dry quickly. Infant mortality is very small among the Japanese.

THE WHY.

Germs in the air,
Germs in the sea,
Germs wherever one may be,
Germs and to spare
Growing in me,
German germs from Germany.

Whate'er we say
Or write or think,
Germs will wriggle in the ink.
On tongues they'll play,
And "culture" drink
From each minute cerebral chink.

—Boston *Medical and Surgical Journal.*

A NEGRO rushed into the University Hospital and, exhibited a blood-stained hand, exclaiming: "I've shot myself, and want my hand cut off!" Dr. Kirby procured his instruments, but when the wounded man saw the probe he made a dash for the stairs, and before any one could stop him, opened the door and ran up Spruce Street.—*Record.*

THE French show their good sense in providing ample conveniences for individuals in their cities. The Department of Public Comfort is equipped in a way that might well be imitated here. The establishment of urinals along our streets would not only conduce to the sanitary improvement of the city, but would be as potent a temperance promoter as the high license law.

IN the sixth report of the State Committee on Lunacy there occurs a statement which tells in brief the story of modern methods in the treatment of the insane. Out of a resident population of 5811 patients in the public and private hospitals of the State, but 52 were under restraint during the year. At the end of the year there were in public hospitals 585 more than at the beginning, in private hospitals 26 less, in almshouses 310 less, and two more in jails.

A RAPID FLIGHT.

A lie
Will fly
On wings of light
And leave a dismal trail,
While truth,
Forsooth,
Would lose the fight,
In racing with a snail.

—From the Danville *Breeze.*

COUNCILS are asked to relieve the city hospitals of the burden of gas bills. Of the funds contributed by the public to support these charities, 3 per cent. goes to pay for gas; and as under Director Wagner's management the Gas Works showed a profit of over half a million dollars last year, the city can well afford to donate the gas used by the hospitals. There is much force, however, in the Director's objection, that free gas to the city departments has led to extravagance in its use, and we would suggest that the donation of gas to the hospitals be limited to the amount used during the preceding year, any surplus used over this quantity to be paid for. In case additions to any hospitals are made the amount of free gas allowed could be increased proportionally.

THE corporators of the Philadelphia Polyclinic and College for Graduates in Medicine recently elected the following physicians to membership: Traill Green, Easton; J. L. Stewart, Erie; Hiram Corson, Norristown; John F. Carpenter, Pottsville; William Varian, Titusville, and R. Davis, Wilkesbarre. All of these are ex-presidents of the Medical Society of the State of Pennsylvania.

THE Children's Seashore House, at Atlantic City, will open on June 5. There is to be a new department for girls between fourteen and twenty years of age. This is a most useful charity, and deserves public support. If each of our readers would send $5 to Dr. Bennett, at the institution, a great increase in his power of doing good to the little ones who need sea air, would result.

THE printer cut down the appropriation made by the Legislature to the Medico-Chirurgical Hospital from $50,000 to $5000. Fortunately, the larger figure is correct. The Hospital is taking measures to raise an equal sum by subscription, as the plans for the contemplated rebuilding require $100,000, and the Trustees deem it wiser to carry out the original plan instead of making expensive alterations which would not be permanent.

THE charges of cruelty to patients in the Insane department of the City Hospital are to be investigated by the proper authorities. Whether the charges are substantiated or not, these investigations are generally productive of benefit, in refreshing the minds of attendants as to their proper relations with their patients. The natural impulses of man tend more frequently towards the acquisition of power and the exercise of authority than to mercy and loving kindness. Every safe guard should be thrown around the rights of those who are themselves helpless.

CHANGES IN THE MEDICO-CHIRURGICAL FACULTY.—Prof. Woodbury resigns the Chair of Materia Medica and Therapeutics, and becomes Honorary Professor of Clinical Medicine.

Professor Atkinson becomes Honorary Professor of Sanitary Science and Pædiatrics.

Prof. Shoemaker has, by a unanimous vote of the Trustees, been tendered the Chair of Materia Medica and Therapeutics in addition to that of Dermatology.

Dr. J. M. Anders has been elected Professor of Hygiene and Clinical Pædiatrics.

Dr. Spencer Morris becomes Lecturer on Differential Diagnosis.

LUNG EXPANSION.—We have seen men and women increase their lung power by five minutes exercise morning and night. Stand up straight on the balls of the feet, head thrown back, and inhale deeply, first inflating the lower part of the lungs, and then the upper. Then expire slowly, letting the chest sink first and then the lungs. Do this fifteen times, morning and evening, and our word for it, you'll spend less money on colds and catarrh.—St. Louis *Globe-Democrat.*

The injunction to "expire slowly" is unnecessary, as the victim will do it anyhow—of emphysema.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from May 14, 1889, to May 20, 1889.

HEGER, ANTHONY, Colonel and Surgeon; AINSWORTH, F. C., Captain and Assistant-Surgeon; and SKINNER, JOHN O., Captain and Assistant-Surgeon. By direction of the Acting Secretary of War, the above-named Board of Medical Officers will assemble at U. S. Mi itary Academy, West Point, N. Y., about June 1, 1889, to examine into the physical qualification of candidates for admission to the Academy and members of the graduating class. Par. 9, S. O. 108, A. G. O., May 10, 1889.

HORTON, SAMUEL M., Major and Surgeon; BILLINGS, JOHN S., Major and Surgeon; and SMART, CHARLES, Major and Surgeon. By direction of the Acting Secretary of War, the above-named officers are detailed to represent the Medical Department of the Army at the annual meeting of the American Medical Association to be held at Newport, R. I., June 25, 1889. Par. 15, S. O. 110, A. G. O., May 13, 1889.

APPEL, AARON H., Captain and Assistant-Surgeon. The leave of absence granted, by direction of the Secretary of War, in S. O. 38, April 16, 1889, Division of the Missouri, is extended twenty days. Par. 2, S. O. 114, A. G. O., Washington, May 17, 1889.

STEPHENSON, WILLIAM, Captain and Assistant-Surgeon. Leave of absence for four months, by direction of the Secretary of War, with permission to go beyond sea, is granted. Par. 15, S. O. 114, A. G. O., Washington, May 17, 1889.

EHERT, R. G., Captain and Assistant-Surgeon; MOSBLEY, E. B., Captain and Assistant-Surgeon. Leave of absence for six months, by direction of the Acting Secretary of War, on Surgeon's disability, is granted. Pars. 5 and 6, S. O. 109, A. G. O., May 11, 1889.

TESSON, LOUIS S., Captain and Assistant-Surgeon. Is relieved from duty, by direction of the Acting Secretary of War, at Waterrhit Arsenil, N. Y., and ordered to Fort Sidney, Neb. Par. 9, S. O. 109, A. G. O., May 11, 1889.

GORGAS, WILLIAM C., Captain and Assistant-Surgeon (now on duty at Fort Barrancas, Fla.). Will report in person to the commanding general, Department of the Missouri, for temporary duty with troops in the field. Par. 1, S. O. 112, A. G. O., Washington, May 15, 1889.

GORGAS, WILLIAM C., Captain and Assistant-Surgeon. Will accompany the command from Fort Barrancas, Fla., and proceed with Battery H., Second Artillery, to Fort Adams, R. I., and to return to his proper station on completion of this duty. Par. 5, S. O. 108, Headquarters Division of the Atlantic, Governor's Island, N. Y. City, May 13, 1889.

RAFFERTY, OGDEN, First Lieutenant and Assistant-Surgeon. Is granted leave of absence for one month. Par. 3, S. O. 29, Headquarters Department of Texas, San Antonio, Texas, May 13, 1889.

JEFFERSON, R. KEAN, First Lieutenant and Assistant-Surgeon (Fort Robinson, Neb.). Leave of absence for one month, to take effect between the 1st and 15th of June, 1889, is hereby granted, with permission to apply at Headquarters, Division of the Missouri, for an extension of fifteen days. Par. 2, S. O. 48, Headquarters Department of the Atlantic, May 13, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending May 18, 1889.

WHITING, ROBERT, Passed Assistant-Surgeon. Ordered to the Receiving-ship "Minnesota."

HARMON, G. E. H., Surgeon. Detached from the Naval Academy, and ordered to the "Constellation."

LOUNDES, C. W. F., Assistant-Surgeon. Detached from Naval Academy, and ordered to the "Constellation."

ARNOLD, W. F., Assistant-Surgeon. Detached from "New Hampshire," and ordered to the "Pinta."

RUSH, C. W., Passed Assistant-Surgeon. Detached from "Pinta," proceed home and wait orders.

MCCLURG, W. A., Surgeon. Ordered to the Bureau Medicine and Surgery.

STILT, E. R., Assistant-Surgeon. Detached from Bureau Medicine and Surgery, and ordered to the "Newhampshire."

ECKSTEIN, H. C., Surgeon. Ordered to the Marine Rendezvous, Philadelphia, Pa.

BRADLEY, M., Medical Director. Detached from Marine Rendezvous, Philadelphia, Pa., and continue on special duty, Philadelphia.

RUTH, M. L., Surgeon. Granted another year's leave.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 560.

NEW YORK AND PHILADELPHIA, JUNE 1, 1889.

The Medical Register Vol. V, No. 126.

PAGE

ORIGINAL ARTICLES.

A REVIEW OF CASES OF TUBERCULOSIS. By Lawrence F. Flick, M.D. - - - - - 97

CONSTIPATION, CAUSE AND TREATMENT. By A. W. McKinney, M.D., Hutchinson, Kan. - - - - - - - - - - - - - - - 100

REMOVAL OF EPIPHYSEAL EXOSTOSIS OF HUMERUS. By James B. Hungate, M.D., Conway Springs, Kan. - - - - - - - - - 101

HUNTING THE GERM OF YELLOW FEVER. By Frank S. Billings, M.D. [Continued] - 102

HOSPITAL NOTES.

PHILADELPHIA HOSPITAL:

Po-t-glandular Mammary Abscess. *Marshall* - - - - - - - - - - - - - - - 105

Compound Fracture of Superior Maxillary. *Ransley* - - - - - - - - - - - - - - 105

General Dropsy. *Walker* - - - - - - - 105

Cocaine for Irritable Gums. *Walker* - - 106

WILL'S EYE HOSPITAL:

Enucleation of Eyeball. *Keyser* - - - - 106

ORTHOPEDIC HOSPITAL:

Talipes. *Goodman* - - - - - - - - - - 106

Sweet Oil in Pott's Disease. *Goodman* - 106

LONDON LETTER. *Williams*

Etiology of Summer Diarrhœa - - - - - - 106

Vaccination - - - - - - - - - - - - - 106

Dr. Barry's Report on Vaccination and Smallpox in Sheffield - - - - - - - - 107

A New Disinfectant - - - - - - - - - 107

Milk Scarlatina - - - - - - - - - - - 107

The Varieties of Streptococci - - - - - - 107

Symptoms of Cow Scarlatina - - - - - - 107

Total Extirpation of the Larynx - - - - - 108

PAGE

Sulphonal and Hyoscine - - - - - - - - 108

A Cough Tincture - - - - - - - - - - 108

East London Poverty - - - - - - - - - 108

The Royal Society - - - - - - - - - - 108

EDITORIAL.

VOLTAIC ELECTRICITY IN THE TREATMENT OF CANCER - - - - - - - - - - - - - 109

ANNOTATIONS.

Human and Bovine Tuberculosis - - - - - 110

Female Inebriates - - - - - - - - - - 110

The Blind Deaf-mute - - - - - - - - - 110

A Large Family - - - - - - - - - - - 110

SOCIETY NOTES.

AMERICAN SURGICAL ASSOCIATION - - - 110

Surgical Treatment of Gangrenous Hernia *Richardson* - - - - - - - - - - 110

Early Diagnosis of Morbid Growths. *Warren* - - - - - - - - - - - - - 110

Hernia. *Mastin* - - - - - - - - - - - 111

Sarcoma of Tonsil. *Cheever* - - - - - - 111

Free Division of the Capsule of the Kidney. *Tiffany* - - - - - - - - - - - - - 111

Contribution to the History of Gun-shot Wounds of the Intestines. *McGraw* - 111

LETTERS TO THE EDITOR.

A Case of Whooping cough Treated by Sulphur Fumigation. *Gerhard* - - - - - 112

Dosimetery. *Hole* - - - - - - - - - - 113

Flexions and Versions of the Uterus. *Barker*, 114

THE INQUIRER.

Thoracic Abscess. *M. L. W.* - - - - - - 114

G. W. C.'s Case. *Jno. A. R.* - - - - - - 114

PAGE

BOOK REVIEWS.

The Bacteria in Asiatic Cholera. *Klein* - - 115

A Laboratory Guide in Chemical Analysis. *O'Brine* - - - - - - - - - - - - - 115

A Manual of Instruction in the Principles of Prompt Aid to the Injured. *Doty* - - - 115

Wood's Medical and Surgical Monographs - 115

Physician's Leisure Library. *Marcy* - - - 115

Therapeutics Founded upon Organopathy and Antipraxy. *Sharp* - - - - - - - - 115

PAMPHLETS - - - - - - - - - - - - - 116

GLEANINGS.

Diseases of Spleen. *Bouchard* - - - - - - 116

Acute Tympanites. *Wicks* - - - - - - - 116

Tonsillitis. *Cheadle* - - - - - - - - - 116

Picric Acid in Eczema. *Cerasi* - - - - - 116

Ehrlich's Test. *Taylor* - - - - - - - - 116

Vomiting of Pregnancy. *Hubert* - - - - 117

Liniment for Neuralgia - - - - - - - - 117

Injection for Hydrocele. *Richet* - - - - - 117

Compound Wine of Creasote. *Frænkel* - - 117

Naphthol in Pyothorax. *Bouchard* - - - 117

The Microbe of Eclampsia. *Blanc* - - - - 117

Triple Synchronous Amputation. *Alexander*, 117

Noma. *Yates and Kingsford* - - - - - - 117

Graves' Disease after Removal of Nasal Polypi. *Simon* - - - - - - - - - - - 117

Epithelioma of Vagina and Vulva. *Mundé* - 117

MEDICAL NEWS AND MISCELLANY, 118

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 120

NOTES AND ITEMS.

Advertising Pages - - - - - - - iv, xiv, xviii

Original Articles.

A REVIEW OF THE CASES OF TUBERCULOSIS

WHICH TERMINATED IN DEATH IN THE FIFTH WARD OF THE CITY OF PHILADELPHIA DURING THE YEAR 1888.

BY LAWRENCE F. FLICK, M.D.

BECAUSE of the confusing and indefinite nomenclature of tubercular diseases, and because, also, of the incompetence to make a diagnosis of some physicians who practise medicine, the deductions drawn from Board of Health reports cannot be accepted with any great degree of confidence. Nevertheless, with a disease from which there are as many deaths as there are from tuberculosis, we ought at least to arrive at general truths by careful topographical studies of such reports, and it is with the object of throwing some further light upon the questions of the contagiousness of tuberculosis that I present this brief paper.

The Fifth Ward of the city of Philadelphia has an area of .321 square miles, has a population of about 16,000, and contains in the neighborhood of 3500 houses. The population consists mostly of poor people, is about 20 per cent. colored, and has in its make-up foreigners of every description and nationality; but in no part of the ward can there be said to be great overcrowding.

During the twenty-five years preceding 1888, about fifteen hundred deaths were returned from the Ward under the various nomenclatures for consumption of the lungs and bowels, and such other nomenclatures as have the word tubercular attached or have that word for their basis, and they occured in about nine hundred and fifty houses, thus infecting about 30 per cent. of the houses in the ward. Deaths returned under the heading of marasmus and other nomenclatures, and which were really due to tuberculosis, are not included in the fifteen hundred; hence, 30 per cent. may be looked upon as too low a representation of the number of infected houses, but inasmuch as deaths from such diseases occur largely in the same houses as deaths from tuberculosis of the lungs, as will be seen from the report for 1888, their exclusion in determining the number of infected houses cannot materially alter the result, and 30 per cent. may be accepted as proximately correct. I have selected twenty-five years as the most remote period to determine the infection of a house by, for two reasons: First, because a house may retain its infection for a long time by intercurrent cases, which may get well, may move away and die somewhere else, or may die and be returned under some false nomenclature; and, secondly, because the more remote the period the stronger the emphasis on the non-infectedness of those houses which are set down as such.

During the year 1888, there occurred in the Fifth Ward of the city of Philadelphia 103 deaths which

may plausibly be ascribed to some form of tuberculosis. Of these, 60 were returned under the various nomenclatures for consumption, 17 under the heading of marasmus, 7 under that of meningitis, 3 having the word tubercular attached, 5 under that of hæmoptysis, 4 under inanition, 2 each under tabes mesenterica and consumption of the bowels, and 1 each under tuberculosis, general tuberculosis, chronic bronchitis, empyema, scrofula, and asthma.

Of the 103, 15 were returned from the residences of undertakers, 3 from the Consumptives' Home on Spruce Street, 1 from a lodge room, and 1 from the Almshouse. Of the cases returned from the residences of undertakers, 11 were cases of phthisis, 2 of marasmus, and 1 each of scrofula and general tuberculosis. The cases from the Consumptives' Home, the case from the lodge room, and the case from the Almshouse were all cases of phthisis. Four of the cases returned from the residences of undertakers died at the Almshouse, 2 at Pennsylvania Hospital, 1 at St. Mary's Hospital, 1 at St. Joseph's Hospital, 1 at the Consumptives' Home at Chestnut Hill, and 1 at Moyamensing Prison. Inquiries as to the dwelling places of these cases prior to their entry into the hospitals were attended with unsatisfactory results, but some of them, at least, lived outside of the ward.

Deducting the cases returned from the residences of undertakers, consumptives' homes, etc., 20 in number, from 103, the number returned from the ward, we have 83 cases which were reported from the residences in which they presumably died. Of these, 44 were cases of tuberculosis of the lung, returned under its various nomenclatures, 15 were returned as marasmus, 7 as meningitis, 5 as hæmoptysis, 4 as inanition, 2 each as consumption of the bowels and tabes mesenterica, and 1 each as tuberculosis, asthma, empyema, and chronic bronchitis.

Of these 83 cases I find that 48 were returned having died in houses which were infected, that is, houses in which a death from some form of phthisis, or some disease with the word tubercular attached, had occurred sometime within twenty-five years; and 35 in houses which were not infected, that is, houses in which no such death had occurred within twenty-five years. Of the cases which died in infected houses, 23 were returned as phthisis under its various nomenclatures, 10 as marasmus, 5 as meningitis, 2 each as tabes mesenterica, inanition, and hæmoptysis, and 1 each as tuberculosis, asthma, empyema, and consumption of the bowels. Of the cases which died in non-infected houses, 21 were returned under the nomenclatures for phthisis, 5 under that of marasmus, 3 under hæmoptysis, 2 each under meningitis and inanition, and 1 each under consumption of the bowels and chronic bronchitis.

Of the 23 infected houses from which a death from tuberculosis of the lungs was reported, 18 had had a death from tuberculosis in them within ten years, 14 within seven years, 12 within four years, and 8 within two years. Of the 10 infected houses from which a death from marasmus was reported, 9 had had a death from tuberculosis in them within ten years, 8 within seven years, 7 within five years, 4 within one year. Of the 5 infected houses from which a death from meningitis was reported, 2 had had a death from tuberculosis in them within ten years, and 1 within three years. Of the 2 infected houses from which a death from inanition was reported, 1 had had a death from tuberculosis in it within five years. Of the 2 infected houses from which a death from tabes mesenterica was reported, 1 had had a death from tuberculosis in it within one year. The infected house from which a death from consumption of the bowels was reported, had had a death from tuberculosis in it within three years. Thus it will be seen that out of the 48 infected houses in which deaths from tuberculosis occurred during the year 1888, 32 had had deaths from tuberculosis in them within ten years prior to 1888.

In only 5 of the 48 cases which were returned from infected houses during the year 1888, was the name before; and of these, 2 probably bore the relation of husband and wife to the person who had died in the house first.

About the 23 cases of tuberculosis of the lungs which were returned from infected houses, I was given the following information at the houses from which they were reported: 1. That 4 of them did not die in the house from which they were returned. Upon inquiry I was able to locate the place of death of 2 of these, 1 having died at a hospital, and the other having lived and died in an infected house. 2. That 8 of them had consumption before they moved into the houses in which they died. Of 3 of these I was able to discover the former dwelling-place, all 3 of which contracted the disease whilst living in recently infected houses.

About the 21 cases of tuberculosis of the lungs which were returned from non-infected houses, I was given the following information at the houses from which they were reported and by neighbors and friends of the diseased: 1. That 1 of them did not die of consumption, but was reported to have died of that disease for delicate reasons. 2. That 2 of them did not die in the houses from which they were returned. In both of these I was able to locate the place of death, and in 1 of them I found that the house was an infected one, that the person had lived there a year but that he probably had the disease when he moved there. 3. That 7 of them had had consumption when they moved into the houses in which they died. Of 2 of these I was able to discover the previous residence, and in both I found it to be an infected house. 4. That 2 of them had been associated with consumptives in their business. In neither of these cases was there any family history of consumption. 5. That 5 of them lived in lodging houses, where there was a constantly changing population, and that 3 of these were drinking people.

This information, I am sorry to say, even meagre as it is, is not very reliable. The fears, suspicions, and prejudices of many of the people from whom I sought it, prevented them from telling the entire truth and even lead them to misstate facts. I give it, however, as I got it, so that every one, with the entire picture before him, may draw his own conclusions.

Even the data which I took from the Board of

Health records I cannot endorse as entirely trustworthy. The custom of returning deaths from the place of burial instead of the place of death, the carelessness of undertakers in giving the numbers of houses and wards, and the indefiniteness of the nomenclature used by physicians, I am sure engendered mistakes which I have not in every instance been able to correct.

The moving about, from place to place, of persons suffering from tuberculosis ought likewise to be taken into consideration in drawing conclusions, where infected houses, so determined upon mortality statistics alone, form part of the premisis of the argument. To what extent such change of residence alters the actual percentage of infected houses, and, consequently, invalidates the conclusions based upon the facts and figures I have given must, of course, remain an unknown quantity, and must be approximately measured by every one for himself.

In spite, however, of all the sources of inaccuracy, which I have just mentioned, the figures which I have given, bearing upon tuberculosis in the Fifth Ward of this city for the year of 1888, point unmistakably to the fact that tuberculosis is not only contagious in the broad sense of that word, but that a house in which that disease has existed, remains a centre of infection for an indefinite time. Upon no other theory than this can a rational explanation be given of the fact that whilst less than one-third of the houses of the ward became infected with tuberculosis during the twenty-five years prior to 1888, considerably more than one-half of the deaths from tuberculosis during the year 1888 occurred in those infected houses. In as much as there were more than twice as many non-infected houses in the ward as there were infected houses, we should naturally expect a preponderance of deaths in non-infected houses. Why this great preponderance of death in infected houses?

The conclusion that houses once infected by tuberculosis, retain that infection for some time, is even more strongly borne out by individual cases than by the aggregate number of cases during the year. A death from tuberculosis occurred in a house on Gaskill Street in 1880. The family moved out and R. H. moved in. Was quite well when moved there. Was a travelling salesman and was away from home a good deal, but had his home there. In time developed consumption and died in 1888. L. M. lived in the house, in which she died, for many years. A person who was no relative of hers died from consumption in the house in 1887. She took the disease in a very acute form and died in 1888. H. M. suffered from chronic tuberculous diarrhœa and died from it during the year 1888. During that same year there occurred a death from marasmus in the same house. A death from consumption of the bowels was returned during January of 1888, from a certain house on Hurst Street; a woman who died from phthisis during September of the same year on Lombard Street, probably contracted the disease in that same house, as she lived there about that same time. During the latter part of 1887, a person died of phthisis in a certain house in the ward; during July, of 1888, a child nine months old, not of the same family, died in the same house from tabes mesenterica. During the month of September, 1888, there occurred 2 deaths in an infected house in the ward, 1 from marasmus in a child one year old, and 1 from meningitis in a child two years old. The house had had 3 deaths from tuberculosis within recent years, the most recent reported being 1885. In a house on St. Mary's Street a death occurred from consumption during the latter part of 1887; during July, 1888, a child seventeen months old died in the same house from marasmus. A woman is reported to have died from phthisis in a house on Union Street during the year 1888, from which no cases of tuberculosis had ever been returned before. The house is a lodging house, and she is said to have taken the disease whilst living there. A man who died in a non-infected house on Spruce Street during the same year, was found to have contracted the disease in the same house about the same time. A death from tuberculosis was returned from a house on Dock Street in 1882. J. C. moved into the house sometime in 1884; he contracted consumption and died in 1888. These cases are all taken from among those who died from tuberculosis in the Fifth Ward during the year 1888. By going back of that year, I could cite from my notes hundreds of equally striking cases illustrating the infectious etiology of tuberculosis.

Perhaps, one of the most interesting lessons to be learned from this inquiry into the relation which the deaths from tuberculosis in the Fifth Ward during the year 1888, bore to those from the same disease during the twenty-five years prior thereto, is that bearing upon marasmus and meningitis in children. It will be remembered that out of 22 deaths from these two diseases, 17 occurred in houses which had been infected by tuberculosis of the lungs and the bowels in adults. It would appear from this that marasmus and tubercular meningitis in children are apt to be concurrent with tuberculosis of the lungs and the bowels in adults; that is, where an adult is suffering from phthisis or consumption of the bowels in a house, the children of that house are prone to develop marasmus or tubercular meningitis, and that these diseases are not apt to become centres of infection themselves.

It is somewhat surprising that only 7 deaths were returned from the ward under the heading of meningitis for the entire year, and that really only 3 of those had the word tubercular attached. The number of cases of tubercular meningitis which I meet with in my own practice would lead me to believe that these figures do not correctly represent the relative frequency of the disease, and that in all probability many deaths which are ascribed to convulsions are really due to tubercular meningitis. I have within the last year seen 4 deaths from tubercular meningitis in children, 3 of which occurred in houses in which there was a case of phthisis in an adult.

It is greatly to be regretted that our nomenclature of tubercular diseases is not more definite and more uniform than it is; for until it becomes so, statistical and clinical study of the disease will necessarily remain difficult. We cannot hope, however, to make much progress in this direction until the etiology of tuberculosis is settled, and until precise knowledge

upon the subject will be dispensed from every seat of medical learning. It is with the desire of hastening that day that I present this statistical analysis, if I may so call it, hoping thereby to stimulate others to enter this promising field of study.

Many interesting deductions, besides the few which I have made, might be drawn from the figures which I present, and many criticisms made upon the practical operation of our sanitary laws, as a legitimate part of this paper, but it would lead to subjects which would, in themselves, furnish material for cumbersome papers. I will, therefore, for the first rest content with stating the facts and calling attention to a few of the most striking conclusions which grow out of those facts.

CONSTIPATION, CAUSE AND TREATMENT.

By A. W. McKINNEY, M.D.,
HUTCHINSON, KAN.

WE are well aware that in attempting to write a paper on this subject we enter a broad field. But as we are not as versatile as we would be, we shall occupy only such a portion of the field as may come within the narrow range of our vision.

The causes of constipation, according to our own observation and that of our authors, are many; but to our mind there is one cause greater than all others, that cause is habit, and we shall consider our subject from that standpoint.

We regard constipation more a condition than a disease. Anatomists, in describing the alimentary canal, consider it by divisions, and call the lower division the rectum. They also inform us that the lower portion of the rectum is conveniently guarded by a set of muscles called the sphincters. Those muscles are directly under the control of the will. The genus Homo, however, is the only animal that exercises that power to its own detriment.

Physiologists, in describing the functions or office of the rectum, tell us that when an amount of effete matter or undigested food reaches the rectum in quantity sufficient to produce moderate distention, the desire for defecation is produced, and that it (the rectum) is very sensitive to this distention; but, as in many other localities, this natural and wisely ordained sensitiveness may be overcome or blunted to the extent of tolerating the presence of substances that would otherwise cause unpleasant sensations. This educated (so to speak) toleration is the constipation of which we purpose to speak.

The merchant or the clerk is engaged with a customer when the alarm is sounded and the action is deferred.

The seamstress or the housewife feels the call, but more frequently defers on the account of innate (false) modesty. We believe the average woman would keep the sphincters in action for an entire week rather than be conscious that some man saw her on the way to the commode. The consequence of this procrastination are dried fæces scybalæ, congested vessels and hemorrhoids, and one or all are upon us before we are aware of it.

Treatment.—When an individual who has strayed from his home over a strange road, desires to return, his best and most certain plan will be to retrace his steps, and as nearly as possible travel over the same road he came.

Constipation caused by habit must be cured by habit mainly, and if a patient be brought to see and realize the importance of habit, the condition can be relieved with but little medication.

In our treatment of such cases, we require our patient to pledge himself to carry out our instructions faithfully and persistently. We ask him to elect his hour for defecation, which may be chosen to suit his convenience (the morning hour is preferable), and when once chosen must not be changed.

We direct a diet easily digested and laxative in its nature, with ripe fruit in its season, and just at mealtime to sip a cup of hot water, and encourage him to make free use of water between meals. Our patient pledges his obedience and elects his hour, say 8 A.M. We say to him: "You must get out of bed at 7, perform the morning ablution, or take a bath, drink a glass of cold water, in which two or three times a week you must dissolve one-half or one teaspoonful of common table salt. Then do your chores, if you have any to do. If not, take a brisk walk of half a mile and return, eat your breakfast (don't forget the hot water) and promptly at the elected hour start for the commode. Don't start fifteen minutes before or fifteen minutes subsequent, but exactly on time, and when you do start, start with a determination that some one must defecate, and that some one must be yourself, and no other person or animal. On your arrival at the commode lay aside your worldly affairs and attend strictly to the business for which you come. Do not take a paper, a book, or a cigar, but concentrate your mind on and use your will-power in the endeavor to overcome the condition you have carelessly and inadvertantly allowed yourself to get into.

When seated on the commode call into exercise the expulsive power of the abdominal muscles in a gentle way. Do not strain or make a Herculean effort, but repeat this action several times, and if you do not succeed, try again next day, and every day until the seemingly lost function has been restored, as it surely will. Confirmed constipants may need some therapeutive medicating as a starter, but with caution, aperients now and then, cathartics seldom or never. A seidlitz or a dose of cascara administered so as to act about the elected hour, but what is better a small enema, warm, and of sufficient quantity to slightly distend the rectum. This will be beneficial in more ways than one. The hardened fecal mass, if hard, will be softened. The warm water will attract the blood to the rectum. The distention will, to a great extent, stimulate the lost sensibility, and above all will tend to concentrate and impress the mind of the patient as to the object of the hour. The enema should be used just before going to the commode or after arrival. We endeavor to impress our patient with the danger of either aperients, cathartics, or enemata, and interdict their use only at such times as the general system or local parts become restive. We try to

impress upon our patients a persistent and continuous effort in the direction advised. We try to impress him as to the fact that habits are easily formed, but hard to change when once formed—that patience and perseverance are commendable virtues, but are in cases of this kind indispensible to success. Although we have passed the point of order, we will return to it and give another cause of constipation, and in so doing call attention to a very important factor in the treatment as well as the prevention.

The Construction and the Condition of the Commode or Water-closet.—Dr. Graham was in the neighborhood of the truth when he said: "The man who can construct a comfortable privy confers a great boon on humanity. We all realize the mutual impressions produced by pictures, as did he who issued the emancipation proclamation." Whoever builds a residence, builds his privy last, and out of the refuse scraps of lumber left from the building, and all the carpenter can do is to construct a something that will shield a man or a woman from public view during the performance of a necessary act that modesty forbids being performed in public. In addition to the ill-construction, it seems that those who use them emulate each other as to who can pollute them most. When we are compelled to use the average privy, we feel like condoning the errors of the constipants, and do not blame them for dreading to visit that (should be pleasant, but generally loathsome) place.

A building of this kind should be constructed with a view to comfort. Should be warm, should be light, should be clean—in fact, every device should be resorted to, in order to make that locality pleasant when occupied. The approach should be guarded by an arbor or screen. The walls painted and embellished with pictures if you so desire. It is a matter of history that the Hunchback had a profusion of suggestive pictures in his marital chamber; and it is said that a London hotel-keeper, thinking to provoke an American guest, hung the portrait of General Jackson in the privy. Seeing his guest had just come from that locality, he inquired as to the propriety of displaying the portrait in such a seemingly ludicrous place. The American applauded his taste and good judgment. For said he; "If there is anything in the world that will assist and encourage an Englishman in the act of defecation, it would surely be the portrait of General Jackson." This may be a homely illustration. I hope it will not be considered a vulgar one, but it serves to illustrate our point that the surroundings have much to do with the perfect accomplishment of an act, the regularity and completeness of which has so much to do with the human comfort and health.

We have in our very imperfect paper tried to condense, and yet be explicit, in giving a general outline of the management of these cases so frequently met with. Each case must be treated on its own merits and the physician in charge must use his own judgment. If the reading of this paper will be the means of causing you to give more attention to this condition than you have heretofore, we shall have our reward.

REMOVAL OF EPIPHISEAL EXOSTOSIS OF HUMERUS.

(Read before the South Kansas Medical Society, at Wichita, May 14, 1889.)

By JAMES B. HUNGATE, M.D.,
CONWAY SPRINGS, KANSAS.

At the May meeting of this Society, one year ago, I verbally reported the case of J. A. L., male, aged thirty-seven, married, and the father of six healthy children. A few weeks prior to my report he had consulted me on account of a tumor near his right shoulder-joint. He stated at the time that he had first noticed its appearance about two years before, and that he had consulted numerous physicians who had failed to agree as to the nature of the growth, and advised a do-nothing plan of treatment for fear of opening the joint cavity, in case of its removal, which would in all probability result in a totally stiff joint, and possibly the loss of his life.

On careful examination I found an enlargement attached just below the anatomical neck, and between the greater and the lesser tuberosities of the right humerus, about the size of a small hen's egg. That it had its attachment to the bone was evidenced by the fact that it could only be rotated or moved in any direction except as the humerus was so rotated. The deltoid muscle covered it over, and when that muscle contracted could only elevate the arm to an angle with the body of forty-five degrees, because the bony growth came in contact with the acromion process of the scapula. Motion of any kind was limited as soon as the elbow was brought out of contact with the body. Moreover, the patient complained of a weakened condition and an aching of the entire arm, which, in a measure, incapacitated him for manual labor.

I stated to the patient and to this Society that the tumor was an exostosis, and advised its early removal under strict antiseptic precautions.

In Druitt's system of "Modern Surgery" we find the following: "But these operations are not to be undertaken without due forethought, for they may be followed by extensive inflammation and necrosis, or by suppuration into a joint; and in operating on an exostosis near a joint, the possibility of opening the synovial membrane should always be considered."

Billroth says: "These tumors occur almost exclusively on the epiphyses of the long bones; they are outgrowths from the epiphyseal cartilages, whence Virchow very properly calls them 'enchondrosis ossificans.' On their roundish, nodular surface there is a layer of beautifully-developed hyaline cartilage, about a line or a line and a half thick, which evidently grows partly in itself, partly peripherally from the periosteum or perichondrium, then rapidly ossifies toward the centre. The newly-formed bony mass itself is, from the start, most intimately connected with the spongy substance of the epiphyses, so that the hard tumor is immovably seated on the bone. From the nature of these exostoses they can only occur in young persons. According to my observations, tibia, fibula, and humerus are their most frequent seat.

"As regards epiphyseal osteomata, which might be termed ossifying chondromata, they, of course, cannot occur later than the twenty-fourth year. But

other exostoses also occur generally before the thirtieth year. Observations on this point are not numerous, as the disease is rare. The growth of epiphyseal exostoses ceases after the skeleton has completed its growth."

The same author further says: "The operation for exostosis consists in sawing or chiseling the tumor from the bone affected. But, as the latter is occasionally in the vicinity of a joint, the articulation might thus be opened; it is neither advisable nor necessary to undertake such operations unless the impairment of function be so great as to balance an operation dangerous to the joint and to life. I once allowed myself to be induced, by the entreaties of the patient, to remove such an exostosis on the lower end of the femur with a large mucous bursa. The patient died of septicæmia."

I could multiply quotations from Holmes, Ashhurst, and others, in support of the above grounds taken by the authors quoted; but hope I shall be pardoned for being so tedious, my aim being to show the dilemma I was in when I advised the operation in the case of my patient. My sole reliance and confidence in the success of the operation rested in the efficacy of antiseptic and aseptic surgery; therefore, I gave my advice fearlessly.

The patient presented himself for the operation on the morning of February 1. Dr. C. S. Monnett gave me valuable assistance and administered chloroform. I scrubbed the entire shoulder with flesh brush, using soap and bichloride water, after which I surrounded the parts with wet antisepticized cloths. A 1 to 1000 HgCl solution was kept playing over the field of operation during the entire time, from a fountain irrigator. Hands and instruments were dipped in an alcoholic solution of carbolic acid, and I made an incision immediately over the tumor. After cutting through the skin, superficial fascia, and deltoid muscle, I came upon the covering of the tumor, which I cut through and turned to either side. With my finger in the wound of operation I could distinctly feel the capsule of the joint, and carefully avoided injuring the same. I placed a small surgical chisel on the top of the growth and directed an assistant to strike it smartly and carefully with a mallet. The neoplasm readily parted company with the humerus after the third stroke. I carefully smoothed off where the base of the growth was, and removed several projecting points. The membrane that had covered the tumor was used then to cover the bare bone surface. Bleeding vessels we secured by torsion; iodoform was freely dusted over the cut tissues, a rubber drainage-tube was inserted, and the operation completed by suturing with continuous silk suture. Iodoformized bichloride gauze was used as a dressing, and the patient removed to his home.

The subsequent progress of the case was favorable in every particular, except that the patient on the seventh day tried to lift a bag of oats with his right hand to see what he could do. He succeeded in breaking open the line of union by first intention of the horizontal bar of the T, which now kindly healed by granulation, and leaves a moderately wide cicatrix. The temperature at no time exceeded 99⅘° F. There was not a drop of pus discharged from the cut, and but slight inconvenience of any kind from the operation.

I herewith exhibit the bony growth, which you will see is of spongy, cancellous bone tissue covered over with hyaline cartilage, and on observing the base of the tumor, a correct idea of the appearance of the connection between the humerus and the growth may be obtained.

The patient is now no longer inconvenienced by an unsightly deformity, is able to use his arm to perfection in his battle for bread to support his numerous family; is free from pain and uneasiness, and has received the highest possible good by the removal of an unwelcome intruder upon his peace and happiness.

The lesson I would teach, and that we should learn as surgeons, is that we should be independent thinkers, and ever remember that each case is a study in itself, and we are to bring to the solution of each problem a trained mind and look at the matter with surgical eyes, but to never blindly follow the *ipse dixit* of any author or set of authors, however great their reputation for skill and learning.

HUNTING THE GERM OF YELLOW FEVER.

By FRANK S. BILLINGS.

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

[Continued from page 80.]

IN the Comptes Rendus, Tome CV., p. 289, is an article: "Sur les formes bacteriennes qu' on recontre dans les tissues des individues morts de la fievre jaune," by Mons. J. B. Lacerda who says:

"*In all these preparations, without exception, I have found one bacterium exactly identical with that which Babes has already found in material sent him from here by me.*"[1]

The reader will observe that Lacerda says, "in all these preparations."

It would seem that Lacerda had given a description of his observations, exactly similar to that which follows, some years previous to the one here noted, for Babes says:

"At the same time (in which B. received material from L.) Lacerda sent a communication to the Academy of Sciences upon the parasites of yellow fever. But according to the drawings attached to this communication, we have convinced ourselves that he has been deceived, and that he has described filaments of vegetable tissue and pigment instead of these parasites."[2]

On the other hand, as Babes has described this organism, as well as illustrated it, in such a manner that we are enabled to recognize it sufficiently for comparison, and as Lacerda asserts that he has also found "in all preparations, without exception, one bacterium, exactly identical with that which Babes has already found," and as even Sternberg admits its existence in the tissues of such subjects, we have very conclusive evidence that it must be the patho-

[1] This material was taken from six different individuals.
[2] "Les Bacteries," p. 447.

genetic organism of that disease, even without the necessary conclusive experimentation upon man, which must be left out in such cases.

Lacerda's description is as follows:

"These bacteria are dispersed all through the substance of the liver and are found in cluster in the cells of the organ, and are profusely present in the capillaries of both the bile and blood circulatory systems. In the kidneys they are also found in the capillaries, the urinary tubes, and the convolutes of the Malpighian tufts, and in the lymphatic spaces."

"When sections of the liver are colored the bacteria take up the stain very unsatifactorily."

The above does not coincide with my own experiences, as I have found no difficulty in staining the organisms in the liver any more than in the kidneys, of which Lacerda says:

"But in the kidneys, on the contrary, they can be more easily stained and may then be studied in all their morphological details."

I cannot accept Lacerda's description of these details at all, as they do not describe the single organisms, and such description as he gives of dicho- and trichotomous division of the chains does not occur.

But to go on. He says:

"The bacteria invariably present themselves in chains, formed of a series of granules of approximately the same dimensions, being slightly elongated and cylindrical in form, the points of articulation of the granules being very solid, thus opposing the easy disintegration of the chains. When uncolored the granules are very refractive by reflected light."

"What distinguished this bacterium from all other known forms is its tendency to constantly present this ramified form! They frequently have a trifurcated stem with two lateral branches which leave the parent stem at a common point of origin, where they assume a curved course, the parent stem also developing at the same time. At another time they form long branches, one of which is nearly straight, while the other is someweat bent; the bent branch being dichotomous!!? In other cases there are two straight branches of approximately the same length, resembling the arms of a pair of open compasses at an acute angle. In still others, the ramifications are placed at right angles, having the appearance or form of a cross. There are others that scarcely have any indications of bifurcation, the two branches being much shorter than the other and curved in opposite directions. Again, we may see three ramifications of the same length extending from a common centre. The central granule of the primary stem, from which these branches extend, is often larger than those of the secondary formations, and presents a spherical rather than a cylindrical form. It is also often the case that the terminal granule of the branches is the largest and most spherical."

"I ought to add that in preparations of the blood I have found forms resembling the same, and I have no doubt that non-ramifying forms found in the blood and tissues are the result of accidental disintegration of the chains."

Examination of the Tissues from Dr. Lacerda, sent by Dr. Sternberg.

Liver.—Parenchymatous changes quite severe with an absence of the nuclei in many of the cells. Marked encroachments upon the parenchyma in all parts of the organ due to an increase in the connective tissue, most of which is more or less organized. In the vascular spaces the tissue showed very little cellular structure. The walls of the arteries and ducts being excessively thickened—especially the latter. In the parenchyma itself, are to be seen numerous round, almost transparent, hyaline looking bodies varying in size from that of the ordinary nucleus of a liver-cell to that of the cell itself. Many other cells have been transformed to a granulous detritus.

Kdineys.—Extreme degree of parenchymatous degeneration, the parenchyma of many of the tubes being one mass of granulous detritus, the nuclei being especially conspicuous by their almost entire absence. In other tubes the basement cells present distinctly visible nuclei, while the aforementioned detritus takes up the balance of the lumen. Hyaline casts are to be seen here and there in both transverse and longitudinal sections of the tubes. Diffuse centers of round-cell infiltration with marked abscence of parenchymatous structure in the same, are to be seen scattered through the organ. The Malpighian tufts are marked with the presence of occasional loops presenting a hyaline, more or less transparent, appearance characterized by the entire absence of anything resembling a nucleus. The Bowman's capsules are thickened as well as the walls of the capillaries and membrana propria of the tubes, with an occasional more or less circumscribed round cell infiltration scattered here and there between them.

Microscopic Examination of above Tissue for Germs.—Both smear-preparations and sections are marked by the presence of a most plentiful representation of an ovoid germ with distinct belted appearance and sharply-colored pole-ends, the normal length being twice as long as wide, some individuals are three or four times longer than wide, this increase in length being entirely due to an increased amount of the afore-mentioned uncolored substance. In some instances two, three, or four of either of the above described forms are to be seen attached together forming short chains. Such a short chain is at other times composed of both of these forms united together, there being more of one and sometimes more of the other in the same.

The organisms appeared, as this variety always does, in the sections of organs, some of them end on, when they looked like cocci; beside these would be others lying horizontally, which presented their complete form, the colored pole-end and clear center being distinctly visible; in many localities they were united in pairs, while many of the liver cells contained large numbers of them. Here and there one would find a capillary embolus made of nothing else; here they frequently grew in filaments of considerable length, large clusters of such being present; occasionally single filaments were to be seen in capillaries which the section had cut horizontal to their course, but in general, except in the embolisms, they were seen in pairs or groups of three members. Capillary

embolisms were more frequent in the kidney than in the liver.

No other micro-organisms present, notwithstanding numerous sections of the same tissues were subjected to very many tinctions used in this work.

The result seems to have had a much more convincing effect on my mind than on that of Dr. Sternberg, for as we see he still is of the opinion that "there is no satisfactory evidence that any one of these microörganisms is the veritable infectious agent in the disease under consideration."[1]

I will not enter upon the discussion of this point at this moment, but will at once proceed to detail observations made upon pieces of material from six other equally "undoubted cases" of yellow fever, which were procured for me in Havana, Cuba.

It required the overhauling of a very large amount of red tape in order to get this material from Havana, and were it not for the sincere kindness of Dr. John B. Hamilton, the efficient Surgeon-General of the United States Marine Hospital Service, at Washington, I should have been unsuccessful. Dr. Hamilton recommended me to Dr. D. M. Burgess, Inspector for the above service at Havana. The difficulties in the way of procuring such material are so well set forth, by Dr. Burgess in the following letter, that I think it not inappropriate to introduce it here.

HAVANA, CUBA, July 4, 1888.

DR. JOHN B. HAMILTON,
Surgeon-General, Marine Hospital Service.

MY DEAR DOCTOR: I received your communication in which you informed me that you had referred Dr. Frank S. Billings, of Nebraska, to me for pathological material from yellow fever patients, and in due time a letter of instructions came from him. Since then I have been improving every opportunity to get the desired material; but this year it is rather slow work, as very few persons have died outside the Military Hospital. The law here is to the effect that autopsies shall not be made until eight hours have elapsed after the death of the subject. At that time decomposition in those dying of yellow fever, and, of course, in hot weather, is well under way, and putrefaction organisms abound everywhere. If one happens to have the necessary influence with the Captain-General, etc., etc., and brings it with him here, autopsies can be got sometimes at the Military Hospital for military reasons, etc., pretty soon after death; but these are *exceptional* instances, and by *no means* very common. I have to rely for my supply at present on the Charity Hospital and any private cases I can pick up. Up to the present, I have not lost a person by yellow fever this year, and only one has died in the Charity Hospital since I received the letter of instructions. That case I captured, and have the proper pathology. The Charity Hospital is fully three miles from my office, near no public thoroughfare, and has to be approached by coaches over a hard road. Three-fourths of the yellow fever cases who die usually select the ungentlemanly and disobliging hour for their departure somewhere between 12 and 4 o'clock A.M. For some reason or other people die slowly when you are waiting for them to do so. They are not at all obliging in that respect. As a matter of fact, few here are devoted to science, and when one begins to look after pathological material, *soon after death*, he will encounter less assistance and sympathy, and more difficulties and obstructions than, perhaps, Dr. Billings imagines.

The sooner after death pathological material is obtained here, the more troublesome and costly. I have succeeded in getting two cases thus far with prospects of another, but yellow fever is not plenty at all outside Military Hospital. I will work on, however. Very respectfully,

D. M. BURGESS, San. Inspector, M. H. S.

The above letter certainly looked discouraging enough, but the old and true saying, "Where there is a will there is a way," was soon exemplified in this case by the receipt of a second letter from Dr. Burgess, dated

HAVANA, CUBA, December 6, 1888.

MY DEAR DOCTOR: *I send you by express, on this date, a box containing pathological material from six undoubted cases of yellow fever.* They are, as you requested, pieces of the liver, kidney, and stomach in each vial. You will see the date of death and time of autopsy and where each person died on each bottle.

This material was most beautifully collected and packed, and I desire, herewith, to express my deep gratitude to both Surgeon-General Hamilton and Dr. Burgess for their great interest and exceptional kindness.

Examination of Pieces of Organs from Six Undoubted Cases of Yellow Fever from Havana, Cuba, 1888.—"No 1. Pedro Marquez, Spaniard, died of yellow fever, at Hospital Mercedes, July 31, 1888, at 4 o'clock, A.M. Autopsy at 7½ o'clock, A.M., the same day."

Histological Examination of Tissues; Liver.—Vessels of the portal circulation engorged, and filled with coagulated blood, with more or less leucocytotic migrations in the vicinity of the capillaries. In some places where the vessels of the portal circulation, the arteries and gall-ducts, are situated, the Glisson's capsule is thickened and replete in connective-tissue cells. This induration appears to have taken its start from the walls of the arteries. There seems to have been a general irritation of the stroma of the organ of a mild character and recent date, extending from the arterial circulation, there being a slight degree of proliferation throughout this tissue. The parenchymatous cells are swollen and contain single nuclei more or less enlarged, while others contain two and some three nuclei, the third being generally smaller than the other two. Still other cells are marked by their excessive swollen bodies, granular appearance, and the entire absence of a nucleus. These cells are sometimes isolated, but more often collected in groups; among them, and scattered through the substance of the organ, is a large number of granulous clusters, varying in individual size and extent, but wanting any sharply defined outline.

Kidneys.—Vessels of medullary portions decidedly engorged, said condition being also present in individual vessels in the cortical substance, some of which are ruptured, with irregularly shaped hemorrhages extending from them into the parenchyma. These extravasations, which vary in size, are dispersed in the immediate subcapsular portion of the cortex. There is a more or less thickening of the walls of the capillaries throughout the cortical portion, but very slight in degree, the same condition being manifest in the membrana propria of the tubes. There is a general diffuse swelling of the epithelial lining of the

[1] Hunting Yellow Fever Germs, *loc cit.*

tubes, with distention of the same, much more marked in some places than in others. The parenchyma filling the distended portions of the tubes presents a diffuse granulous appearance; neither the outlines of the individual cells nor the nuclei being visible. In many places, instead of this diffuse mass, the tubes are loosely filled with desquamated cells, many of which do not present any nucleus, while in others the necleus is of a faded color. In others, again, it is very prominent—granulous colonies are dispersed among these cells. In other tubes the peripheral layer of cells are marked by the distinctly visible nuclei, while the centre of the tube is taken up by a diffuse granulous mass. Scattered throughout the tubes in all portions of the kidney, in transverse and longitudinal sections, may be seen hyaline casts.

[To be continued.]

Hospital Notes.

PHILADELPHIA HOSPITAL.

POST-GLANDULAR MAMMARY ABSCESS.

DR. CLARA MARSHALL drew the attention of the class to two cases of unusual interest. Mrs. W. H., aged thirty-four, married and has seven children, was admitted, May 10, with right breast swollen. On third day after labor she noticed a fissure of the nipple, which was followed by an uneasy feeling in the breast. Castor oil was rubbed on it, but it became worse, and a poultice was applied. On the third day she had a decided chill. After several days no pus appeared; breast was smooth and shiny red; not nodular; general œdema; pitting deeply on pressure; no superficial fluctuation. An ulcerating point appeared at the upper portion of the gland, and an incision was made which liberated ten ounces of pus. The cavity was cleansed with 1–4000 bichloride solution, and dressed antiseptically. The next time it was dressed a counter-opening was made at the dependent part of the gland, and a drainage-tube drawn through the two openings. Iodoform was dusted over the parts and covered with iodoform gauze and cotton. Adhesive straps were firmly applied to support and promote adhesion of the walls of the abscess. At present, May 15, she is doing well, and the swelling and fever have subsided. In their incipiency, the application of ice or hot fomentations to the breast, and the administration of saline cathartics, with quinine, gr. xx, will often prevent the formation of an abscess.

I wish to relate the case of a German woman, aged twenty-seven, who came under my care in 1884, with a post-glandular mammary abscess. Before the delivery of her first child the general symptoms manifested in this last case appeared, and poultices were applied. The breast soon became riddled with a number of openings, which were dressed with the sponge dressing. Morphia was given to allay the pain, and iron and quinine for support. After a perfectly normal labor, a 5¾ pound child was delivered, which died from malnutrition. The breast still continued sore, and the sinuses were freely opened into one; drainage-tube inserted; cleansed with bichloride; dressed with iodoform, and firm pressure maintained; and in about three months from its beginning she thoroughly recovered.

COMPOUND FRACTURE OF SUPERIOR MAXILLARY.

Ransley showed the case of a woman who had sustained a compound fracture of the superior maxillary bone, caused by a kick in the mouth. Wound was dressed antiseptically, but suppuration set in and several sequestra have been removed. Stimulating and astringent washes are used.

The operation for imperforate hymen can be painlessly performed if the parts are thoroughly painted with a 10 per cent. solution of cocaine. In cases where there is much irritability in vaginal examinations, or in local applications to the os uteri, Clara Marshall recommends the introduction of a suppository: ℞.—Olei theobromæ, gr. xv, with cocaine, gr. j, into the vagina fifteen minutes before examination is to be made. It produces both a local and mental sedative effect on the patient.

GENERAL DROPSY.

Dr. J. B. Walker presented the case of a man, who, when admitted on March 7, 1889, had œdema of the lower extremities; lungs waterlogged; pleural sacs filled with an effusion, as well as the abdominal cavity; could not lie down or sit up comfortably. On examination, decided mitral regurgitation was found. The heart's normal activity is to keep the veins empty and the arteries full, but in regurgitation the veins become overdistended, and a consequent effusion of fluid into the serous sacs and dependent parts of the body. This man's whole trouble is referable to his mitral disease. There are three indications for treatment in this man's case: 1, to remove the effusions; 2, to relieve the mitral trouble; and 3, to see to his general health. It is easy to draw off the fluid with an aspirator, but this is contraindicated. It is better to give saline purgatives. This man was given one tablespoonful of Epsom salts, in two tablespoonfuls of water, every morning one-half hour before breakfast. The ascites began to subside, and at the present time most of the fluids have been absorbed and carried off mainly through the kidneys. He will be given the Epsom salts three times a week until all effusion is carried off. Digitalis was given, but as it disagreed with his stomach, one to three grains of caffeine were given ter die for one week, and the digitalis resumed the next, and so given week about. Caffeine is a tonic and not a stimulant, and is an excellent substitute for digitalis in dropsical effusions with heart failure. It answers in many cases where digitalis fails, and is often given in combination with it. As this man was anæmic, he was given the iron lemonade in small doses:

℞.—Tr. ferri chloridi	℥j.
Acidi phosphor. dilut.	℥ij.
Syrupi limonis	℥jss.
Aquæ	℥ij.—M.

The most suitable diet for these cases consists of broiled meats, eggs and milk, and as little water as

possible. To-day (two months after admission) this man is able to sit up and lie down with comfort; his tongue is clean, and the fluids are almost entirely absorbed. The great activity of the kidneys is due to the elimination of the fluids, and not to kidney disease, as one may often be led to believe.

COCAINE FOR IRRITABLE GUMS.

℞.—Cocainæ . . . . . gr. ij.
Aquæ . . . . . ℥j.—M.

This is an excellent remedy, when applied to the gums, when there is much irritability. (*Walker.*)

FOR DYSPEPSIA.

For dyspepsia this prescription is highly recommended:

℞.—Pulvis aromatici . . . . . ʒj.
Creasoti . . . . . ♏v.—M.
Ft. pilulæ No. x. Sig.—Take one pill after each meal.
—*Walker.*

WILL'S EYE HOSPITAL.

ENUCLEATION OF EYEBALL.

IN giving an anæsthetic preparatory to enucleating the eyeball, Keyser precedes it with a hypodermic injection of atropine and morphine. For some peculiar reason it appears anæsthesia is not always borne well during this operation, but by preceding it with the injection mentioned, the risk is very much lessened. Keyser, in many cases, does not give the anæsthetic until he is ready to sever the ball from the nerve, as the local effect of cocaine suffices for the dissection of its muscular attachments. He enucleates without an anæsthetic, whenever he has a patient of sufficient courage, and, as the pain which cocaine cannot relieve is but momentary, occurring when the ciliary nerves are cut, he is inclined altogether to discard an anæsthetic in this operation.

ORTHOPÆDIC HOSPITAL.

TALIPES.

IF upon stretching a tendon pain is elicited, it is an indication that it cannot be straightened without cutting.

In correcting for talipes the foot should not be placed in too straight a position after the operation, lest the divided ends of the tendons be drawn too far apart to secure a rapid and perfect organization of the lymph which is thrown out to perpetuate the continuity of the tendon.—*Goodman.*

SWEET OIL IN POTT'S DISEASE.

A child having Pott's disease of the spine, Goodman directed to be rubbed daily with sweet oil.

Goodman believes that scoliosis, not due to asymmetry or pulmonary affections, arises from the paralysis of certain muscles caused by enervation. Treatment: nutritious diet, massage, electricity and gymnastics.

Goodman's attention to spinal deformity arising from asymmetry of lower extremities was first attracted by an old soldier, during the war, who had noticed it in horses.

London Letter.

ETIOLOGY OF SUMMER DIARRHŒA.

MORE than eight years ago, the Local Government Board resolved to make an inquiry into the conditions determining the very high mortality from diarrhœa in this country. The investigation was entrusted to Dr. E. Ballard, who has presented his inquiries as opportunity offered and has now issued an interim report; this is an extremely bulky document which will require a good deal of study, meanwhile it appears desirable to give here Dr. Ballard's own conclusions. As regards infantile diarrhœa, he confirms the theory, that the temperature of the earth is an all-important point in the etiology; until the mean temperature of the earth at a depth of four feet has attained to about 56° F., the summer rise of diarrhœa is not observed. He, however, also finds evidence that the nature of the soil has a very marked influence; in a town built on a rock with little or no superincumbent material, diarrhœal mortality will be low, while on a soil easily permeable by water and air, diarrhœal mortality will probably be high; the presence of much organic matter in the soil also favors diarrhœa, as do all the ordinary elements of bad sanitation (overcrowding, dirt, want of ventilation, bad water-supply, etc.). Dr. Ballard believes that the essential cause of diarrhœa resides ordinarily in the superficial layers of the earth, where it is intimately associated with the life processes of some microörganism not yet collected, captured, or isolated; that the vital manifestations of such organisms are dependent, among other things, perhaps principally, upon conditions of season, and on the presence of dead organic matter which is its pabulum; that, on occasion, such microörganism is capable of getting abroad from its primary habitat, the earth, and, having become air-borne, obtains opportunity for fastening on non-living organic material, and of using such organic material both as nidus and as pabulum in undergoing various phases of its life's history; that in food, inside of, as well as outside of, the human body, such microörganism finds, especially at certain seasons, nidus and pabulum convenient for its development, multiplication, or evolution; that from food, as also, from the contained organic matter of particular soils, such microörganism can manufacture, by the chemical changes wrought therein through certain of its life processes, a substance which is a virulent chemical poison; and that this chemical substance is in the human body, the material cause of epidemic diarrhœa.

VACCINATION.

The long agitation against compulsory vaccination which has been carried on with all the arts of the unscrupulous agitator for some twenty years or more, has been so far successful that a much harassed government, remembering that Mr. Gladstone, in his eager cadging for votes, professes "to keep his mind open on the question," has promised a Royal Commission to inquire and report as to (1) the effect of vaccination in reducing the prevalence of, and mortality from, smallpox (2) what means, other than

vaccination, can be used for diminishing the prevalence of smallpox, and how far such means could be relied on in place of vaccination; (3) the objections made to vaccination on the ground of injurious effects alleged to result therefrom; (4) whether any means can be found to diminish their ill effects; (5) whether animal vaccination can be further facilitated; and (6) whether the Vaccination Acts ought to be amended. Many people who are periodically revaccinated themselves and have their children vaccinated, believe that the clauses which make vaccination in infancy compulsory must be repealed. They recognize that the step would be retrograde, but the power of unreason is strong; the London New York *Herald* has investigated the matter for itself; a reporter spent the greater part of a day in the inquiry, so that the volume of facts collected was large and well digested. On a seat in St. Paul's Churchyard he entered into conversation with one Jones, who confessed that he had a brother who used to be a most exemplary boy, who did not tear his clothes and went to Sunday-school regularly. In an unfortunate moment he was vaccinated and quickly became a bad boy who tore his clothes and even cut them with his knife, would not go to Sunday school, and altogether became a scandalous example to other boys. This change in his moral nature at first appeared inexplicable, but after a time it was all explained by the discovery that the boy whose arm had yielded the lymph for inoculating young Jones's arm was a bad boy, the son of wicked and dissolute parents.

DR. BARRY'S REPORT ON VACCINATION AND SMALLPOX IN SHEFFIELD.

The epidemic of smallpox in Sheffield last year has been carefully studied by Dr. Barry, for the Local Government Board, and his report has not afforded the antivaccinationists much satisfaction. He made a home visitation and found that there were about 70,000 children under ten years of age; the number of children attacked among the vaccinated majority was 0.5 per cent., while among the unvaccinated minority 10.1 per cent. were attacked; the death-rate of the vaccinated children was 0.09, of the unvaccinated, 44.0; so that a vaccinated child is about five hundred times less likely to die of smallpox than an unvaccinated child. Sheffield was a well vaccinated town; if, like Leicester, vaccination had not been enforced the evidence goes to show that where there were in reality 9 deaths there would have been 4400. Yet the most favorite argument of the antivaccinationists is that the medical profession only defend the vacccination laws because they put fees into their pockets!

A NEW DISINFECTANT.

Dr. Klein has reported on the germicidal properties of iodate of calcium which has been manufactured by Mr. Weaver, C. E., as a disinfectant. It has very feeble powers as compared with perchloride of mercury, but it does possess very distinctly the property of checking the growth of the anthrax bacilli; in this respect it is superior to carbolic acid and permanganate of potash, and it has the great advantage of being harmless to the human system. Doses of one and two grains, given to adults "several times daily and for several successive days," produced no physiological effects, except that presence of iodide was demonstrable in the saliva. It is possible, therefore, that iodate of calcium may have a future in therapeutics, as a disinfectant at least.

MILK SCARLATINA.

The report of the medical officer to the Local Government Board has been issued since my last letter. It is chiefly remarkable for the fresh pathological evidence advanced by Dr. Klein tending to prove the theory that there is a epizoötic disease of cows, characterized by sores on the udders, which is the same disease as human scarlatina. His new inoculation experiments were performed on healthy milch cows four or more weeks after calving; he used cultures of his *streptococcus scarlatinæ*; in four experiments the series of cultures were started from the blood or pericardial fluids of calves which had been experimentally infected with the human *streptococcus scarlatinæ*; in two the cultures had been made direct from the human being suffering scarlatina. After from four to nine days sores appeared upon the teats, then a more general erythematous affection of the skin, with loss of hair and scurfiness was observed, and there was more or less general disturbance characterized by fever and sometimes by pulmonary symptoms. The morbid changes found in animals killed at this stage are widespread, but not very distinctive. Dr. Klein, however, considers that they essentially resemble those observed in human beings dying of scarlatina. A great part of the report is occupied by meeting the criticisms of Prof. Crookshank, who, it may be remembered, started the theory that this disease in cows was in reality cowpox, and that the *streptococcus scarlatinæ* was one of the organisms of suppuration which might be found indifferently in a suppurating cowpox, or a suppurating scarlatinal throat.

THE VARIETIES OF STREPTOCOCCI.

Dr. Klein has a very elaborate paper on the second point. Dr. Buchanan, the principal medical officer, has a graphic simile in his introductory comments. "To the less educated judgment" he writes: "there is as little difference between one and another chain-forming micrococcus as, to the eye of the ordinary dweller in towns, exists between the swift, the swallow, and the martin." Dr. Klein has set himself to discover characteristics in the cultivations which will enable the bacteriologist to distinguish between streptococci morphologically so similar as to appear identical. The criteria are very minute points, and without repeating his experiments no one could give any opinion on their validity.

SYMPTOMS OF COW SCARLATINA.

It may not be out of place to notice the symptoms observed in cows believed to be guilty of transmitting scarlatina to human beings. The first sign is a sore or sores on the teats; these are at first small, not more than one-eighth to one-quarter inch in diameter, more or less circular, and look like superficial abrasions of the cuticle; after a short time they become

covered with brown scales, but always remain very superficial; fever and constitutional disturbance are often slight and may be easily overlooked, the cow remaining in good condition and yielding plenty of milk, but in other cases the animal goes out of condition rapidly; sores on other parts of the body besides the teats are not uncommon, and loss of hair in patches is frequent; the milker's hands are seldom or never rendered sore by handling the teats, which is in marked contradiction with the behavior of cowpox and some forms of "spurious cowpox."

TOTAL EXTIRPATION OF THE LARYNX.

Mr. Charters Symonds, of Guy's Hospital, has had a successful case of total extirpation of the larynx for epithelioma. The patient was a man aged forty-one, under the care of Dr. Greville Macdonald; when he first came under observation in April, 1888, Dr. Macdonald removed the growth with forceps, as an external operation was objected to; it quickly recurred and after some further hesitation the patient finally consented, and on October 28, Dr. Symonds performed a partial operation; the growth quickly recurred and seven weeks later the whole larynx was extirpated; he made a fairly rapid recovery, and when shown to the Clinical Society on April 26, he was in good health and spirits, and there was no sign of recurrence after four months. He could speak in a low, distinct, though gruff voice, and this was managed by passing through the upper wall of the canula a curved tube which ran up to the base of the epiglottis, and admitted the air when he closed the canula with the finger. This was found much simpler than the artificial larynx, and, moreover, the patient preferred the sound of his own voice. The vibrating structure appeared to be the mucous membrane of the pharynx running back from the epiglottis. This is said to be the first recorded case in which the patient was able to speak after total extirpation of the larynx; the voice was gruff and loud, but speech was intelligible; the Vienna reed artificial larynx has a tone like a toy trumpet.

SULPHONAL AND HYOCINE.

One hears sulphonal well spoken of as a hypnotic and sedative in very various quarters. It seems to be specially of use in the treatment of various forms of mental disorder where there is much excitement, but it is also becoming popular with "fashionable physicians." At present we are told that no ill effects follow its use, but this is a stage through which apparently every hypnotic goes; it is a derivative from the alcohol series, and it is, therefore, not unlikely that by this time next year some physician will write a paper describing the dire results of sulphonal addiction, for it is now being somewhat recklessly prescribed for insomnia. In asylum practice it is not likely to replace hyoscine, which as a cerebral sedative is so safe, certain, and rapid that it is earning the slang name of "therapeutic restraint." It is best administered hypodermically, the dose being $\frac{1}{100}$ gr.; if this fails $\frac{1}{100}$ gr. may be given in a few hours. It is only in extreme cases that doses of $\frac{1}{80}$ or $\frac{1}{60}$ gr. will be required.

A COUGH TINCTURE.

The following prescription for a palatable and fairly effectual cough mixture may be new to some of your readers; it goes, I am told, by the name of Gee's tincture, and is very popular. It has the merit of not taxing the prescriber's memory very severely.

℞.—Syrupi tolutani,
Oxymel scillæ,
Tr. Camph. Co . . . . . āā ℥j.
M. ft. Tinct.
Sig.—One teaspoonful occasionally when the cough is troublesome.

EAST LONDON POVERTY.

Mr. Charles Booth—who has nothing to do with "General" Booth of the Salvation Army—has written a simple book on the poverty of East London, giving interesting statistics as to the incidence of poverty in that district; poverty is, of course, a relative term, but the sense in which it is generally understood in this country, Mr. Booth's evidence is that there is very much less than is usually supposed. Experience shows that a sober laborer who earns from 21 to 23 shillings a week can live and support a wife and two or three children in comfort, as comfort is understood by town livers. Workmen who know both countries state that this wage is about equivalent to $15 or $16 dollars a week in a city in the States. The wages of the vast majority of East Londoners are, however, according to Mr. Booth, above this:

The same work gives the foreign born population of East London (and Hackney) as 27,514; this is 3.25 per cent. of the total population. There are 7583 Germans, 5964 Poles, 2870 Dutch, 1332 Russians, and 686 born in the United States. The Jews number 15,000.

THE ROYAL SOCIETY.

There were a large number of candidates for the Fellowship of the Royal Society this year, including a fair proportion of members of the medical profession. For many years there has been an indisposition to recognize clinical eminence. This year there has been no exception. Among the successful candidates there is no practising physician or surgeon. Dr. E. Ballard is one of the medical inspectors of the Local Government Board, who has attained considerable eminence as a sanitarian and statistician; reference is elsewhere made to his most recent work, a Report on Diarrhœa. Dr. D. D. Cunningham is the Professor of Pathology at Calcutta, whose name is best known in association with that of the late Dr. Timothy Lewis. Prof. Gerald Yeo occupies the Chair of Surgery at Kings College.

Dr. Clifford Allbutt, who has been for a good many years the leading consulting physician in Leeds, and one of the most prominent members of the profession in the north of England, has been appointed a Commissioner in Lunacy. As the office is poorly paid, and the work very onerous and trying, his acceptance of the office has caused great surprise.

The Emperor of Germany has conferred "the Red Eagle Third Class" on Dr. Felix Semon, the laryngologist, of St. Thomas' Hospital.

DAWSON WILLIAMS, M.D.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 1, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

VOLTAIC ELECTRICITY IN THE TREATMENT OF CANCER.

MORE than ordinary interest attaches to the report made by Inglis-Parsons[1] upon the treatment of cancer by voltaism. The failure of every method of treatment enhances the desire to find a remedy for this opprobrium of our art. The only method which has won the confidence of the profession is early and thorough extirpation, a principle to whose establishment the younger Gross contributed the best work of his life. But even the earliest and most comprehensive cutting is not successful in nearly all cases, and it leaves out that greater number in whom the disease has been suffered to pass the favorable period for lasting success.

Dr. Inglis-Parsons' views as to the action of galvanism are summed up in the following proposition: That while the normal tissues of the body have the power of recuperating from any effect produced on them by the transport of elements, the cells of tumors being of lower vitality might be checked in their growth and, perhaps, in time destroyed. He details experiments going to show that the constant current exerts no decomposition in the interpolar region, but when the current is suddenly interrupted marked signs of disturbance follow, which he attributes to some destruction of tissue. If this be true, he believes that the correct method of curing cancer is found. The impact of a powerful current suddenly flashed through, causes such injury of the tumor cells in or near its path as leads to their gradual atrophy. In treating fibroids the danger of gangrene leads to the avoidance of interruptions of the current, but in cancer the lack of an investment, and the free supply of nutrient vessels render this precaution unnecessary.

The *modus operandi* is as follows; "The patient is anæsthetized; the current is then passed through the tumor and all the tissues for some inches round it by means of fine, insulated needles, so as not to injure the skin. A battery of 70 cells with an electro-motive force of 105 volts is used; the intensity of the current to commence with is 10 milliampères, gradually increased to 600 milliampères, and flashed through the growth in every direction from fifty to one hundred times according to circumstances. The pulse and respiration were carefully watched. One out of the four cases treated, a woman, aged sixty-three, with extensive carcinoma of the left breast, a presystolic *bruit*, and weak, intermittent pulse, was unable to stand more than 250 milliampères, for this reason: when the current is applied to the left breast electrical stimulation of the heart occurs, and if this organ is healthy an increase in the strength of its contraction appears to take place after its passage; but with the patient who had cardiac disease, the improvement only continued up to a certain point, and then the intermittency increased and great irregularity occurred."

When the current was passed through a secondary growth in the axilla of the same patient it could be increased to 600 milliampères with safety.

The effects consist in cessation of growth, alleviation of pain, shrinking and hardening of the tumor, and improved health. The growth becomes inert; probably reduced to fibrous tissue.

The advantages of this method of treatment are: There is no destruction of the normal tissues of the body, and if recurrence should happen it may be stopped by a repetition of the treatment. So far, cases able to bear the current at the full strength required have had no recurrence. Patients are not obliged to lie up, but can go about the day following the application. The current can be used in parts beyond the reach of the surgeon's knife.

Of the cases recorded, the first was one of carcinoma of the left breast and axilla. Two operations were made upon the breast and one on the axillary gland. Six months later the patient reported good health, no pain, the tumors smaller and harder.

The second was a similar case, but far advanced. The current could only be used up to 300 milliampères, on account of the heart, and the results were not so satisfactory, though great improvement ensued.

The third case was of uterine cancer, pronounced beyond operation.

The results of the voltaic treatment, as described three months after the application, are as follows: Hemorrhage ceased, vesical irritation gone, can do some work, much less pain in groin, uterus released from adhesions and freely movable, no infiltration surrounding, remains of growth very hard, does not bleed when touched.

The fourth case of mammary cancer had a history like the first, and after the lapse of three months the arrest of growth still endured.

Even in this meagre record may be seen evidences that the method is full of promise. The cases are few, and the time elapsed since the operation is short; but we are not rich in agents which will check a rapidly growing cancer and reduce it to quiescence

[1] *British Med. Journal*, April 13–27, 1889.

for three months. Even should these cases prove exceptional, and wider experience minimize the power of the current as an arrester of growth, its value as an analgesic in these cases will probably remain, being in harmony with the well-established virtue of galvanism in relieving other pains; notably that of neuralgia.

The further experience of Dr. Inglis-Parsons will be looked for with interest.

Annotations.

HUMAN AND BOVINE TUBERCULOSIS.

BRUSH (New York Academy of Medicine) has made a study of the relations of human and bovine tuberculosis. In considering the effects of climate, he finds the only constant associated factor in the prevalence of human tuberculosis is the prevalence of the disease among their domestic cattle. In Africa, tribes which have no cattle, on account of the tsetsè, are not affected with tubercle; while coast tribes, which use milk and drink bullocks' blood, die of phthisis. In Denmark there is more than one cow to each two inhabitants; and the death-rate from phthisis is between two and three per thousand. In Iceland there is one cow to four inhabitants, and dairy products are usually sold; while phthisis is very rare. In the Azores, phthisis is very rare, the people using goats' or asses' milk. The Esquimaux tribes have no phthisis, except those who keep cows. Australia had none, until cattle were introduced, in 1826. Madagascar has great herds of cattle, and the natives live on milk, meat, and rice, and largely die of phthisis. In Algiers, Greece, India, the Russian Steppes, parts of Italy, Egypt, and Ecuador, the use of the cow and the prevalence of phthisis coincide exactly.

Dr. Brush detailed an experiment which can easily be repeated. He fed the lungs of a cow dead with tuberculosis to his chickens, and soon one hen showed symptoms of laryngeal phthisis, verified by post mortem. Twenty-three of her eggs were put under another hen; all developed chicks, but all were dead when the shells were broken. In the discussion which followed, the speakers agreed generally as to the agency of tuberculous milk and meat in transmitting the malady to man, but did not consider this the only or the most important source.

FEMALE INEBRIATES.

IN Mrs. L'Oste's little paper upon the treatment of female inebriety in the cultured classes (London, H. K. Lewis) are given some valuable deductions from her twenty-seven years' experience. She speaks of the life of children who inherit a taste for drinks and condiments. The nervous debility resulting from obstetric disorders comes in as a fertile cause, but we believe that for this may too often be substituted the giving of alcoholic drinks to nursing women. Indeed, Mrs. L'Oste mentions several cases as due to the use of eau des Carmes de Melisse—a pleasantly flavored spirit used as a pick-me-up.

She strongly advocates a city home for the treatment of ladies, who require more diversion than that afforded by nature. She finds women quite as amenable to treatment as men.

THE BLIND DEAF-MUTE.

LAURA BRIDGMAN, the famous blind deaf-mute died on May 24, in her sixtieth year. The teaching and mental development of this girl have gone into history as a wonderful example of what can be done by patient pedagogic skill. Beginning by teaching her the letters and spelling the names of simple objects, Dr. Howe proceeded to other words as her capacity increased, until she eventually became an intelligent, educated woman. No knight-errant ever released a highborn lady from so impenetrable a prison.

A LARGE FAMILY.

THE Arkansas *Gazette* has been making a search for the largest family in that State, and has found it. Mr. and Mrs. W. D. Green, of Pike County, have had twenty-three children, eighteen of whom are now living. This remarkable couple produced their first child in 1836, when the father was twenty-three and the mother eighteen years old. The twenty-third child was born in 1886; forty-four years later, when the father had reached the age of sixty-seven and the mother sixty-two years. All the births were single. The facts are attested by affidavits. The couple have had eighty-four grandchildren and fifteen great-grandchildren. The progenitor of this great family is a blacksmith. Can any of our readers produce a family record to equal this one? Shall we imitate our Arkansas contemporary and offer a silver mug to the couple reporting the largest family of children?

Society Notes.

AMERICAN SURGICAL ASSOCIATION.

THE American Surgical Association held its annual meeting at Washingson on the 14th, 15th, and 16th of this month. The meetings were held in the new Army Medical Museum at the corner of seventh and B streets. The meeting was not only well attended by the members of the Association, but it attracted members of the profession from far and near in large numbers to listen to the debates. There were certainly twice as many visitors present as there were members.

On Tuesday morning the session was opened by the very interesting address of the President, DR. DAVID W. CHEEVER, of Boston.

He was followed by DR. M. H. RICHARDSON, of Boston, one of the surgeons to the Massachusetts General Hospital, with an able paper on The Surgical Treatment of Gangrenous Hernia. This was discussed with much interest by the members, Dr. Moore, of Rochester, taking a prominent part in the discussion.

The second paper, on The Early Diagnosis of Morbid Growths, by DR. J. COLLINS WARREN, of

Boston, Professor of Surgery in Harvard University. Drs. F. S. Dennis, of New York; P. S. Connor, of Cincinnati, and B. F. Watson, of Jersey City, had been appointed to open the discussion.

A paper on Hernia; a Comparison of the Various Methods Adopted for its Radical Cure, inviting discussion of their respective merits, was read by Dr. C. H. Mastin, of Mobile. The appointees to open the discussion were Dr. George W. Gay, of Boston; Dr. T. G. Richardson, of New Orleans; and Dr. M. H. Richardson, of Boston.

A paper was then read by the President of the Association, Dr. David W. Cheever, of Boston, Professor of Surgery in Harvard University, on Sarcoma of Tonsil; excision, with specimens removed; prognosis, history of case; description of operation, with full charts as to feeding and as to closing of the pharynx; exhibition of photographs and of tumors removed. The paper was discussed by Prof. D. Hayes Agnew, of Philadelphia; Dr. J. Collins Warren, of Boston; and Dr. A. Vanderveer, of Albany.

The next paper, on Wednesday morning, was one on Free Division of the Capsule of the Kidney for the Relief of Nephralgia, by Dr. L. McLane Tiffany, of Baltimore, Professor of Surgery in the University of Maryland.

But few of the members had any experience in operations on the kidney for this purpose, though several cases were quoted where the kidney had been opened for exploration only, and no disease found, and where the pain ceased after the operation.

Dr. Homans, of Boston; Dr. Yandell, of Louisville; and Dr. Keen, of Philadelphia, took part in the discussion, the latter relating a case where the grating of stone was distinctly felt with a needle introduced into a malignantly diseased kidney, and where on postmortem examination no stone was found, and it was considered that the sensation must have been due to a degenerated vessel on a small transient calcareous deposit.

Dr. Tiffany was followed by Dr. J. M. Barton, of Philadelphia, Surgeon to the Jefferson College Hospital, in a paper on Digital Divulsion of the Pylorus, with a report of a successful case and a study of the diagnosis and best methods of operation from a collection of twenty-five reported cases.

Dr. Bull, of New York, who has had the only other successful American case, and who had been appointed to open the discussion, was unfortunately unable to be present.

Dr. Kinloch, of Charleston, S. C., opened the discussion, and expressed his doubts about the permanency of the cure, and was followed by Dr. Richardson, of Boston, who had noticed how tolerant the stomach was of surgical interference and how soon the wounds of the stomach were perfectly closed. He, however, preferred the interrupted Lembert suture for this purpose, but had been obliged to make a much larger abdominal wound when operating on the cardiac orifice.

Dr. Homans, of Boston, endorsed this statement about the tolerance of the stomach, and related a case of an insane woman in whose stomach a ball of hair had formed from the repeated swallowing of a small number of hairs. In this case a seven-inch incision in the stomach was necessary to deliver the mass. This wound healed by first intention, with recovery of the patient.

Dr. Barton, in closing, stated that he still had some doubts about the permanancy of the cure, and considered this question as not yet fully settled, though the evidence that he had quoted he considered thoroughly reliable and fully justified the operation. In reply to Dr. Richardson's remark that in operating on the cardiac orifice he had been obliged to use a much larger abdominal incision, Dr. Barton stated that in his experience when the cardiac orifice was obstructed he had found the stomach contracted and gathered into a small mass, lying deeply in contact with the spine, and the whole hand would certainly have to be introduced in order to find and to bring the stomach into view; whereas in the pyloric obstruction the stomach was always enormously dilated and laid in contact with the front wall of the abdomen.

A paper was then read by Dr. Theo. H. McGraw, of Detroit, Professor of Surgery in the Detroit Medical College, on a Contribution to the History of Gunshot Wounds of the Intestines. He stated that soft tissues do not deflect balls in the abdominal cavity, and their apparent erratic course was due to movement on the part of the patient at the moment of the injury and to the subsequent shifting of the moveable viscera. He considers that an incision made in the course of a ball will give the nearest access to the injured parts, and that tissues that cannot be brought to such an incision could not have been injured. When an injury is more than four hours old there is great danger of rupturing protecting adhesions. The danger of the abdominal section is strictly in proportion to the length of time that the abdomen is open.

He further stated that the incision, if possible, should be made over the wound of entrance; that the examination should be limited to the viscera near the wound; that wounds in the intestines need not be sutured, if they do not leak they will be closed by inflammatory deposits. Treat the large wounds first, and if the patient sinks during the operation, the smaller ones may then be left to nature if the patient rallies: never eviscerate a patient.

Dr. Yandell was not able to fully agree with the statement that balls do not deflect after entering the abdominal cavity; he cited some cases in which they did deflect. He agreed that evisceration should not be performed, but insisted that each and every part of the intestine should be passed through the fingers and examined.

Dr. C. B. Nancrede, always prefers the median incision; he would also object to eviscerating the patient, but insists on thorough examination of every part of the intestine; death has been caused by one wound being overlooked. He treats the first wound he finds first, be it large or small; there may be difficulty in finding it again if not treated at once; treat all wounds; mere contusions will often slough and produce fatal peritonitis. He called attention to the

great shock produced when we approach the solar plexus.

Dr. Mears related the cases of Dr. Packard's, where one pistol ball produced twelve wounds of the intestines. He prefers the median incision; it can always be lengthened at any time; lateral incisions cannot. He thinks patients would do better without operation than with an incomplete operation.

Dr. Kinloch, of South Carolina, thinks there were two false doctrines in the paper. 1. Leaving one wound and treating another. 2. That wounds of intestines will heal without suturing.

Dr. Mastin, of Mobile, related a case where a thirty-eight calibre ball entered one inch to the right of the umbilicus and slightly below, entered the bladder and was found in the prostate; it had produced nine wounds of the bowel in its passage.

Dr. Dennis, of New York, advocated the median incision without exception; wounds of the iliac vessels cannot be controlled by any lateral incision; if free bleeding is occurring, the median incision can be made in half a minute, if the blood wells up so fast that it obscures its source, compress the abdominal aorta above and the femoral veins below and temporarily check it. In treating gunshot wounds of the abdominal cavity treat hemorrhage first, and, then close the wounds of the bowel in the order they are found.

Dr. Weeks recalled Senn's method of finding wounds in the intestines after the abdomen is opened by the use of hydrogen gas. When there is no more leakage and the bowels remain distended there is no unclosed wound.

Dr. Weeks, of Portland (a candidate) read a paper on drainage, and related some experiments in which he had used antisepticised animal bloodvessels with success on both animals and the human subject; the drains so prepared were absorbed in seven days.

The Society then proceeded to election; they chose Dr. Yandell, of Kentucky, for President; they added Dr. Nancrede, of Pennsylvania, to the list of Vice-Presidents, and elected the following new members: Dr. Weeks, of Portland, Me., Professor of Surgery in the Medical School of Maine; Dr. Weir, of New York; Dr. John Homans, of Boston, Surgeon to the Massachusetts General Hospital; Dr. Lewis A. Stinson, Professor of Surgery in the University of the City of New York; Dr. Fred. Lange, of New York; Dr. Lewis A. Pelcher, of Brooklyn; Dr. L. C. Lane, Professor of Surgery in the Cooper Medical College of San Francisco, and Dr. Arthur J. Cabot, of Boston.

Letters to the Editor.

A CASE OF WHOOPING-COUGH TREATED BY SULPHUR FUMIGATION.

"ONE swallow does not make a summer;" neither does one cure prove the remedy to be a specific. Yet as the advent of the first swallow is hailed as the harbinger of the summer season, so may we regard the decided effects of a remedy, whether real or apparent, whether in a succession of cases or for the first time, as a sufficient incentive publicly to call attention to it. The "bacillus tussis convulsivæ," as described and named by *Affenanieff*, is now regarded as the specific cause of whooping-cough. It is also known to the profession that sulphurous-acid gas has been recently used, by inhalation and fumigation, in the trearment of this disease. The successful application of this remedy in a case recently under my observation, occasions the following statement:

Viola J., æt. four months (born January 28, 1889), commenced coughing when twelve weeks old, which at first was regarded as caused by an ordinary bronchial catarrh. Ten days later, however, the unmistakable symptoms of whooping-cough were manifest, and the baby was placed under the usual treatment during another ten days, with the usual result, viz., an aggravation of symptoms. Indeed, the prognosis was at this time quite serious. It must be stated here that the source of contagion is positively known. The mother claims to be able to "identify the kiss which done it," to use her own language, and the children of the family are still "barking" and have been the known source of infection in various other directions.

The administration of medicine by the mouth being well nigh impossible on account of the frequently recurring paroxysms and the attendant vomiting, the treatment by inhalation of sulphurous-acid gas suggested itself, which was rendered the more feasible because the family occupied a house with only four small rooms. The treatment commenced on May 6, and ended on May 18. The parents were directed to use their own bedroom, unfold and hang up as much as was possible in the small room, their own as well as the child's bedding and clothing, close the door and windows, generate the sulphurous gas, and remain in it together with the child as long as was possible, taking the precaution of opening the window or door in case the fumes should become suffocating. These directions, however, were not implicitly obeyed during the first week on account of fear of "choking the baby to death;" the kitchen, with open door and window, being used, and the clothing not being fumigated. Yet the amendment was manifest from the beginning, the paroxysms recurring less and less frequently, and becoming shorter and shorter in duration. But during the second week, when they found that "the baby could stand it better than us," the treatment was faithfully attended to (on May 12, 14, 16, and 18), when every vestige of the cough and other symptoms had entirely disappeared. From that date to this (May 25) there has appeared no untoward symptom whatever, and the child is hale and hearty.

The method of producing the gas was simply this: An iron pan was placed upon the floor on a brick, in which was heaped a small handful of roll sulphur broken into small pieces, among which was placed a lump of camphor the size of a filbert, which, being set on fire, produced an abundance of fumes.

A. S. Gerhard, A.M., M.D.

613 N. Sixteenth Street.

DOSIMETERY.

LAST year, I wrote a brief article upon the Dosimeteric Method of Treating Disease, which was published in the *Medical Summary* of Philadelphia. Since then I have been communicated with by many in the profession in regard to where literature on the subject could be procured; to which inquiries I returned the desired information.

I will now give your readers briefly my further observations and reflections on the merits of the dosimetric method, claiming that observation and reflection constitute the sum of all knowledge.

If therapeutics were an exact science, and physicians were perfect diagnosticians, dosimetery, to my mind, would be of little importance to the average practitioner.

But how stands the case?

I read, the other day, that a certain person, cynical as to the merits of the medical profession, called upon some five to ten of the learned Esculapiuses of the city of New York for medical advice, and that no two of them agreed regarding the management and medication, or even the disease itself. Such being the case, is it to be wondered at that trustworthy men seek something more exact, more in keeping with the evolution of science and of art?

Dosimetery deviates from the beaten tract of expectancy in the management and the therapeutics of disease, using small, but repeated doses of alkaloids and extracts until the disease is "jugulated" or aborted, not awating its fastening upon the system, and closing the avenues of escape, either through the skin, stomach, lungs, or bowels.

Dosimetricians at once, by the use of proper alkaloids, stimulate the vaso-motor nerves, open up the natural avenues, and thus hasten the escape of malaria or contagion before either has found and arranged its nidus; from which it starts out poisoning and destroying nature's only means of throwing off the intruder, whose first effect is irritation, then inflammation, rapidly passing into mortification, and death.

Let me ask one question concerning typhoid fever, is active treatment necessary? You will smile, perhaps, but the question is intended seriously. Thus say those who believe in expectancy: "Typhoid fever is a cyclic malady; it must be permitted to run its course, we must confine ourselves to a condition of armed expectation, combating the complications which arise, and which accompany the disease to its natural conclusion."

This is, indeed, a remarkable plan for the supposed master of the healing art to adopt. We reach the natural term of disease, provided that the patient does not come to a full stop on the way, killed by organic lesions, which the physician had allowed to occur. The doctor combats with these lesions "after they have become fully established," that is, if he recognize them; but they then are too powerful for medical aid.

Do we not often observe that these cyclic maladies leave their customary course, and conduct their victims from life to death by the shortest course, passing through the regular stages of congestion, inflammation, and finally, dissolution?

"How shall we," says the dosimetric physician, "contract this circle?" We must rescue the patient by taking him through the weak point in the circle of the disease which encloses him. Typhoid fever presents just such weak points. There is about the fifteenth day, the period in which the morbidly elevated temperature of the body in fever is declining towards the natural standard, a defervescence, frequently mentioned by medical writers. This cannot have escaped the observation of any physician of large experience, who should promptly have taken advantage of it, and saved his patient by the timely support of the vasomotor nerves, thus preventing that sometimes fatal prostration, so likely to follow neglect at that particular crisis of the disease.

"Fever is the enemy we have to fight," says Prof. A. Burggram, and physicians are beginning to agree upon this extremely important matter; for we observe that everywhere the active male or female in the prime of life, often has a very close call, and often sinks into a premature grave, for want of the proper and timely administration of medicine.

It is true that a certain class of physicians gravely count the pulse and take the temperature, though it is hard to give the reason, therefore, since the occupation cannot be valuable, except as a sort of study in natural history. Others, in combatting the fever, have done it more like Titans than physicians, attempting to break the temperature, as it were, by throwing boulders at it. They have given baths of iced-water, phenic acid internally and externally, and sulphate of quinine in quantities of half a drachm to a drachm daily.

"Above all things, let us," says Prof. Burggram, "combat fever always and everywhere, for there is no possible fever which can be salutary, but let us not crush out our patient's life by our treatment." This article is now too extended; yet I will state that the world of medicine may be said to exist in two great divisions. In the one traditional medicine, resting upon antique routine treatment, and believing itself strong on account of its immense arsenal of drugs, which are distributed with an over-generous hand. In the other category are physicians, who firm in their convictions and opposed to routine treatment, attack the malady vigorously and with confidence, while striking simultaneously at both causes and symptoms.

To minds which seek the truth and aim at definite and satisfactory results, dosimetry opens certain new and effective methods or lines of treatment. In all maladies the dosimetric physician keeps in mind two fundamental principles: First, to combat the cause while sustaining the vitality; second, to combat the symptoms, each one separately if there be need, with arms whose force is exactly measured, and which act with certainty.

Prof. Burggram, in all his writings, has been especially careful to keep in mind, that dosimetry is not to be regarded as a new "system" of medicine, but a new "method," and a method of the most accurate therapeutics. And as such uncertain action of medicines exist in proportion to the complexity of the

combinations, he has confirmed his therapy almost entirely to extracts and alkaloids.

J. M. Hole, M.D.

Salem, O.

FLEXIONS AND VERSIONS OF THE UTERUS.

NORMALLY, the uterine canal is not straight, but curved, constituting a normal or physiological anteflexion. In considering the possibility of uterine displacement, it should be borne in mind that the fundus, at the uterus, is not firmly fixed by any of its attachments, but especially in an antero-posterior direction may vary its position quite considerably. In fact, the condition of the bladder or the rectum as to emptiness or repletion will make quite extensive changes in the position of the fundus uteri. If the fundus drops forward, carrying the os and cervix backward, the result is anteversion; if the proceeding be reversed, the result is retroversion. As a matter of fact, neither flexions nor versions usually occur alone, anteversion being usually accompanied by an increased degree of anteflexion and retroversion by a degree of retroflexion. The extreme point of version may be said to consist in a complete inversion of the axis of the organ; thus in anteversion the fundus would lay low and directly behind the symphysis pubis, while the os would be found low down in the hollow of the sacrum. In a state of complete emptiness of the bladder, the uterus falls still farther forward and becomes temporarily anteverted. Great distension of the bladder produces a retroversion. From either of which conditions the organ usually assumes its normal condition upon removal of the cause. If, however, a laxity of the ligaments supporting the uterus, such as may be induced by rapid or recent child bearing, be present, or if from chronic inflammation, or the presence of fibroids, or from any other cause, the fundus be preternaturally enlarged or heavy, there is a tendency for the malposition to become permanent; if this be further assisted by sudden violent exertions, such as lifting, straining at stool, falls or leaps from a height. Add to the causes producing version, a weakening of the cervical portion of the uterus from any cause, and flexion may result instead of version; and the flattening of the bloodvessels at the point of flexion, the congestion of the fundus and consequent enlargement produced tends to make the condition constant. Indeed, I believe that most cases of uterine enlargement, congestion, and chronic inflammation are traceable to flexions as a cause: a position, however, not in harmony with all gynecologists. There is no fixed standard whereby the uterus may be judged in regard to the normal position of the uterus. Every woman is a law unto herself. The uterus has a range of normal positions, and this range will vary in each woman according to the symmetery of her pelvis and the length of the ligaments, which nature has supplied to the organ.

H. J. W. Barker, M.D.

Barker, Ark.

A case of torticollis is reported as due to a stroke of lightning.

The Inquirer.

THORACIC ABSCESS.

THE case of thoracic abscess, described upon page 66 of The Times and Register, looks like an empyema. Let us see if this explanation will fit the description given by Dr. Milner. It began with a fever—that is, acutely; followed by pointing, prolonged suppuration, resisting all efforts at healing until finally another opening was made into the lung, and then the chlorinated soda solution did good. The mental hebetude was due to septic poisoning. So far, the explanation is satisfactory; but it does not account for the pyuria or for the intestinal hemorrhages. Is it possible that the reporter has mistaken a free deposit of urates for muco-pus? It sometimes happens, at the crisis of a fever, that the urine is loaded with deposits which resemble pus, but do not prove to be so on microscopical examination. The hemorrhages do not appear to have any possible connection with the other symptoms. They may have been due to duodenal ulcer, from embolism, or to hemorrhoids; but the history is incomplete.

Could this have been a hepatic abscess? This might have existed in a latent condition, and the fever have been due to its invading the pleura. The opening, however, was not where we would expect from a hepatic abscess, and the pus is not described as bloody. The history does not show Dr. Milner's reason for persistently administering alteratives, when the indication appears to be plainly for iron, quinine, and rich diet. Quinine, in large doses, is assuredly the remedy in case of profuse suppuration, with fever and prostration. M. L. W.

Jamestown, Dak.

G. W. C.'S CASE.

IF Geo. W. C.'s case is one of diabetes, as seems probable from the symptoms, it is somewhat singular, as being apparently due to an injury. If it is quite certain that the appearance of the symptoms followed immediately upon her fall, the case should be recorded. There is no reason why glycosuria should not follow an injury of this sort, as well as one made by the experimenter.

In one case treated by the writer syzygium jambolanum has produced a decided change for the better. It was given in doses of a teaspoonful thrice daily; increased to six times afterwards. J. A. W.

Duluth, Minn.

Has "Geo. W. C." examined his patient's urine for sugar? Jno. A. R.

It may be that the phonograph will prove of value to the demonstrator of physical diagnosis. By its use, a typical crepitant râle, a pleuritic friction sound, or an aneurismal bruit may be preserved and reproduced for the edification of successive classes of students. This will enable the teachers in cross-road colleges to become quite independent of the clinics for their material.

Book Reviews.

THE BACTERIA IN ASIATIC CHOLERA. By E. KLEIN, M.D., F.R.S. London and New York: Macmillan & Co., 1889.

Dr. Klein is the most prominent of the few who still refuse to accept Koch's comma bacillus as the true cause of cholera, though acknowledging its diagnostic value. With him the verdict returned is the Scotch one, of not proven. Dr. Klein is an able worker, of acknowledged skill, and his reasons for his faith are clearly stated in this volume, which can be obtained at Lippincott's.

A LABORATORY GUIDE IN CHEMICAL ANALYSIS. By DAVID O'BRINE, E.M., M.D., D.Sc. Second Edition. New York: John Wiley & Sons, 15 Astor Place. 1889.

A practical guide in chemistry, adapted to the wants of the student. The book has been prepared with care, and the author tells us that he has verified the tests given. This is not a superfluous bit of information. The late Dr. Jerome Kidder, while in the Navy, prepared a little manual for the use of navy surgeons. In framing this, he found a difficulty with the nitrate of urea test, which he found had been copied from book to book, and the error was traced back to Sutton, who had made it originally.

A MANUAL OF INSTRUCTION IN THE PRINCIPLES OF PROMPT AID TO THE INJURED. By ALVAH H. DOTY, M.D. New York: D. Appleton & Co., 1889.

This manual covers the points which should be taught to the ambulance corps of a military organization, and seeks to give such instruction in the management of emergencies as a non-medical person can comprehend and utilize. The anatomical introduction is judiciously worded; it is clear, and does not cover too much for those to whom the book is to go. The eighty-nine plates are praiseworthy, except the colored diagram of the arteries, which careless press work has spoiled in the copy before us. Altogether, in general utility the book is far ahead of any work on emergencies which has preceded it. In going over it, the idea occurred to us that it would be a very useful text-book for grammar or high schools.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. I, No. 2, February, 1889. This volume embraces: Gonorrhœal Infection in Women, by William Japp Sinclair, A.M., M.D.; on Giddiness, by Thomas Grainger Stewart, M.D.; and Albuminuria in Bright's Disease, by Dr. Pierre Jaenton. In all, 260 pages. Price, $1.00. (The series is published monthly, at $10.00 per annum.)

Vol. I, No. 3. Contents: Neurasthenia, and its Treatment, by Dr. H. Von Ziemssen; Antipyresis and Antipyretic Methods of Treatment, same author; The Tongue as an Indication of Disease, by W. H. Dickinson; On the Treatment of Cystic Goitre, by T. M. Hovell, F.R.C.S.; New Remedies, from 1878 to 1888, by Dr. O. Canquil; and the index for Vol. I. Dr. Dickinson's paper is illustrated by a number of cuts and four colored plates.

Vol. II, No. 1. Contents: On Diabetes and its Connection with Heart Disease, by Jacques Mayer, M.D.; Blennorrhœa of the Sexual Organs and its Complications, by Dr. Ernest Finger.

PHYSICIAN'S LEISURE LIBRARY. THE RADICAL CURE OF HERNIA. By HENRY O. MARCY, A.M., M.D., L.L.D. Detroit, Michigan: Geo. S. Davis.

Hernia is a subject interesting at all times, both on account of its frequency and its obstinacy. The author discusses this trouble, *ab initio*, in a readable and able manner.

Numerous experiments on animals and a number of operations on patients have convinced him that the best operation is the open wound operation under strict antiseptic precautions, and with sutures of gut.

THERAPEUTICS FOUNDED UPON ORGANOPATHY AND ANTIPRAXY. By WM. SHARP, M.D., F.R.S., etc. 8vo. pp. 203. London: Geo. Bell & Sons, 1886.

This book is arranged in the form of essays, six in number.

For a motto the author takes the quotation: "The sick man dies of his doctor," and, as he proceeds, attempts to prove, successively, that the theory and practice of medicine of to-day is founded on principles essentially wrong, and its followers are little better than charlatans; that homœopathy is defective, but has pointed out the true path, and that a peculiar system, which he has founded and called antipraxy, is destined to become the medicine of the future, and has in it "laws" which are unchangeable and uniform, and which in all cases govern the actions of drugs.

"Antipraxy" has for its foundation what the author considers to be a great law-fact, viz., that the action of all drugs on the healthy individual in small doses is opposite to their action when taken in large doses—that is, that a drug which in large doses stimulates, will, in a small dose, depress.

What constitutes a large and what a small dose he believes must be separately determined for each drug, but his work shows a wonderful preference for such doses as the "third potency"—that is, the one-millionth of a grain.

He says that medicine is "without principles and therefore without science," and, in the next breath, mourns that "if there has been a discovery of laws and principles the announcement of them . . . is treated with indifference if not with scorn."

Again, he boldly decries the practice of using the knife in cases of epithelioma of the tongue, but fails to tell us how otherwise to stop its progress.

Such statements as treatment of a disease by "lowering life" on one hand or "stimulating" it on the other, only "help disease to kill," cause us to wonder if the author ever saw a marked case of plethora or one of typhoid fever.

His theories are but a faint excuse for the follies of homœopathy, and, among other curious recommendations, he suggests as good treatment for poisoning by arsenic, a small dose of arsenic.

It no doubt is well that as he says antipraxy and its practical application have been so far confined to his hands.

The whole work is extremely visionary, and when in its pages we find "there is little progress" in medical knowledge at this time, we can but wonder if the author has spent the last quarter of a century in central Africa.

Pamphlets.

What is the Normal Posture for a Parturient Woman? By A. F. A. King, M.D.

A Brochure on the Hypodermic Treatment of Internal Hemorrhoids. By Q. A. Shuford, M.D., Tyler, Tex.

Dreams, Sleep, and Consciousness, a Psychological Study. By George M. Gould, M.D.

Catalogue of the Pennsylvania State College. Center Co., Pa., 1889. This catalogue shows a flourishing condition of this worthy and excellent Institution.

Syllabi of Studies Pursued in the Philadelphia Dental College, and Hospital of Oral Surgery.

Medical Examiners' Bill. By W. B. Trites, M.D. From *Hahnemannian Monthly.*

The Twenty-first Annual Report of the Midnight Mission. Mission House, No. 919 Locust Street, Philadelphia.

This is a most commendable charity, and has done good work. The report shows that out of 1218 cases received during the twenty-one years, 941, or 78 per cent, have been benefited, many of these restored to home and friends. This large percentage in a class of people so low makes comment on the beneficence of such an institution unnecessary.

Temperature and Atmospheric Humidity and their Relations to Health and Disease. By J. M. Anders, M.D., Phila.

First Annual Report of the Board of Governors of the Gynecean Hospital to their Contributors. Hospital, Corner of Eighteenth and Hamilton Streets, Philadelphia.

Placental Development. By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass.

The Histology and Surgical Treatment of Uterine Myoma. By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass.

The Climate of the Southern Appalachians. By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass.

Lichen Ruber as Observed in America, and its Distinction from Lichen Planus. By R. W. Taylor, M.D., New York.

The Cortical Localization of the Cutaneous Sensation. By Charles A. Dana, A.M., M.D., New York.

Annual Announcement, Department of Medicine and Surgery, University of Michigan, 1888–89

Explanatory Notes on Dr. Keyes' Investigation of Electrolysis. By C. R. Dickson, Kingston, Ont.

On the Relation Between the General Practitioner and the Consultant or Specialist. By L. Duncan Bulkley, A.M., M. D., New York.

Postero-lateral Spinal Sclerosis or General Ataxia. By W. Everett Smith, A.B., M.D., Boston, Mass.

Pulmonary Consumption Considered as a Neurosis. By Thomas J. Mays, M.D., Philadelphia.

A Case of Hodgkin's Disease, accompanied with a possible resulting Paraplegia. By Lewis H. Adler, Jr., M.D., Phila.

Biennial Message of Richard J. Oglesby, Governor of Illinois, to the Thirty-sixth General Assembly.

The Relation of Education to Insanity. By Geo. D. Stahley, A.M., M.D., Easton, Pa.

Graves' Disease. By William C. Baily, M.D., Albion, N. Y., President Central New York Medical Association, 1888–89.

Message of Governor Robert Taylor to the Forty-sixth General Assembly of the State of Tennessee, 1888.

Report for 1888 of the Children's Sea-shore House, at Atlantic City.

Improprieties of Dress an Important Etiological Factor in Many of the Diseases Peculiar to Women. By Sebastian J. Wimmer, M.A., M.D., of St. Mary's, Pa. Reprint from THE MEDICAL REGISTER, November 24, 1888. 10 pages.

The many evils arising from the use of corsets and tight lacing are graphically set forth. While there is nothing new presented, old truths appear in a fresh and attractive garb which cannot but impress upon the reader the necessity for a reformation in the modern mode of attirement.

Gleanings.

BOUCHARD points out that in certain diseases of the spleen characterized by increase in size (due to congestion) a soft, prolonged murmer may be heard over that organ. He has proved its presence in five cases accompanying cirrhosis of the liver.—*La France Medicale.*

WICKS reports a case of acute tympanites, occurring in the sixth month of pregnancy, in which the symptoms were so urgent that the abdomen was punctured in four places with a trocar. Immediate relief ensued, but labor continued.

CHEADLE considers the claim of tonsillitis to be ranked as one of the rheumatic series to be well established. In the list of rheumatic affections he mentions anæmia, erythema, exudativum, and nodosum, purpura, chorea, subcutaneous tendinous nodules, and pleurisy.

PICRIC ACID IN ECZEMA.—Picric acid has recently been employed by Cerasi, in the treatment of eczema impetiginosum, with considerable success. Seven cases of this disease, affecting the face and scalp, were rapidly cured by local applications of the acid. The ages of the patients were from two to four years. —Merck's *Bulletin.*

EHRLICH'S TEST.—Howard Taylor calls attention to the importance of Ehrlich's test in suspected typhoid fever. It is made as follows: A, a saturated solution of sulphanilic acid in dilute (1 to 20) hydrochloric acid. B, a 5 per cent. solution of sodic nitrite in distilled water. These must be freshly prepared; the second one not lasting over a week. In using the test, about twenty-five parts of A are added to one of B. Mix with this an equal bulk of the suspected urine, and render it alkaline with strong ammonia.

With normal urine the only change, the usual change, is a deepening of the color to a sherry or vinegar-brown. In fevers others than typhoid the color is a darker brown than in healthy urine. With typhoid urine the color rapidly becomes red, varying from a bichromate of potassium solution tint to a rich port-wine color. The froth produced on shaking has a characteristic pink tint.

This reaction is not always given until near the end of the first week. It may cease when the morning temperature has returned to normal. Otherwise, it is present in every case.

Unfortunately, it seems to be not rarely present in other conditions. It is occasionally present slightly in healthy urine; very rarely and very slightly. In several cases of acute and chronic Bright's it has been detected; also in one case of hysteria, one of chorea, two of diabetes mellitus, and one of polyuria. It is common in measles, sometimes present in acute and chronic phthisis, though never in acute general tuberculosis; said to be sometimes in pneumonia and diphtheria, and twice in acute rheumatism.—*Lancet.*

VOMITING OF PREGNANCY (*Hubert*).—

℞.—Iodide of potassium	1½ drachms.
Tinct. of iodine	6 drops.
Distilled water	4 ounces.—M.

Three tablespoonfuls a day.—*Gazette Médicale de Montreal.*

LINIMENT FOR NEURALGIA.—

℞.—Comphorated alcohol	90 parts.
Ether	30 "
Tincture of opium	6 "
Chloroform	20 "—M.

To be applied on flannel.—*Courier Médicale.*

INJECTION FOR HYDROCELE (*Richet*).—

℞.—Bichloride of mercury	18 grains.
Distilled water	1 pint.—M.

Six to eight ounces is to be injected and about half the quantity is allowed to remain in the scrotum, when it will be absorbed by the subsequent inflammation.—*Courier Médicale.*

COMPOUND WINE OF CREASOTE (*Frænkel*).—

℞.—Creasote	3 drachms.
Tincture of gentian	1 ounce.
Alcohol	8 ounces.
Sherry wine, q. s. to make	1 pint.—M.

Two or three tablespoonfuls a day in tubercular phthisis when the temperature is not very high and when the bacilli are not yet very abundant.—*Union Médicale.*

NAPHTHOL IN PYOTHORAX.—Bouchard, in two cases of pyothorax, used intra-pleural injections of naphthol with very good results.

He used naphthol, 5 parts, alcohol, 33 parts, and distilled water, enough to make 100 parts. Of this, he injected from half a drachm to a drachm twice a day.

As soon as the solution reaches the pleural cavity, the naphthol is precipitated, but part of it is redissolved again in the inflammatory exudate and sterilizes the contents of the pleura. No operation for empyema was necessary.—*Wiener Med. Presse.*

THE MICROBE OF ECLAMPSIA.—Blanc (*Arch. de Socologie*) states that there exists in the urine of eclamptic patients a microörganism, whose pathogenic action is shown by experiment to be as follows:

1. *General Convulsions.*—In rabbits these convulsions are followed after a brief delay by the death of the animal. Pregnancy constitutes for them a manifest predisposition.

2. Intense inflammatory swelling at the level of the points inoculated. This inflammation is produced in animals which have withstood the grave general phenomena of the beginning; it is soon followed by spacelus. After the cure of these accidents, the animals enjoy towards the same microbe an immunity which is great, but not absolute.

3. Different incidents of the infectious order; miliary abscess, phlebitis, fever.

4. Renal determinations of variable gravity and albuminuria.

THE Cincinnati *Lancet-Clinic* contains a report of a case in which a child of three years of age was given, by mistake, a teaspoonful of tinct. opii. deodorat. Two hours afterwards a physician was summoned, and he succeeded in saving the child's life by the use of emetics, coffee, and atropia.

REID ALEXANDER, M.D. (*Kansas Med. Jour.*), reports a case of successful triple synchronous amputation of both legs and one arm. The patient was a brakeman, and was run over by the cars. The right arm was removed three inches below the elbow, the right thigh at the junction of the upper and middle thirds. and the left leg at the junction of the middle and lower thirds. The patient was discharged in eight weeks.

NOMA.—Yates and Kingsford (*Lancet*) report three cases of facial gangrene, treated successfully by sublimate applications. The first case, aged three years, convalescing from measles, had been treated with iron, good diet, stimulants, and nitric acid, but the gangrene still spread. Immediate improvement and an ultimate cure followed the use of sublimate solutions, one part to five hundred. The other cases were similar.

GRAVES' DISEASE AFTER REMOVAL OF NASAL POLYPI.—Dr. Simon read before the Clinical Society of London a paper on a case of this kind. A day or two after removing several polypi from the nasal cavity there occurred exophthalmos of the right eye, but no increase in the size of the thyroid gland nor acceleration in the pulse-rate.

In view of the fact that in several instances Graves' disease has been known to disappear after intra-nasal operations, and as the polypi had returned, one of the members suggested that Dr. Simon had better remove them again, and perhaps this time the disease might leave.

EPITHELIOMA OF VAGINA AND VULVA.—Paul F. Mundé (*Am. Jour. of Obstetrics*), gives an account, illustrated with colored plates, of a case of epithelioma of the labium majas and one of the vagina. The latter is quite rare, only some twenty-six being recorded. He himself has seen two. The first was in a woman of twenty-four. The growth recurring after the first removal, he was compelled to perform a second operation, after which she remained well. In the present case the woman had been treated for a vaginal discharge for six months before he saw her. He found a "friable, spongy, easily bleeding mass the size of an orange, growing from the posterior wall of the vagina, not involving the cervix, and extending to about one inch from the vaginal orifice." The tumor was removed with the écraseur and its base cauterized. Two months afterwards she presented herself again, with a mass as large as, and much more offensive than, the one before, but as she had become cachectic, nothing could be done for her but to alleviate her discomfort and prolong her life for a time.

Medical News and Miscellany.

NOTE TO SUBSCRIBERS.—Those who have subscribed to two or more of the journals united in the present combination will have their subscriptions extended in proportion to the amount overpaid.

THE case of alleged yellow fever at Palmetto, Fla., turns out to be typho-malaria.

DR. WALTER LINDLEY, of Los Angeles, Cal., has been in Philadelphia on a visit.

PROF. H. A. KELLY has been elected to the Chair of Gynecology at Johns Hopkins University.

TYPHOID FEVER and diphtheria are widely prevalent in Northamptom and Lehigh Counties.

DR. CASPAR SHARPLESS has left the Philadelphia Hospital and gone to the Orthopædic as Resident.

A LICENSE for a baby farm has been issued to the Women's Charity Industrial Union, 612 South Eighteenth Street.

INDIANAPOLIS horses have the malarial fever. Many animals are dying, and thus far no remedy has been found.

A NEW disease called photo-electric ophthalmia is described as due to the continual action of the electric light on the eyes.

A WEIGHTY argument in favor of electric lights is that they do away with the danger to the rural visitor who blows out the gas.

A NEGRO was sent to the Municipal Hospital under the impression that he had smallpox, but proved to be suffering with pneumonia.

THERE were four hundred and twenty deaths in Philadelphia last week, of which five were due to scarlet fever, and seventeen to typhoid fever.

PLASTIC SURGERY.—The outer corners of the eyes of Turkish girls are often cut to render the eyes larger and more beautiful.—*Western Medicat Reporter.*

THE Canada *Medical Record* utilizes its reporting staff to test the samples left on its table. It graphically describes the results following the employment of a glycerin suppository.

SAMUEL C. HOOKER, Ph.D., proposes to furnish to the public a weekly statement concerning the state of the Schuylkill water. Those already given show that the water is much better than is generally supposed.

DR. AND MRS. KERLIN, of Elwyn, sailed on the "Ohio," upon a six months' trip to Great Britain and the Continent. Dr. Kerlin has been for twenty-five years superintendent of the Pennsylvania Training School for Feeble-minded Children at Elwyn, which shelters seven hundred and fifty children. The Board of Managers requested him to make this tour in recognition of his long and valuable services, and for the purpose of enabling him to enlarge his means of usefulness to the school by visiting similar and cognate institutions in Europe.—*Press.*

IT may be that the phonograph will prove of value to the demonstrator of physical diagnosis. By its use, a typical, crepitant râle, a pleuritic friction sound, or an aneurismal bruit may be preserved and reproduced for the edification of successive classes of students. This will enable the teachers in cross-roads colleges to become quite independent of the clinics for their material.

ITALICISED WORDS.—Those who frequently underscore words in their articles should call to mind the words of rhetoricians, to the effect that the more italicised words the author uses the weaker is his writing; for they show that he has not skill enough to place his emphatic words in emphatic positions in the sentence, but must resort to the highly objectionable method of italicising them.

ONE of the most fashionable of Philadelphia physicians always kisses his hand when waving farewell to his wealthiest lady patients; but some of them were comparing notes the other day and found that for visits when he kissed his hand he charged $10, while for others he charged only $5.—*Times.*

We think we know him; and if so, the courtly grace with which he does it is worth $5.

COMMISSIONER TANNER has appointed the following Medical Examiners for Pensions: Pottsville, Drs. D. W. Bland, C. E. Quail and C. T. Palmer; Montrose, C. C. Halsey; Lewistown, J. P. Gethe and J. T. Mahan; Trenton, D. Warman and R. R. Rogers, Jr.; Pennington, E. L. Weling; Philadelphia, W. H. Hutt, J. P. Patterson, and J. B. Harmer; also J. S. Ramsey, C. B. Penrose, and S. Starr; Reading, A. G. Cresswell, F. K. Spang, and J. B. Sterley.

DR. BENJAMIN LEE, Secretary of the State Board of Health, has been appointed Commissioner for the United States to meet Commissioners for Delaware to fix the boundaries for the reservation which the latter State is to cede to the general government for the purpose of a thoroughly equipped quarantine station at Lewes. The government has set aside $75,000 for the new station, and with a thorough administration of affairs there and at the city quarantine station, near Chester, there will be little danger of yellow fever or cholera gaining a foothold in Philadelphia.

THE large catalogue of Medical Books and Journals issued by Dr. A. E. Foote, of 1225 Belmont Avenue, Philadelphia, has the same relation to the ordinary commercial catalogue as the Index Catalogue of the Library of the Surgeon-General's office does to the ordinary catalogues. It is now being issued, being complete as to Hygiene, Yellow and other Fevers; Obstetrics, Surgery, Anatomy, Practice, Urinary, Venereal, Brain, and Nerve, etc. When fully completed it will include over 1400 titles. It is sent free to every physician requesting it on headed paper, or by including his professional card. It will be found useful to any practitioner who thinks or writes. He issues similarly complete catalogues on Chemistry, Physics, Geology, Natural History, Mineralogy, and on all other branches of science.

BOSTONIAN COURTSHIP.

A man of modern science wooed
A maiden of accepting mood,
Who, dreading lest contagion might
Do mischief to her chosen wight,
With sol, bichloride washed her hair
And sponged her limbs and body fair.

She rinsed her mouth with "Listerine,"
And held, her snow-white teeth between,
A pad of antiseptic gauze—
Covering her nose, as well as jaws—
Which formed a sort of respirator
Between them and her "osculator."

But this reminds—I should have told
That these were things he'd taught of old,
With others which I may not tell, in
Regard to spots that germs might dwell in.
She was a wise professor's daughter
And practised all which had been taught her.

So this good medicine man, with pride
Clasping his antiseptic bride—
In disinfected murmur low
Asked "why she loved her doctor so?"
And, softly nestling down, she sighed,
"You're such a dear *old germicide.*"

—Boston *Medical and Surgical Journal.*

Apropos of the consolidation of journals to form The Times and Register, a publisher remarked to us: "Why don't you continue the three separately? *You* can get an advertiser *or* subscriber to patronize three as easily as one." The idea evidently was: Get the good will of a man and then "work him" for all he is worth.

Commendatory.—Tennessee now has a Medical Examining Board, and the Governor with singularly good judgmeot has given to the State Medical Society the privilege of recommending three members of this Board, he to "nominate the fourth regular practitioner. Elected in such a manner the Board is likely to be both competent and just.

Effect of Drainage.—A striking example of the grave importance of sanitation is found in Munich. An excellent system of drainage works was finished in 1881; and, according to the *Sanitary News*, the annual deaths from typhoid fever, which had numbered 245 up to 1880, were reduced in 1881 to 40, the yearly average since that time.

Dr. Hummel has organized another journal entitled *The Pennsylvania Monthly;* under the auspices of the University of Pennsylvania. Dr. Hummel is an enterprising publisher, and is now interested in *The University Medical Journal*, *The Annals of Hygiene*, *The Journal of Comparative Anatomy and Physiology*, and, we believe, a homœopathic journal.

Maternal Impressions.—Dr. St. Clair (*Med. Summary*) says in the course of an article on this subject that he once confined a white woman of a nearly black child, whose singular color the mother explained by saying that she had been chased by a negro when she was eight months with child. The doctor thinks that she might have added with truth "and he caught me too."

Medical Society of the State of Pennsylvania.—Fortieth Annual Session, to be held at Pittsburgh.

First Day, *June* 4, 10 A.M.—The President, Dr. J. B. Murdock, will call the Society to order. Prayer, Rev. David Jones. Presentation of Register of Delegates, Dr. W. B. Atkinson, Secretary. Address of Welcome, Dr. E. A. Wood, Chairman of the Committee of Arrangements. Report of Programme. Introduction of Foreign Delegates and Visitors. Report of Delegates to the American Medical Association and other societies. Report of Permanent Secretary. Report of Corresponding Secretary. Report of Treasurer. Report of Committee of Publication. Report of Medical Examiners of County Societies. Report of Committee on Medical Education. Appointment of Committee on Unfinished Business. Unfinished Business. New Business. Intermission at 12.30 P.M.

2 P.M.—Address on Medicine, Dr. J. C. Wilson, Philadelphia; Address in Hygiene, Dr. T. J. Mays, Philadelphia; Cases of Labor (340), Dr. J. M. Batten, Pittsburgh; Sarcoma of Choroid, case, Dr. Wm. C. Bane, Canonsburg; Calling on Counties for Names of Members of Committee on Nominations; Value of Measures over Medicines, Dr. J. Madison Taylor, Philadelphia; Unfinished Business; New Business; Adjournment at 6 P.M.; Address of the President, Dr. J. B. Murdock. at 8 P.M., in the Bijou Theatre.

Second Day, *June* 5, 9 A.M.—Naming Committee on Nominations. Address in Laryngology, Dr. Wm. H. Daly, Pittsburgh; Diet in Therapeutics, Dr. Solomon Solis Cohen, Philadelphia; Trephining in Traumatic Insanity, Dr. Samuel Ayres, Pittsburgh; Report of Committee on Clinical Research, Dr. John B. Roberts, Chairman; Report of Committee on Management of Pennsylvania Hospitals for the Insane, Dr. Samuel Ayres, Chairman. Unfinished Business. New Business. Recess at 12.30 P.M.

2 P.M.—Report of Committee on Nominations. Address on Surgery, Dr. John B. Roberts, Philadelphia; Pneumonia, Dr. James Tyson, Philadelphia; Ptomaines as the Factor in a Disease Class, Dr. E. A. Wood, Pittsburgh; Prolapsus of Rectum in Children, Dr. H. R. Wharton, Philadelphia; Ventilation of Cities, Dr. J. M. Anders, Philadelphia. Unfinished Business. New Business. Adjournment at 6 P.M.

Third Day, *June* 6, 9 A.M.—Address in Obstetrics, Dr. Frances N. Baker, Delaware County; Is Gestation Ever Prolonged? Dr. J. Milton Duff, Pittsburgh; Extra-uterine Pregnancy, Dr. M. Price, Philadelphia; Cocaine, Dr. Edward Jackson. Philadelphia; Report of Committee to Revise the Constitution of the Medical Society of Pennsylvania, Dr. Wm. M. Welch, Philadelphia, Chairman. Unfinished Business. New Business. Recess at 12.30 P.M.

2 P.M.—Address in Nental Disorders, Dr. Alice Bennett, Norristown; Sebaceous Glands, Dr. John V. Shoemaker, Philadelphia; Operation in Abdominal Diseases, Dr. J. M. Baldy, Philadelphia; The Typhoid State, Dr. J. Chris Lange, Pittsburgh; Report of Committee on Medical Examiners, Dr. L. F. Flick, Chairman; Report of Committee to Confer with State Committee on Lunacy, Dr. H. C. Wood,

Chairman. Report of Committee on Pharmacy, Dr. J. W. Holland, Chairman. Unfinished Business. New Business. Adjournment at 6 P.M.

Fourth Day, June 7, 9.30 A.M.—Reports of Committees. Unfinished Business. Inauguration of President-elect. New Business. Final adjournment at 10.30, to Visit Dixmont Insane Asylum.

Entertainments for the Fortieth Annual Session.—Tuesday, 8 P.M., President's Address, Bijou Theatre. 9 to 12 P.M., Reception at Monongahela House by the Allegheny County Medical Society. Wednesday, lunch at West Penn Hospital, 5 P.M.; Reception by Mr. and Mrs. M. K. Moorehead, 9 to 12 P.M. Thursday, lunch at Mercy Hospital, 12.30 P.M.; excursion to Bessemer Steel Works, nine miles up the Monongahela River, with lunch by Carnegie Phipps & Co., 5 P.M. Friday, excursion to Dixmont, immediately after adjournment, about 11 A.M.

IN regard to the case of trance at Attica, N. Y., we have received advices from a prominent physician of that place, saying that the woman is a humbug. The newspaper accounts indicate rather an ordinary type of hysteria. We have taken the trouble to investigate a number of the recentiy reported cases of trance, but have as yet not succeeded in locating a genuine cases.

THE HIGHEST DEATH-RATE.—According to *Annals of Hygiene* the deaths from typhoid fever per 100,000 are: in New York, 23.5; Baltimore, 32.2; Boston, 40.9; Chicago, 45.1; Philadelphia, 76.5. It further says that Philadelphia has a larger typhoid fever death-rate than any other city in the world, and traces this to the polution of the Schuylkill by sewage from cities and towns above it, including the sewage of Laurel Hill Cemetery with its 80,000 silent inhabitants.

A VERY well-written letter in the *Ledger* describes the singular prevalence of alcoholism, and of deaths from that cause, in the summer of 1887, as compared with 1886 and 1888. From five deaths referred to this cause in the first quarter of 1886 there was a steady increase which culminated in the third quarter of 1888 (which was an unusually hot summer), when there were sixty-one deaths; the number falling to seven for the corresponding quarter of 1888. The writer thinks there must be a special tendency to death from this cause in very hot weather or else some deaths from sunstroks were attributed to alcoholism.

As the victims of hay fever are beginning to collect funds, etc., for their annual migration to high latitudes, we have a suggestion to offer them. Let a ballon be constructed, large enough to accommodate a goodly company, and have it anchored over some convenient spot, say Boldt's new Stratford House, so that the comforts of life may be secured and health enjoyed without the trouble and expense of a long journey and the discomforts of mountain hotels. If the weather becrne threatening, the balloon could be lowered until the danger is past. Urgent business could be attended to; telephonic communication with the family kept up; and, in short, the whole scheme presents many advantages.

BROTHERLY LOVE exists among the St. Louis doctors.

THE adoption of the separate system of drainage has reduced the death-rate of Salisbury from 40 per 1000 to 16.

ABSINTHE drinking is on the increase in St. Louis. However, with ten medical colleges in their midst people must do something to keep up their spirits.

APPLICATION has been made to the courts for a charter for the Charity Hospital for Women. Among the directors are Drs. Henry Leaman, W. L. Boyd, and C. P. Noble.

TAMA CITY, Iowa, has been suffering from the death of thousands of fish in the Iowa River. The water has killed numbers of cattle, and made many persons sick. The trouble is thought to be due to the refuse from the glucose works, which will probably be closed.—St. Louis *Globe-Democrat.*

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from May 21, 1889, to May 27, 1889.

FORWOOD, WILLIAM H., Major and Surgeon. The leave of absence, by direction of the Acting Secretary of War, on Surgeon's disability, granted in S. O. 35, April 8, 1889, Department of Dakota, is extended one month. Par. 13, S. O. 118, A. G. O., Washington, May 22, 1889.

MIDDLETON, PASSMORE, Major and Surgeon. Will, as soon as practicable after his arrival at Fort Trumbull, Conn., proceed to Fort Warren, Mass., and report for temporary duty until the return of the post Surgeon from detached service with batteries of the Fourth Artillery, ordered to Atlanta, Ga. He will then return to his proper station, St. Francis Barracks, Fla. Par. 2, S. O. 113, Headquarters Division of the Atlantic, Governor's Island, N. Y. City, May 18, 1889.

MCELDERRY, HENRY, Major and Surgeon. Leave of absence for one month, to take effect upon completion of his duties as a member of the Army Medical Examining Board, in New York City, is granted. Par. 4, S. O. 117, Headquarters Division of the Atlantic, Governor's Island, N. Y. City, May 23, 1889.

PATZKI, J. H., Major and Surgeon. Leave of absence for twenty-one days is granted. Par. 1, S. O. 44, Headquarters Department of Arizona, Los Angeles, Cal., May 18, 1889.

RAFFERTY, OGDEN, First Lieutenant and Assistant-Surgeon. Ordered with troops, for field practice, to Galveston, Tex., where troops will camp for such time as may be hereafter directed. Par. 1. S. O. 29, Headquarters Department of Texas, San Antonio, Tex., May 13, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending May 25, 1889.

HENEBERGER, L. G., Passed Assistant-Surgeon. Detached from the "Thetis," and ordered to the "Iroquois."

HESLER, F. A., Assistant-Surgeon. Promoted to Passed Assistant-Surgeon.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended May 25, 1889.

HUTTON, W. H. H., Surgeon. To proceed to New Orleans, La., and inspect unserviceable property, May 25, 1889.

PURVIANCE, GEORGE, Surgeon. Detailed as Chairman Board of Examiners, May 22, 1889.

AUSTIN, H. W., Surgeon. Detailed as member Board of Examiners, May 22, 1889.

GODFREY, JOHN, Surgeon. Detailed as Recorder Board of Examiners, May 22, 1889.

GUITERAS, JOHN, Passed Assistant-Surgeon. Resignation accepted, by direction of the President, as tendered, to take effect April 30, 1889, May 11, 1889.

ARMSTRONG, S. T., Passed Assistant-Surgeon. Granted leave of absence for thirty days, May 11, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 561.

NEW YORK AND PHILADELPHIA, JUNE 8, 1889.

The Medical Register Vol. V, No. 127.

ROYAL COLLEGE OF SURGEONS OF ENGLAND 20 JUN 89 LIBRARY

PAGE

CLINICAL LECTURE.

ON THE NEWER TREATMENT OF DISEASES OF THE NERVOUS SYSTEM. By Dujardin-Beaumetz - - - - - - - - - - - - - 121

ORIGINAL ARTICLES.

AN EXPERIENCE IN INTUBATION. By Lambert Ott, M.D. - - - - - - - - - - - 123

HUNTING THE GERM OF YELLOW FEVER. By Frank S. Billings, M.D. [Continued] - 124

HOSPITAL NOTES.

JEFFERSON COLLEGE:
Hydrocele, *Allis* - - - - - - - - - - 127
Hare-lip. *Allis* - - - - - - - - - - 127
Boils. *Allis* - - - - - - - - - - - 128
Chancre. *Hearn* - - - - - - - - - - 128

MEDICO-CHIRURGICAL COLLEGE:
Escape of Pus into Peritoneum. *Montgomery* - - - - - - - - - - - - - 128
Arthritis. *Pancoast* - - - - - - - - - 128
Staphylorraphy *Stubbs* - - - - - - - 128
Collyria. *Keyser* - - - - - - - - - - 128

UNIVERSITY HOSPITAL:
Ascites. *Pepper* - - - - - - - - - - 128
Lumbago. *Pepper* - - - - - - - - - - 128
Typhoid Fever. *Pepper* - - - - - - - 128
Chronic Malaria. *Pepper* - - - - - - - 129

PHILADELPHIA HOSPITAL:
Teething. *Stryker* - - - - - - - - - 129
Retention of Urine. *Stryker* - - - - - 129
Iodine Eruption. *Stryker* - - - - - - 129
Tonic. *Stryker* - - - - - - - - - - 129
Coxalgia Death from Ether *Ransley* - 129
Chronic Parenchymatous Nephritis *Walker* - - - - - - - - - - - - - - 130

PAGE

Typhoid Fever *Wilson* - - - - - - - - 130
Progressive Pernicious Anæmia. *Wilson* - 130
Herpes Zoster. *Wilson* - - - - - - - 130
How to Open an Abscess. *Ransley* - - - 130

EDITORIAL.

ASYLUM INVESTIGATIONS - - - - - - - 131

ANNOTATIONS.

Johnstown - - - - - - - - - - - - - 132
The Eleventh Census - - - - - - - - - 132

SOCIETY NOTES.

OHIO STATE MEDICAL SOCIETY - - - - - - 133
Laryngeal Phthisis. *Thrasher* - - - - 133
Chronic Pharyngitis. *Thorner* - - - - 133
Extra-uterine Pregnancy. *Reeve* - - - 133

CINCINNATI MEDICAL SOCIETY - - - - - - 134
Œdema of the Larynx *Birchard* - - - 134
Gun shot Wounds of the Abdomen. *Hall*, 134
Chronic Eruptions and Internal Diseases. *Judkins* - - - - - - - - - - - - 134
Induction of Premature Labor. *Taylor* - 134

THE INQUIRER.

G. W. C.'s Case *Libby* - - - - - - - - 134
Is Antifebrin Dangerous? *Saylor* - - - - 134
Inflammation of Toes. *Dunn* - - - - - 135

BOOK REVIEWS.

Proceedings of the Society for the Study of Inebriety - - - - - - - - - - - - 135
The Ear. *Burnett* - - - - - - - - - - 135
Text Book of Pathology. *Hamilton* - - - 135
Alcohol Inside-out. *Chenery* - - - - - - 136

PAGE

Atlas of Venereal and Skin Diseases. *Morrow* - - - - - - - - - - - - - - 136
Are Venomous Snakes Auto toxic? *Waddell*, 137
Extra-uterine Pregnancy - - - - - - - 137
PAMPHLETS - - - - - - - - - - - - 137

GLEANINGS.

Valvular Diseases of the Heart. *Peter* - - 127
Aural Polypi *Pratolongo* - - - - - - - 138
Treatment of Scrofulous Glands. *Treves* - 138
Lacteal Secretion during an Imaginary Pregnancy *Demarge* - - - - - - - - 138
Laparotomy for puerperal Peritonitis. *Evans*, 138
Excision of the Cæcum. *Durante* - - - - 138
Expert testimony. *Ward* - - - - - - - 138
Prognosis in Heart Disease. *Leyden* - - - 138
Treatment in Post partum Hemorrhage *Mayne* - - - - - - - - - - - - - - 139
Mammary Fistula. *Nicolai* - - - - - - 139
Cystitis. *Madden* - - - - - - - - - - 139
Dentition. *Wheeler* - - - - - - - - - 139
Ligation of Common Carotid and Subclavian *Meriwether* - - - - - - - - - 139
Mercury in Anæmia *Cartledge* - - - - - 140
Hernia of Pleura into Neck. *Fowler* - - - 140
Raymond's Disease *Lancet* - - - - - - 140
Morphine Poisoning. *Dowling* - - - - - 140
Extirpation of Larynx. *Med Press* - - - 140
Albuminuria. *Adami* - - - - - - - - 140
Mycosis Narium. *Summa* - - - - - - - 140

MEDICAL NEWS AND MISCELLANY, 141

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - 144

NOTES AND ITEMS.
Advertising Pages - - - - - - - - - iv, xiv

Clinical Lectures.

ON THE NEWER TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

(Delivered at the Hôpital Cochin, Paris, France)

BY DUJARDIN-BEAUMETZ.

(Reported by THOMAS LINN, M.D., Paris)

GENTLEMEN: In our last lecture we spoke about the progress that had been made in the treatment of nervous diseases, those relating to the spinal cord in particular. We showed the new suspension treatment, and mentioned the advantages it had. To day let us take up the medicinal means we have now in use, that will allow us to combat the acute lancinating pains which the patients so often have who suffer from spinal cord troubles. These *fulgurating* pains, as they are called, are perfect torture to these poor patients, so that you see at once the importance of meeting them with proper therapeutical measures. Thanks to the introduction of several new remedies, we have made considerable progress in treating these pains. These are the analgesics and antithermic drugs. Only a few years ago, we had but two methods of treating these paroxysmal pains. One was the application of cold or heat; the first as ice, and the last the actual cautery. We had besides hypodermic injections of morphine, but as I said in my book on "New Medication," "the longer I live in medicine, the less I am disposed to use opium;" not but that I admit it to be superior to all the analgesics; but I find that its use often brings about morphinomania—a social vice that is worse than alcoholism. Allow patients to take morphine for three or four weeks, and they will continue it forever; even physicians do not know enough to stop it in time, and become themselves afflicted with the morphine habit. Morphine, it is true, takes away pain, but it brings on the congestive phenomena of anæmia, and suppresses the urine, so that we should reserve its use for those cases of incurable diseases that have reached their last term, such as cancers and other serious maladies.

There is then a considerable interest attached to the proper use of the newer analgesics, so that morphine can be put to one side; and the new agents that have an action upon pain and have no particular contraindications can be used in its stead. These newer medicines all come from what is called the aromatic series that has furnished the antithermics, the antiseptics, and now gives us the most powerful analgesics, that are equal, if not superior, to those that are derived from opium or belladonna.

I shall first of all speak to you of antipyrin, as it is the best known of this group. It had up to the time of Germain Seé been considered as an antithermic, to be used in fevers only. The great advantage that antipyrin has over the other medicines of its class is that it is very soluble while the rest are almost insoluble. This allows of the use of antipyrin in sev-

eral ways. It, however, has the inconvenience of producing a form of rash, similar to scarlatina, in certain persons who use it. This happens with antipyrin when given in doses that are above four or five grammes a day, and it is more often seen in children than in adults, and in women than in men; this can be noticed when using it for chorea. Here a peculiar eruption is sometimes produced, but it is not at all dangerous. You will ask, what is the best way to give antipyrin? There are three methods in use: by the stomach, by the skin, and by the rectum; this last in injections or in suppositories. It may be given in wafers, but it is more effective when given in solutions. When the wafers are used, give a gramme night and morning; when the solution, the following formula is useful:

℞ —Antipyrin . . . . . 10 grammes.
Divide in ten doses and dissolve one in a glass of sugar and water, to which may be added a little rum or Kirsch, which will take away the odor of benzine that antipyrin usually has.

As a rule, a gramme of this drug night and morning is well supported by most patients, but sometimes the secretion of gastric juice is interfered with, or at least it becomes very acid. This bad effect can easily be remedied by using alkaline solutions in prescribing antipyrin in such cases, or simply ordering it to be dissolved in a glass of Vichy water, which may be sweetened.

Per rectum, antipyrin can be given in rectal injection, but the suppositories are better on account of the fact that these nervous patients cannot keep a rectal injection in. The following is a formula for these:

℞.—Antipyrin . . . . . 1 gramme.
Cacao butter . . . . . 5 grammes.
Wax, q. s.
M.—F. one suppository.

To use under the skin, as antipyrin is soluble you can make all sorts of solutions; but if equal parts of water and the drug are used, the solution will be very painful. It is better to use a solution like this:

℞.—Antipyrin . . . . . 5 grammes.
Boiled water . . . . . 15 grammes.

Then you may make two or even three injections of this, at the same sitting, so as to give the dose you wish; and this method is much better than that of injecting stronger solutions, which so often cause abscesses. Again you may add hydrochlorate of cocaine, if the injections are painful, as follows:

℞.—Antipyrin . . . . . 5 grammes.
Aquæ . . . . . 15 grammes.
Cocain. hydrochlor. . . . . 0, 15 centigrammes.

But I do not wish to speak of all the applications of antipyrin. At the same time I should tell you the end we have in view in using such drugs. As all these new medicines come out we should seek for and study their indications. Antipyrin has one clear and important one; it is for congestive neuralgias, megrim and congestive pains in the head. This is its best field of action. Then, again, in diabetes, to prevent polyuria. It acts on the superior portion of the spinal cord and diminishes the excitability of the medulla, and by that action the painful symptoms not only of the cord but also of the brain itself. It is in this way that it brings about a fall of temperature; that is, by acting on the thermic centers contained in the brain.

I now take up a medicine that is not so well studied, that is acetanilide, obtained by the action of acetic acid on pure aniline. Studied first by Hepp and Kahn, of Strasburg, who showed us its antithermic properties, and gave it the name of antifebrin, it was also first of all applied as an antithermic.

Prof. Lepine, of Lyons, then showed that it possessed an analgesic power; and I first spoke of its use in 1887, as a sedative to the nervous system. Two of my students then wrote on its use in the pains occurring in locomotor ataxia. It is a very active drug, but it also has its inconveniences, as it produces cyanosis; not that this blue color bothers the patient himself much, as he does not feel the slightest difficulty from it, but his friends and family get frightened when they see him turn blue. It is a poison and will kill animals when given in two grammes per kilogram dose. It acts on the nervous system and brings about analgesia and anæsthesia. It also acts on the blood and transforms the oxyhæmoglobine into methæmoglobine; while it brings about a fall of temperature by acting on thermic centers of the spinal cord.

Acetanilide is insoluble in water, so that it can be given in cachets or wafers only, in doses from 0.50–2 grammes per day. (It may be remarked here that the French always give the dose of a medicine per day, or per twenty-four hours, and rarely or never by single dose.)

Acetanilide should never be given in doses of over 0.50 at one time. It is soluble in alcohol, and Yvon gives the following formula:

℞.—Acetanilide . . . . . 5 grammes.
Elixir Garus. . . . . 170 " —M.
Sig.—Tablespoonful is a dose.

This solution is an agreeable preparation, but as alcohol is always to be avoided, when possible, it is well to use the cachets in preference.

The cyanosis, of which I spoke, is not always seen, even when considerable doses of the drug are given; and it seems to depend more or less on the activity of the kidneys in the patient, or, again, on the respiratory power of his blood. However, one can give this medicine for years without danger. A German author cites the case of a patient who took in a year as much as four hundred and ninety-five grammes without the slightest inconvenience. I have also kept up the use of acetanilide in epilepsy for years without danger. What are the advantages of this medicine? Well, if it was not so insoluble and did not produce cyanosis that frightened the patient's friends, it would be the best of the analgesic medicines. It is certainly the most powerful, in certain cases, where no other drug will act, especially in these fulgurating pains of locomotor ataxia.

Also, in neuritis, and in those pains that are brought about by compression of the nerves; but the cyanosis has frightened the doctors so much that it is now almost given up for other drugs of the same series. In this hospital service we have

had a very large number of cases of ataxia, and we have been able to relieve their lancinating pains with this drug, in doses of one and one-half grammes per day. In a patient that I have in town, who spoke of killing himself, from the pain that came on in violent paroxysms, I was able to stop the pains; and while the family did not want the medicine continued, owing to the cyanosis which set in and frightened them, the patient himself insisted on having the medicine, as he preferred being blue to having the intense gnawing pains. In treating epilepsy, I have made three cures by the use of acetanilide, which I still continue; but I admit numbers of failures. However, the success I have had, I find is in cases where they could not take bromides. In one case as much as fifteen grammes of bromide of potassium were given per day, without stopping the attacks, and yet acetanilide cured the case. So that you may try it in those cases which are not influenced by the bromides.

Original Articles.

AN EXPERIENCE IN INTUBATION.

By LAMBERT OTT, M.D.,
PHILADELPHIA.

THE practising physician often and justly frowns at novelties in the treatment of diseases, especially when after very superficial observations they are vaunted before the medical public; but he that decries intubation as invented and practised by O'Dwyer must certainly be a very careless individual. I had some very embarrassing accidents in my first cases, which probably could have been avoided had I known in what particular to be watchful; therefore, my purpose in offering the details of a limited experience, is to suggest to the ill-trained beginner how to evade troublesome incidents likely to occur when intubating for the first time.

Intubation is not a difficult operation to one versed in the anatomy of the parts, is easy to the cool, self-possessed man, and most difficult to one nervously excited during the manipulation. I have often met Dr. Montgomery, who has intubated more cases than any one physician in Philadelphia, and I attribute his dexterity to his remarkable coolness and making haste slowly, the latter condition being a *sine qua non* to the success of the operation.

The following are the instruc ions usually given: The child is held upright in the arms of a nurse, and the gag inserted in the left angle of the mouth, well back between the teeth, and opened widely; an assistant holds the head, thrown somewhat backward, while the oper tor inserts the index finger of the left hand to elevate the epiglottis and direct the tube into the larynx. The handle of the introductor is held close to the patient's chest in the beginning of the operation and rapidly elevated as the canula approaches the glottis. The tube is then pushed downwards without using much force. It is then detached, then the thread is withdrawn, while the finger is kept in contact with the tube to prevent it being also withdrawn.

One wishing to intubate should familiarize himself with the anatomical relations of larynx and throat, and, above all, remember that in passing the finger the tongue sinks and carries the epiglottis down over the laryngeal opening, therefore, the operator has to lift the epiglottis from its prone position, and will not find it vertical as when the throat is passive. This apparently trivial error is made by beginners, consequently they pass the tube over the closed larynx into the œsophagus. In fact, it is madness for one to attempt the introduction of the tube unless his finger rests on the laryngeal rim and holds up the epiglottis.

The following cases are from my own practice, exclusive of a number seen in the practice of other physicians:

CASE I.—Male child, aged four and one-half years. Diphtheria; exudate on tonsils, croupy cough, no dyspnœa. Third day stenosis followed by cyanosis, when tube was passed with immediate relief. Removed tube on third day. Recovery complete, except a persistent aphonia lasting one month.

CASE II.—Male child, aged six years. Diphtheria; exudate on tonsils and fauces, croupy cough and dyspnœa. Third day signs of stenosis; intubated successfully. Tube removed on fifth day. Recovery. After the loop of thread was cut it was found twisted and had to be broken. This was done in a second case while the fingers held down the tube, which procedure I would advise rather than to annoy the child by trying to untwist it.

CASE III.—Female, aged five years, membrane on tonsils only. Second day stenosis. Intubated five o'clock one Monday morning with immediate relief. The child did well till the following Wednesday morning, just forty-eight hours after its introduction, when she had a spell of strangulation, as the mother called it, and soon after the cough and voice returned. I was very much disturbed, not knowing what had become of the tube. Just after its introduction I ausculted larynx and trachea and elicited a high-pitched tubular sound, approaching a whistling. As the voice had measurably returned, I felt that the tube had either passed further down into the trachea or was coughed up and swallowed. Auscultating over the same region now gave a low-pitched, clear tubular sound, from which I concluded it had been swallowed, as it proved to be, passing in four days. The cough during the presence of the tube is distinctly tubular, and the moment you distinguish a vocal cough the tube has been displaced. The stenosis in this child did not return.

CASE IV.—Female, aged fourteen years, croupy cough, slight dyspnœa, and no membrane visible. On the fourth day stenosis became so alarming that I passed the tube; attempted its extraction on the fifth day, when I found the head of the tube nearly buried in swollen mucous membrane, which hindered me very much in its removal. Recovery was complete. At no time did membrane appear in the throat.

CASE V.—Male, aged fourteen years, diphtheritic stenosis. Intubated and removed tube on fourth day. Recovery.

Thus far all my cases have recovered, and this I attribute to the fact that none of them were grave forms of diphtheria with constitutional involvement. Removal of the tube is the most difficult part of the operation. Observing the following rules will facilitate matters. The head is held slightly inclined backward, pass the extractor guided by the index finger resting on the head of the tube and holding back the epiglottis. After the blades have been fixed, gently withdraw the instrument, but if the finger, still in position, does not feel the tube rising out of the larynx, then the expanded blades are not in the tube but scraping the pharyngeal walls. It is most important to retain the finger after the extractor is in proper position, not only to guide you as before mentioned, but to follow the tube and prevent it falling back in the throat. When the head of the tube is embedden in swollen mucous membrane its removal will be found most difficult. It has been suggested by an experienced operator that the child be held with the head down and the trunk concursed with a few rapid strokes, the same procedure so highly recommended in removing foreign bodies from the larynx and trachea. This writer claims that the tube is sometimes entirely removed or coughed out, or partially lifted so that the extractor can be easily applied. The thought occurred to me that anæsthetizing throat and larynx as far as practicable with a cocaine spray, would give the operator more latitude and less reflex obstruction, thus enabling him to seize the tube. The following points may be of interest: Always use a fine silk string which will play freely in the eye of the tube, and should it become twisted break it.

To feed an intubated child will tax the ingenuity of the physician. Most of them refuse everything but brandy and water until the tube is removed. The yelk of an egg and anything of a gelatinous consistency is easily swallowed. Two of my cases took nothing but water and brandy for six days. The longer the tube is in the better they swallow. I found invariably a great repugnance to milk. In four cases I had to discontinue all medication except a steam spray of lime water, which was used with signal benefit when the secretions became tenaceous and were not readily forced through the tube.

Do not worry the child with repeated throat examinations unless it can be done with his acquiescence.

Before introducing the tube be certain to have the gag well back and firmly fixed between the jaws. Heeding this precaution will save the operator the mortification of repeated futile attempts. In one case I had a single young lady to hold the head and just as I was about to fix the tube in the larynx she fainted, the child's head became unmanageable, making the circumstance quite painful; therefore, when medical aid is not at hand choose an elderly person to assist.

In Waxham's book on Intubation he has an illustration representing the operator standing. This I consider a bad position for the beginner, who should be seated close to his patient, as he can readily assume the standing position when necessary.

HUNTING THE GERM OF YELLOW FEVER.

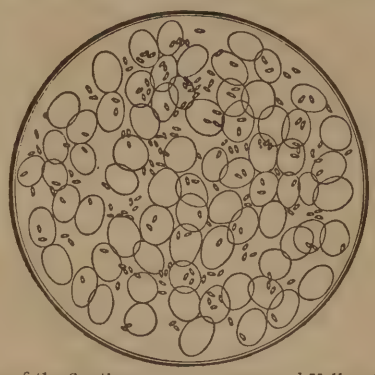
By FRANK S. BILLINGS, M.D.,

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

[Continued from page 105.]

Examination of Tissues for Microörganisms.

COVER-GLASS preparations made from alcoholic material as described later in the text—magnifying power, Zeiss ocular O oil immersion "$\frac{1}{20}$." But one microörganism present, and that sparsely represented. It is ovoid, of about the size of the organisms described as the cause of the Southern cattle plague



Germs of the Southern Cattle Plague and Yellow Fever.

when properly treated, and has a distinctly marked, clear center, with equally distinctly colored pole-ends. Where quite a conglomeration of tissue has been thinly spread upon the glass, these organisms are often seen end-on, and then look like cocci; cocci of the same character, size, and coloring reaction are also to be seen scattered through the specimen, but as the first described object is always to be seen more or less frequently represented, and as every competent patho-bacteriologist knows, or should know, that cocci represent a distinct phase in the development of this class of micro-etiological organisms, I feel justified in asserting that the specimen before me is infested by but one species, and that its members belong to the ovoid belted group of germs; which statement is also confirmed by the microscopic examination of properly stained sections of the organs above described.

Liver.—The above description will answer equally well as to the manner in which these germs present themselves to the eye. They are very small, and appear even smaller in the section than when seen in the smear preparation, which is but natural, unless we accidentally come across an individual presenting its horizontal diameter exactly to the eye of the observer, and so situated in the upper portions of the thinnest of sections as to be in direct apposition with the covering glass. In such cases, not only the peripheral outline but the sharply-colored pole-ends and the equally sharply outlined clear center can be distinctly seen. As said, these objects cannot be distinguished from cocci when they present themselves end on. They are sometimes to be seen in groups, sometimes in chains of several members, but I have not seen them forming long, connected threads as in the case of the swine-plague germs, especially in the kidneys. They are not only situated between th

parenchymatous cells but often in the bodies of the same. More especially are they represented in the smaller round cells present. No one but the merest tyro in the patho-biological examination of microscopic sections, no one competently versed in the technique of exact research can, or could, possibly overlook these organisms or mistake them for Kariokinetic figures or the peculiar phenomena presented by "mast-cells," both of which fail the clear outlines of the organisms, and in general have more affinity for the coloring substance.

They can be distinctly seen in the capillaries, sometimes almost filling the finest for a short distance, and then again extending along their course as single individuals, which conditions are only to be seen in fortunately made sections. In the larger vessels, when filled with coagulated blood, and a thin section of the coagulum has been fortunately made, they will be found more plentifully represented than in any other part of the section. In the preparation of sections by the carbol-fuchsin method, great delicacy of technique is required, as there is extreme danger of the formation of a very delicate precipitate, which the uninitiated might easily mistake for microörganisms, but which can be thoroughly removed by the lege-artistic treatment of the section before mounting. In the kidneys of the same individual the same microörganism is also profusely represented under the same conditions as those already described in connection with the liver. They were also present in the lymph-glands of the abdominal cavity.

"CASE II.—Edwin Sing, Norwegian; died at Hospital Garcini, October 24, 1888, at 3½ P.M. Autopsy at 4 P.M."

Liver.—Interstitial tissue diffusely increased, with marked sclerosis in those places where the larger vessels and gall-ducts take their course. While in some places it is markedly cellular, in others it is quite well organized, cellular structure being more or less wanting. In many parts the acini are distinctly outlined from each other by the presence of newly developed connective tissue, in which may be seen pieces of the ramifications of the neoplastic arterial capillaries. The walls of the larger arteries are much thickened. In many places the walls of the gall-ducts are so thickened that no lumen is to be seen. The parenchymatous cells are moderately swollen, and what is most striking is the entire absence of sharply coloring nuclei in the greater number. In others the nucleus is colored indistinctly, while in others again it cannot be seen at all. These latter cells are completely filled with a granulous substance, some of which is of a dirty yellowish color, and but slightly refracting, being very fine. Intermixed with this substance is a more coarsely granulous material, the individual granules of which possess a very strong degree of refraction.

Kidneys.—The general character of the microscopic lesions is the same as in the previous case; the complications of the stroma of the organ being slightly more pregnant, and the sclerotic condition of the walls of the larger arteries more marked. The engorgement of the subcapsular bloodvessels and those in the substance of the cortex is greater and the extravasations are more frequent and extensive. The parenchymatous changes in the tubes are not, in general, so marked, casts being wanting. Cover-glass specimens made from these organs in the same manner as before indicate exactly the same condition as to the microörganism present, except their more plentiful representation. Sections of the organs correspond thereto; the previously mentioned pigment in the cells of the liver seriously interfering with the view in many places, however, but in thin spots, more or less clear from the same, the germs may be distinctly seen. In the kidneys they are most profusely represented, especially in the intertubular tissue and spaces, and are to be seen with great distinctness, the section being most remarkably thin, as well as successfully colored. The variation in the extent of the uncolored belt which occurs during the process of evolution, and which causes a variation in the length of these organisms, is to be distinctly seen. The coagulum in some of the larger vessels is almost completely filled with these organisms. *No other organism is to be seen.*

"CASE III.—William Nelsen, German; died at Hospital Garcini, October 15, 1888, at 7 P.M., of yellow fever. Autopsy at 7½ P.M. the same day."

Liver.—Presents conditions exactly similar to those in the previous case, with the exception of a marked engorgement of the arterial circulation, as well as distention of the veins in places, and more complete sclerosis of the interstitial tissue surrounding the larger vessels, and less marked complication of the inter-acinous tissue. The kidney, on the contrary, while presenting similar parenchymatous changes to those described in the previous case, except in a more extreme degree, the granular character of the mass filling the tubes is excessively marked, cellular structure being almost entirely wanting as well as the nuclei. The most marked change is a diffuse complication of nearly all the capillary structure of the cortex, the walls of the arteries being so replete with nuclei as to make them almost as distinct as if injected. Accumulations of mono- and multo-nucleated round cells are present at many points of the bifurcation of the arteries, and especially in the vicinity of Bowman's capsule. The cortical portion is marked by a few engorged vessels and an occasional extravasation. In the medullary portion of the section at hand is quite a large vessel, with a ruptured wall surrounded by an extensive mass of extravasated blood.

Examination for Germs. — Smear-preparations of the above organs are especially characterized by their purity of representation, the absence of the coccoid form, and the remarkable clearness in which the belted structure and polar characteristics are presented. Examination of the sections confirms the previous statements.

"CASE IV. — Majin Marquez, Spaniard; died at Hospital Mercedes, July 8, 1888, at 1½ o'clock P.M. Autopsy at 4¼ P.M., same day."

Liver.—Sections of this organ are marked by the extreme degree of sclerosis of Glisson's capsule at those points where the larger vessels are collected, with extreme thickening of the walls of the gall-

ducts and encroachment upon their lumen. The veins are generally full of blood—many are markedly distended, which condition does not extend to the arteries as in the previous case. The complication of the inter-acinous tissue is greater and less cellular in character than in the previous case. There is also a diffuse complication of the intra-acinous connective tissue throughout the entire organ, with distinct encroachment upon the parenchyma, which, while less in quantity, has not undergone the same degree of acute degeneration, as in the previous case.

Kidneys.—The conditions of the kidney correspond more or less to those of the liver, those of a parenchymatous nature being of a minor degree, while those upon the stroma are more extreme, especially of the vascular system which are even more marked than in the previous case. The Bowman's capsule seems to be thickened. In some places the entire parenchyma has disappeared, its place being taken by granulation tissue. The cells bordering on the membrana propria are, in general, marked by clearly distinct nuclei, though an occasional one is wanting here and there. The balance of the contents of the tube is generally of a granulous character, though now and again a nucleus can be seen, and an occasional hyaline cast also; hemorrhages wanting.

Examination for Microörganisms. — Both smear-preparations and sections demonstrate the presence of the same microörganism as heretofore described with all the distinctness necessary.

"CASE V.—Soldier. Died of yellow fever, in Military Hospital, Havana, June 3, 1888. Autopsy five hours after death."

Liver.—Corresponds to that of the previous case but has a more marked sclerosis of the interstitial tissue in the great vascular spaces, with very distinct thickening of the walls of the arteries and almost complete occlusion of the gall-ducts. The inter-acinous complications are not, however, as distinctly marked, while the diffuse inter-acinous complication of the stroma is about the same.

Kidneys.—Diffuse complication of the stroma, a very slight degree of parenchymatous degeneration.

Examination of the Tissue of Above Organs for Germs. — Confirms previous statements in optima forma both in smear-preparation and section.

"CASE VI.—Soldier. Died of yellow fever, June 6, 1888. Autopsy three hours after death."

Interstitial complications in the liver less marked than in the previous case, being in general diffuse without any centralization at any particular point.

Kidneys.—Present the phenomena of acute parenchymatous inflammation with no complication of the stroma worthy of mention.

Microscopical examination of above tissue for bacterial organisms is but a simple confirmation of the results previously quoted, with this advantage, however, that the numerical representation of the germs is much more profuse than in either of the previous cases. A very large number of sections, and an equally large number of smear and covering-glass preparations were made from this material, *and it so happens that in but one of all these specimens* (most rigidly examined, not only once, but many times, and again most critically reëxamined when the previous notes were dictated) *was there any other form of microörganismal life present than that seen by Lacerda and Babes, as early as 1884, and again by me in 1887 in some of the same material, and also by Sternberg.* This exception consists of but two examples of a slim rod with rounded ends coloring diffusely and intensely and having about the dimensions of the tubercle bacillus. Whether or not this is the bacillus of Gibier I cannot say, as in none of the literature at my command is there a description of that organism sufficiently detailed to warrant the forming of even an approximate conclusion.

The other organism was present in every case, sometimes much more frequently represented but failing in none. In the Lacerda material it was, however, most profusely represented, as has been previously mentioned.

It will be remembered that both Sternberg and Gibier, more or less positively deny the constant existence of any organism in the tissues, though Sternberg admits this one distinctly and mentions others, while Gibier as distinctly says: "The blood, liver, spleen, and the kidneys have been found free from microbes."

With even more dogmatic positiveness, aye, with the effrontery of absolutism, I assert that this organism is invariably present in all the tissues examined by me, and that he who cannot demonstrate it is deficient in microscopic technique. I freely admit that it is difficult to demonstrate when very sparsely represented and only by isolated individuals scattered here and there among the cells, but if a small vessel filled with coagulated blood is cut appropriately there can be no possible excuse for not seeing them. Perhaps it may be that my more extensive experience with this class of germs and a more intimate acquaintance with their appearance in tissues, which probably exceeds that of any other observer, may be of value, but be that as it may, again I repeat *that not only in the Lacerda material but in a very large number of sections from the six Burgess cases this one organism is present, sometimes and often seen end-on, then looking like a coccus, sometimes lying full to the eye and then presenting its two pole-ends and clear middle piece, the latter varying much in extent in different individuals, sometimes seen obliquely, and again, if on the surface of the tissue and exposed to intense tinction, sometimes colored almost diffusely—but no matter how you see it it is one and the same organism.*

I do not, however, rely upon the examination of sections to make such a diagnosis. One is liable to be deceived if he does that. Hence, long ago I bethought me of a method by which we could handle alcohol-preserved material as easily and as surely as we can that absolutely fresh. After some experimenting I dropped upon the following plan, which can be promised to give as reliable results as those obtained from material taken immediately from a freshly killed animal. Naturally, the results will also depend on the freshness of the material when placed in the alcohol. In order to test its accuracy I have repeatedly killed an animal purposely

inoculated with a known germ and have at once put pieces of the organs in alcohol, while at the same time I made fresh smears from the blood and organs, preserving the slides. At a later date I have then treated the alcoholic material in the manner to be described and arrived at equally satisfactory results. It is scarcely necessary for me to say that this method is fully as reliable as the use of fresh material. In fact when the precautions are duly observed it may be more so, for if the material is properly removed, the piece washed externally in corrosive sublimate solution and then in distilled water, and from thence into absolute (or 95 per cent.) alcohol, the addition of any new organisms to the piece, other than those present in the animal, is next to an impossibility.

The Method.—The trouble with alcohol-hardened material has always been the uncertainty of what we saw even in the thinnest sections, in the case of such very minute organisms as those of the ovoid-belted-septicæmia producing group.

To avoid this: take a perfectly clean, cotton-plugged absolutely sterilized test-tube (or the requisite number), filter into it about the same quantity of a 1–10,000 caustic potash solution as you would use of gelatine or any other cultivating material. Sterilize this by heat. Let it stand until assured it is negative (when one is working much numbers of these tubes may be prepared at once and kept on hand). With sterilized forceps lift the piece of organ into the neck of its bottle and from its center, by other sterilized forceps, remove two or three small fragments and quickly place them in the potash solution, leaving them there some hours or until the alcohol is displaced. Then on carefully cleaned and sterilized glasses (if one thinks he needs so much care, and in such disputed cases as this it is unquestionably necessary) rub up these fragments or such parts as is necessary to give a coating, as with fresh material; dry in air, flame, color and mount.

[To be continued.]

VALVULAR DISEASES OF THE HEART.—Prof. Peter, in a clinical lecture at the Hospital Necker, calls attention to that which he considers an important point in valvular diseases of the heart. It is the intense feeling of suffocation which a hot bath is sure to produce. The reason is easy to understand. In all valvular disease compensation is established by two factors: the cardiac muscles for one part, and on the other the extremity of the circulatory apparatus, the muscles of the capillary bloodvessels. Consequently, If you plunge the body in hot water you dilate these vessels; the peripheral circulation is relaxed by the inertia of the capillary walls; one of the factors of the compensation is suppressed and the patient suffocates.

Another curious observation is that the lesion may be established without having been preceded by rheumatism. It may follow a fever of but short duration with slight pains in some portion of the body. Mitral insufficiency was found to follow in a young woman suffering from severe torticollis with fever of only twenty-four hours duration.—*La France Médicale.*

Hospital Notes.

JEFFERSON COLLEGE.

HYDROCELE.

THIS is not always the trifling trouble it is commonly supposed to be. Indeed, it is likely that in the majority of instances there is accompanying some disease of the cord or the testes. If the hydrocele is at all large, do not draw off all the contents on one occasion, but a little at a time, so that the sac may gradually contract and thus lessen the danger from septic poisoning through the entrance of air. This is the great danger. I have known of a number of cases in which septicæmia, gangrene, and even death have followed this simple operation. Indeed, I think that the only scientific method of treatment is thoroughly to lay open the scrotum so that the parts will be directly under the surgeon's eye. But if you intend to draw off the contents and inject some irritant, I would suggest that instead of diluting iodine, for instance, with say eight parts of water, and then injecting the solution, that you let the eight parts of water remain in the sac, and inject into it the pure iodine. You lessen by that much the danger of the entrance of air through squeezing out all the contents of an elastic bag. A few days after injecting the irritant the scrotum will probably swell up as large as it was before, but there is no cause for alarm—it will go down again when the inflammation subsides.

Here is a small hydrocele in which I shall simply make four or five punctures with a sharp needle, and the contents will gradually ooze out without any further operation.—*Allis.*

HARE-LIP.

This case of hare-lip was operated on last week. The division extended through not only the lip, but also the hard and soft palate, so it was a difficult and unpromising case on which to operate. You notice the little teat like projection hanging from the middle of the lip. That was made by freshening the two opposing edges, cutting the strips not entirely off, but allowing them to hang down. I will not snip that off, and I hope the parents will allow no one else to do it, for in the course of years considerable deformity will result from the fact that the normal tissues will grow faster than the cicatricial parts, and then when the child is ten, twelve, fifteen years old, this little projection can be utilized to remedy these defects in growth.

Hare-lip operations are exceptionally difficult for the reason that your very first one must be a success, or woe be to you! You cannot spoil one, throw it away, and try another. So be cautious with your knife and scissors. It is easy enough to snip a bit off, but no man can snip any on. Now about the pins and sutures. Instead of putting in the pins first, I put them in last. You can always see the scars left by pins which have been thrust transversely across the lip, and wound with figure-of-eight. After freshening the edges, I put in the stitches, beginning above. Any one of these can be taken out and put

in again if need be. After I have perfect apposition, I put in a pin, passing it from under the free border of one side of the lip diagonally up to the nostril of the opposite side. Sometimes I put in two. No noticeable scar is left by this proceeding, and in the case of a girl, especially, this little matter is of great importance.—*Allis.*

BOILS.

Here is a little child with a number of boils. The mother is unwilling to have them opened with a knife, and, indeed, I am better pleased that she is not; for I do not believe that incising a furuncle hastens its healing. It will give a patient some relief from the pain, but will do no further good. These boils are the expression of a depressed system. This child needs much that it has not and cannot get—nourishing food, fresh air, cleanliness, better home surroundings. From their looks I should think that both mother and child would catch a cold were they to take a bath.

Elixir of calisaya and iron would do well here. And add to each teaspoonful of elixir of calisaya from half a drop to a drop of Fowler's solution.—*Allis.*

CHANCRE.

This man is said to have a chancroid, but from the fact that it is just at the meatus and has an indurated feel, I believe it to be a chancre. The pus apparently coming from it really comes from farther up the urethra.

I find only one enlarged gland in the groin, but it is as yet too early for that sign. We will dress the sore with a little cotton saturated with plumbi acetat. gr. iij to ʒj, in order to reduce the imflammation, and besides that give some simple placebo till the rash comes out. If we begin mercury at once, the rash will probably not come out, and the patient is likely to conclude that he does not have syphilis. He will take medicine for a month or two and then disappear, only to come back one, two, or three years later with tertiary symptoms. I find that I get rid of the rash quickest by giving doses of blue-mass, guarded with from a fourth to a half a grain of opium; and I find that gr. $\frac{1}{20}$ tartrate of antimony added to this increases the effect. When the rash is gone, I put the patient on protiodide of mercury, and keep him on that, never to the point of salivation, for two years. If he wishes, he is then fit to marry in safety. —*Hearn.*

MEDICO-CHIRURGICAL COLLEGE.

NOT DANGEROUS.

THE accidental escaping of pus into the peritoneum, during an abdominal operation, has little effect upon the subsequent improvement of the patient, if the peritoneum is thoroughly and antiseptically washed afterwards.—*Montgomery.*

ARTHRITIS.

In severe cases of arthritis, where there is a great amount of inflammation, it is good surgery, says Pancoast, to ligate the main artery supplying the joint.

STAPHYLORRAPHY.

The patient, a young man, was operated upon the week before by Stubbs, and the union obtained was most excellent. The after-treatment in these cases is of the most importance; the patient should not be allowed any solid food for some time, and should abstain from talking or anything likely to strain the parts and cause a disunion.

COLLYRIA.

Keyser says that where the mineral astringents are used in eye-washes they should be employed in weaker solutions, and applied more frequently than they usually are.

UNIVERSITY HOSPITAL.

PEPPER presented a man who was suffering with ascites. "There is nothing to indicate peritonitis in his case. On examination I find the edge of the liver thickened and hard, with general enlargement of the whole organ. He has never been a drinker. One gallon of fluid was drawn from his abdomen by the aspirator. His condition is one of hypertrophic cirrhosis with ascites. He will be given a pill of calomel, digitalis, and squills. Will give him at first three grains of iodide of potash and push it to tolerance. We will also apply over the hardened liver:

℞.—Potassii iodidi	gr. xx.
Iodi	ʒj.
Lanolini	ʒj.—M.

His diet will consist of milk, mush, green vegetables, and very little meat. I never despair in the treatment of cirrhosis of the liver."

LUMBAGO.

Mr. S. J., aged forty-six, German, comes to us complaining of a pain in the back. Too often do physicians jump to conclusions, and attribute all pains in the back to rheumatism or a mere sprain. It may come reflexly from hemorrhoids, when it is low down in the back, from an aortic aneurism which presses against the vertebra or nerves, from neuralgia, from a beginning Pott's disease, or various other conditions. Within the last few days a case was referred to me in which a pain near the inferior angle of the scapulæ had been treated as sprain, neuralgia, and other troubles, when in reality I found a condition of caries of the vertebra in that region. This man has been subject to rheumatism, and as we have excluded all other causes we shall diagnose his trouble as rheumatism or lumbago, affecting the structures at the lumbo-sacral articulation. I have never found that you could get good results unless you made an actual application of cautery with the hot iron over the region affected. The cautery will, therefore, be applied over the seat of pain, and he will be placed upon the protracted use of wine of colchicum, ♏ x., with tincture of guaiacum ♏ xx–xxx., three times a day.—*Pepper.*

TYPHOID FEVER.

R. D., aged fifty-six, Irish, brickmaker, admitted nine days ago. Tongue was dry and slightly coated, teeth covered with sordes, much wasted and has lost

about fifty pounds, lungs and heart normal, slight tenderness in the right iliac fossa. Some sudamina on abdomen. Temperature has ranged from 99° to 103°. Dull, indifferent, and has a listless, heavy expression. Tympanites with some diarrhœa. I think this a case of typhoid fever and we shall work on this basis. Give him a liquid diet of mutton-broth and milk; also whiskey ℥ iv every twenty-four hours. Put him on the use of turpentine ♏ v every three hours.—*Pepper.*

CHRONIC MALARIA.

For a person who is saturated with malarial poison Pepper gives:

℞.—Strychninæ sulphatis,
Acidi arseniosi . . . . . āā gr. ¾.
Extracti belladonnæ . . . . . gr. ij.
Quininæ sulphatis,
Pil. ferri carbonatis . . . . . āā gr. xlviij.—M.

Fiat pil. No. xxiv. Sig.—One pill three or four times a day, after meals.

PHILADELPHIA HOSPITAL.

TEETHING.

IN his remarks upon children, Stryker spoke of teething. You will often be consulted by parents in regard to the teeth of their children, and a few remarks on that subject will not be amiss. It is not until after the sixth or seventh month that the teeth begin to give trouble. The central incisors of the lower jaw are the teeth that come first, and the gums become swollen, hot, and uncomfortable, and in such cases cooling and anodyne applications are all that are necessary, for nature usually relieves it. Later on, in cutting the other teeth, the child's rest may be disturbed; sleeplessness and certain constitutional disturbances, as convulsions, or, in hot weather, diarrhœa. In these cases it is well to incise the gum to the crown of the tooth. There is a notion that the scar tissue formed will retard the eruption of the tooth, but it is a fact that scar tissue disintegrates and gives way much easier than normal tissue. It is much better to allow the first teeth to come out themselves, than to pull them, for they act as supports to the second teeth and prevent them from deformed positions. Parents should be instructed to care for their children's first set of teeth, as well as they do the permanent set.

RETENTION OF URINE.

Frequently you will be called in twenty-four or thirty-six hours after birth to see a child that is not able to evacuate the bladder. Examine at once for any malformation—it is always my rule to do this at the time of birth. At birth the prepuce is longer than necessary, but as the child grows older it shrinks. It may be that the opening of the prepuce is pin-like, so that the urine cannot escape. In this case introduce a small probe to break up any adhesions to the glans penis; then introduce a pair of forceps and gradually dilate the foreskin until the glans can be exposed. Do this every morning until the parts are in a normal condition. If these parts are not stretched, there is irritation due to the collected secretion, causing balanitis and constitutional disturbances, such as convulsions and wetting the bed. This simple operation, if done in young children, will save the necessity of a graver operation in after years. Children respond very quickly to these troubles as well as to simple treatment. It is best to tie up the penis in a soft rag saturated with warm water to soothe it, and allow nature to proceed in healing. It may be necessary to apply a little lead-water and laudanum to keep down inflammatory processes.

ERUPTION OF POTASSIUM IODIDE.

I show you this young child, who has an eruption of a papular character, with small, yellow heads, and to all appearances resembles the eruption of measles. It has been taking the iodide of potassium, and now has a typical rash of iodine. This eruption will need no treatment beyond the cessation of the iodine. I wish to impress on you the importance of close inquiry in every case and not jumping at hasty conclusions. One might hastily say yes, baby has the measles, when it is simply the iodide rash.

TONIC.

The following tonic is good for weak stomach and indigestion:

℞.—Quininæ hydrochloratis . . . . . gr. xlviij.
Tr. gentianæ compositæ . . . . . f ℥ iv.
Syrupi zingiberis . . . . . f ℥ ij.—M.
Sig.—Take a dessertspoonful every meal time.

COXALGIA—DEATH FROM ETHER.

D. F., Italian, aged thirty-six; three months ago he was admitted to the hospital suffering from coxalgia; the thigh was slightly flexed, rotated outward and the adhesions prevented extension. On May 4, 1889, he was brought before the class, under the influence of ether, and the adhesions were broken up. He was placed in bed and the limb treated by extension. It grew more painful; an abscess was diagnosed, and, on May 18, he was again brought before the class by Dr. Ransley. An exploratory incision was made over the great trochanter and a large amount of pus escaped. Most of the pus was extra-capsular. The capsular ligament was opened and an examination of the bones did not reveal anything that would justify further operative procedure. The cavity was to be cleansed with bichloride, 1–2000, and absolute rest in bed, with extension, was to be required. The patient bore the ether very badly, and during the latter stages of the operation hypodermics of whisky were freely used; but in spite of this his pulse grew weaker and he was taken from the clinical amphitheater in a dying condition. All means were used to revive him, but death soon ensued. Post-mortem examination showed that the tissues around the joint, as also the psoas sheath, contained pus. He had also manifested symptoms of blood-poisoning previous to the operation. It was noticed that all the organs gave off the odor of ether, and there appears to be little doubt that the immediate cause of his death was the anæsthetic, though the operation was wholly justifiable, as it was his only chance for life.

CHRONIC PARENCHYMATOUS NEPHRITIS.

This case is that of an old woman who has flabby cheeks; puffiness beneath the eyes; a pale waxy look; marked œdema of tissues; pulse slow and of fair tension; urine is amber colored and diminished in amount, acid in reaction; specific gravity 1019; hyaline casts more or less granular; pus corpuscles; epithelial cells, and decided quantity of albumin. In the treatment of these chronic cases, you cannot expect to make a complete cure, for there is a structural lesion of the organ which no manner of treatment can replace. The indication for treatment in this class of kidney trouble is to render the skin active and thus relieve the kidneys. This woman will receive hot-air baths, and if necessary jaborandi. Her diet shall consist exclusively of skim milk. It has been found that, after a prolonged use of skim milk alone, the patient thrived well and every trace of albumin disappeared from the urine; but as soon as this diet was varied albumin returned at once. It is my opinion that the whole milk will answer better, for the fat in it will serve for required nutrition. She will be placed on small doses of carbonate of ammonia for a short time to stimulate her heart; and will also be placed on Basham's mixture.—*Walker.*

TYPHOID FEVER.

In speaking on typhoid fever, Dr. J. C. Wilson claims that 75 per cent. of the cases will get well, with good nursing and suitable diet, without any medicine; 10–15 per cent. will not get well at all, and 10–15 per cent. require medicine. "If there is a specific for typhoid fever, I should say it is carbolic acid and iodine, and I use it in every case of this kind. When the first solid food is given to a typhoid patient during convalescence, a fever may come on (febris carnis) leading one to think seriously of a relapse, but it is of short duration usually. This case is one of a convalescent typhoid, and he is given six grains of quinine and two teaspoonfuls of Basham's mixture."

PROGRESSIVE PERNICIOUS ANÆMIA.

I bring this man before you this morning not to lecture to you upon his condition, but to show you one of the most remarkable results of treatment in the wards of this hospital. Our history on April 2, 1889, shows that he is a Scotchman, aged forty-two years; white; general laborer; has been in America four years; not temperate as regards alcohol; has always been pale; grew weak and had strange noises in his head, accompanied by palpitation of heart; skin had a waxy yellow hue, with slight jaundice; appetite poor, and constipation; systolic blowing at the heart, venous and arterial; bronchitis; spleen almost normal; red blood cells diminished enormously, 600,000 to cubic millimetre; hæmoglobin, 15 per cent.; red cells altered in form and nearly normal in size. May 2, his condition was considered fatal, but the red cells had increased to 1,500,000; hæmoglobin, 30 per cent.; to-day, May 10, red cells number 1,780,000, and jaundice has disappeared, as well as the waxy hue of the skin; his general condition is much improved, and it is my opinion that he will entirely recover. He has not been given iron. He was given Fowler's solution, ♏ iij., three times a day, increased one drop each day, and at present he is taking twenty drops, three times a day. He has also been required to take, at intervals, four or five long, full inhalations of a mixture of two volumes of pure oxygen gas to one volume of nitrous oxide gas, three times each day. The diminished red cells were not able to receive sufficient oxygen from the air to nourish the body, so, by forcing them to use these inhalations, more oxygen was taken up and a consequent improvement from the very first. The arsenic caused some gastric trouble, but was stopped for a few days and again resumed. He has been given the very best diet. This treatment will be continued, and if our patient continues to improve, as he has, he will soon be a well man.—*Wilson.*

HERPES ZOSTER.

This old woman, who was admitted after a debauch, has a rash in the form of a girdle, which extends around her body below the breasts. This is a cutaneous disease associated with neuralgia, and often the pain that precedes the appearance of the rash is very severe for some time. This woman developed an acute intercostal and infra-orbital pain of a burning character, following which was a crop of vesicles from a pin-head size to that of a split pea, having their long axis with the axis of the intercostal and infra-orbital nerves. Treatment consists of small doses of morphine, repeated simply to control the pain. Moderate doses, gr. v., of antipyrin will often control the neuralgia. Large doses of quinine also relieve neuralgia, but are unsatisfactory. The simpler the local treatment the better. Nothing is gained by poultices. Prevent irritation from clothing by a flannel bandage. Powders are useless, except when the vesicles burst. Ointments are disagreeable and not much good My own feeling is that the application of collodion, somewhat diluted with ether, and to which is added morphine gr. j to ʒj, is all that is required. Collodion covers the rash with a thin film that excludes air and irritation from clothing. After using a good many forms of treatment, I find antipyrin, morphine, and collodion give the best results. Duration is from ten days to two weeks, healing with slight scars on the face. It is a disease to which certain families show a predisposition.—*Wilson.*

HOW TO OPEN AN ABSCESS.

Ransley says that abscesses in the deep parts of the side of the neck should be opened thus: make an incision through the skin with your scalpel, introduce your grooved director into the abscess, and with a pair of forceps dilate the opening sufficiently to allow a free escape of pus. Wash the cavity with bichloride 1–2000, and dress antiseptically. Although this is rather a rough manner in which to evacuate an abscess, yet you are not liable to injure any of the important vessels or nerves that might otherwise be severed by a knife.

DR. EDSON gives a timely warning against typhoid fever, and ventures the broad assertion that there is probably not a well in the country whose water is fit to drink.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 8, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communi ations relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

ASYLUM INVESTIGATIONS.

WE look upon these investigations of insane asylums as an unmixed benefit to those institutions. Not that they often succeed in unearthing veritable abuses, even when they really exist, but they serve to bring back the attention of the hospital attendants to the fact that their duties are not those of turnkeys, but of nurses. It must not be forgotten that these duties are singularly difficult. Lunatics are not easy to manage. They are sometimes irrational, swayed by insane impulses, evil in thought, treacherous, lying, quarrelsome; in a word, they possess sometimes the ingenuity of fiends in making themselves disagreeable. It is necessary for their own good that they shall be held in subjection, and not suffered to injure themselves or others, or to destroy property wilfully. As the object of their treatment is to restore their power of self-control, discipline is a primary means of cure.

When the officers of an asylum are capable, when they are endowed with the necessary mental qualifications to secure the respect of their charges, when to the knowledge of the medical art and mental philosophy, they add an earnest desire to benefit their patients and a ready sympathy for their infirmities, the task of controlling the insane is not difficult. For there are few insane persons who will not recognize the presence of a warm, sympathetic heart, and give their assistance to an earnest effort to do them good. When this spirit animates the whole institution from the superintendent down, there is little to fear and much to gain from public investigations.

But if the attention of the officers be engrossed with any interest other than the individual welfare of the inmates, it is different. The attendants soon perceive that the first duty demanded of them is to keep the patients from annoying their superiors, and that as long as this is done, the latter are indisposed to look too closely into the methods employed to bring about the desired result. This is so true that even attendance at professional assemblages, and the preparation of papers to be read at them, is held to detract from the more essential ward-work of the asylum physician. When this condition exists, abuses are sure to creep in; abuses which cannot be brought out by an investigation. A black eye or a broken bone can be blamed on another patient; as the inmates are just as likely to be cruel to each other as the attendants. The testimony of patients is a very uncertain guide, except to those who are familiar with them. For these reasons, abuses may exist which jeopardize the lives and prevent the restoration to reason of the patients, and the asylum officials be ignorant of it. The hospital becomes in effect a prison; where order and discipline, safe-keeping and feeding, with such treatment as will prevent the annoyance of others, are the only objects aimed at. When patients recover their reason, it is more by the grace of God than by the intelligent application of the art of the alienist.

Practically, this is not often the case. Those who are at the head of our asylums are almost invariably men of the highest mental and moral qualifications, who devote their lives to the study of their patients, and who know them too intimately to be deceived by an attendant's stories. By unwearied diligence they make up for the difficulties under which most of them labor from the want of intelligent attendants; and real cases of cruelty are very rare in the institutions controlled by these men.

Hence, as we have stated, we look upon these investigations as highly beneficial; as bringing back those who are in authority over lunatics to a sense of the demands of humanity, and directing their attention forcibly in the line of their most important duty.

There is another aspect of this case, and it is surprising that it has never occurred to the sharp-sighted members of the press. In their investigations of the inner workings of the asylum, they do not seem to have been struck with the exceptional qualifications demanded for a good attendant, and the impossibility of procuring such persons for the low wages now paid. The man or woman who has enough tact to keep in order a ward full of lunatics without resorting to force, is expected to work for the wages of an ordinary house servant. Problems which would test the skill of an Esquirol are left to nurses who can hardly read and write. The true moral of these scandals is simply this: exercise the greatest care in the selection of the staff of an asylum, and then pay the members enough to warrant them in devoting their lives to the work.

WE are pleased to announce that the celebrated clinician, Dr. Dujardin-Beaumetz, has joined our editorial corps, the American Medical Press Association.

DR. BIGGS has testified that he has discovered evidences of hemorrhage at the base of Bishop's brain, sufficient to cause death. Let us hope that this question is now definitely settled; and in a way to put at rest all the gruesome suspicions which have been circulated.

Annotations.

JOHNSTOWN.

A RUSH of flooding waters, and the terror of death suddenly falling upon thousands, and a city of forty thousand inhabitants is blotted out of existence. The greatest calamity of modern times has fallen upon the valley of the Conemaugh, and out of the string of towns along her banks many thousands lie dead; overwhelmed in the flood, crushed among the wreckage of falling cities, or, worse yet, roasted in the flames which broke out in the chaotic mass of houses packed against the bridge.

A leading characteristic of the age is the security afforded to life and property; which, imperfect as it may appear to us, has steadily increased since the Middle Ages. The rule of law and the science of the engineer have combined to make the horrors which mainly form what we term history, comparatively infrequent in modern times. This renders still greater the shock when such an appalling catastrophe occurs as that of Johnstown.

It is certain that there will be great distress among the survivors; and that the contributions which are pouring in from every quarter will all be needed before the district will again become self-supporting. Our own profession is among the first to respond; and a number of physicians have left Philadelphia for the recent disaster. What with grief or despair, added to the effects of bodily injury and exposure, their services will be badly needed.

The improvised hospitals in the neighborhood are crowded to overflowing, while all sorts of temporary shelters are being utilized. Our city hospitals will probably be called upon to accommodate some of the sufferers who can be moved, and active preparations are being made to receive them. Jefferson has sent a corps of surgeons to the front, under the competent leadership of Prof. Forbes, with an ample store of surgical dressings.

The Medico-Chirurgical Hospital has placed her fifty beds at the disposal of the authorities, making provision elsewhere for her present inmates.

Prof. Pancoast has got the Red Cross Association actively at work, and has sent a contingent of surgeons to the front. The University has also supplied a number of workers. Prof. Keen has called an extra meeting of the County Medical Society, and has authoried a draft upon its treasurer for $500. It is probable that the meeting of the State Medical Society at Pittsburgh has been seriously marred by this calamity; many physicians turning aside to go to Johnstown, and others being detained on the way by the widespread injury to the railroads caused by the floods.

THE *Journal of the American Medical Association* comes out on May 25, with an edition of 75,000 copies. The Journal gives evidence of careful and competent editorial supervision; and if it is now under a temporary management, the Association can scarcely do better than make the present arrangements permanent.

THE ELEVENTH CENSUS.

IN another column will be found an official circular from the Superintendent of the Census requesting physicians to aid in the work of collecting statistics, and announcing that the eminent statistician, John S. Billings, has consented to take charge of the Report on Mortality and Vital Statistics. Dr. Billings has been before the medical world so long that any reference to his great abilities is superfluous. As a statistician he has succeeded in investing his rather arid subject with an interest previously unknown. Most of our readers will remember the sensation with which his famous malarial map was received by the medical profession; a work upon which undoubtedly depends the degree of popularity which he enjoys in the West and South. His broad manner of dealing with his subject, taking in whole empires at a single sweep, regardless alike of minor considerations, such as individuals and facts, his freedom from anything like personal bias in the exercise of official authority, all combine to increase the interest excited by the announcement, that this brilliant imagination is to have a new and wider field in the manipulation of the vital statistics of the Eleventh Census of the United States.

We hope that in one respect this Census will be an improvement upon the last, in that the promises made to physicians will be kept. It will be recollected that copies of the portion of the Census of special interest to the medical profession were promised to those who contributed to these statistics. We have been unable to find any one who has received the promised copy.

IN the *Journal of the American Medical Association* for May 25, 1889, is an interesting table of information concerning the medical colleges of the United States and Canada. In it we note with surprise that the Pennsylvania medical colleges are credited with the command of beds for clinical instruction as follows: Western Pennsylvania Medical College, 200; Medico-Chirurgical, 50; Women's, none; Jefferson, 150; University of Pennsylvania, 1100! It will be news to many that the University Hospital has 1100 beds, unless this includes the Almshouse.

DR. GIHON has been laboring for years to have a monument erected to Dr. Benjamin Rush. If one alone out of America's bright galaxy of physicians is to be thus honored, there is none on whom the profession can more readily unite than on Dr. Rush. But little would be needed if each were to do his part. Let each of our readers who goes to Newport take with him a little offering for this good cause, and let those who disappoint their brethren by staying at home send a double portion.

THERE are vacancies in four vaccine districts in Philadelphia. These are to be filled by competitive examination, the "civil service rules" in this case being really intended to afford some grounds for judging of the merits of the applicants.

Society Notes.

OHIO STATE MEDICAL SOCIETY.

THIS Society met in its forty-ninth Annual Session, at Youngstown, May 22, with the President Dr. P. S. Connor, of Cincinnati, in the chair.

LARYNGEAL PHTHISIS

was the subject of a paper read by Dr. A. B. Thrasher, of Cincinnati. He said it is established beyond a reasonable doubt, that at times this is a primary affection. While the rule remains that the lungs are generally affected either with or before the larynx, yet Demme's case has disproved the statistics of Heinze, as tubercular disease of the larynx was found in death from tubercular meningitis. The special reason for invasion of the larynx was thought to be due to a weakened condition of the organ from abuse of the voice: either by improper method, over use, or by using the voice in a bad atmosphere. The theory of specific infection by the Koch bacillus would scarcely hold good, as if the bacilli were inhaled the nasal mucous membrane should be more frequently affected. If it were exhaled from the lungs or carried out in the sputa, the surface of the mucosa would be first affected, while, as a matter of fact, the tubercular disease first began below the surface.

In uncomplicated cases, Dr. Thrasher thought the laryngoscopic examination would establish the diagnosis. Small, multiple ulcers with ragged edges on the under surface of epiglottis, the edges of the vocal bands or over the aryepiglottic folds, on a pale, œdematous surface, would mean tubercle. Pale thickening of the free edge of the vocal band or of the tissue over the arytenoids, this latter assuming a pyriform shape, implies tubercle. In syphilis, the ulceration is on the buccal surface of epiglottis, but one large ulcer surrounded by highly inflamed tissue with involvement of cervical glands. In cancer, one ulcer on the apex of a tumor usually on the ventricular band, preferably the left one, with marked redness of larynx and pharynx.

The general treatment does not differ from that of phthisis pulmonum. Locally, lactic, chromic or acetic acid to the ulcers: or, preferably, the galvanic cautery. Cocaine, menthol, morphine, by spraying solution in vaseline during inhalation. By these means the patient is able to take food and is free from much excruciating pain which accompanies the last stages of laryngeal phthisis.

Dr. Max Thorner, of Cincinnati, read a paper on

CHRONIC PAINFUL AFFECTIONS OF THE THROAT.

Pharyngitis as well as laryngitis, is sometimes due to rheumatism. These cases are usually very obstinate and resist every treatment, except that which is directed against the diathesis. The symptoms are, pain in or about the throat: in pharyngeal affections the pain is mostly located in the regions of the fauces and tonsils, and sometimes as far down as the hyoid bone. If the larynx is concerned, there is localized pain in and around the larynx, the whole region about the larynx and the upper part of the trachea may be painful to pressure: some tender spots are always present. The pain is intermittent and patients suffer more during changeable weather. Locally, there is more or less congestion, which is sometimes circumscribed and limited to small tender spots. In rare cases, congestion may be absent. Neither ulceration nor swelling are found in the throat. The general health of the patients remains undisturbed, unless they suffer at the same time from other manifestations of rheumatism.

The diagnosis must be based on the history of the patient. Sometimes rheumatic sore throat is found in people who have never suffered from rheumatism, but in the majority of cases this disease can be traced among their former ailments. The treatment for this affection must be chiefly that for rheumatism in general: local applications may assist in the treatment, but can never alone effect a cure. Salicylate of soda, salol, oil of wintergreen, phytolacca and iodide of potassium, are of special value. Sometimes hot applications, the faradic or galvanic current, are very effective in producing relief. One case, a lady of pronounced rheumatic diathesis, was not amenable to treatment until she had spent several weeks at the hot springs in Mt. Clemens, Mich., whence she returned cured. Chronic rheumatic affections of the throat are found more frequently in men than women. Relapses are common.

Dr. J. C. Reeve, of Dayton, presented a paper on

THE EARLY DIAGNOSIS OF EXTRA-UTERINE PREGNANCY.

It was based upon a careful study and annotation of the symptoms present in a large number of reported cases, and was prepared with the object of directing the attention of general practitioners, into whose hands the majority of these cases fall, in order that relief may be afforded in time. The symptoms were individually considered and classified as: 1. Suggestive. 2. Presumptive. 3. Certain. By an attentive study of these, a diagnosis could generally be made, although in some cases the difficulties were insuperable. The subject of treatment was only considered to show how the advocacy of different methods had led to undue depreciation of the possibilities of a diagnosis at an early period.

Secretary Collamore's report showed a membership of five hundred and seventy-eight and a decrease of eleven county societies in the State.

On recommendation of the Finance Committee the dues were made $2.00, and the salaries of the secretary and treasurer were increased from $75, to $125 per annum.

Election of officers resulted as follows: President, Dr. John McCurdy, of Youngstown; First Vice-President, Dr. W. J. Conklin, of Dayton; Second Vice-President, Dr. A. W. Ridenour, Massillon; Third Vice-President, Dr. C. W. Tangeman, Cincinnati; Fourth Vice-President, Dr. J. E. Woodbridge, Youngstown; Secretary, Dr. G. A. Collamore, of Toledo; Assistant-Secretary, Dr. E. C. Brush, of Zanesville; Treasurer and Librarian, Dr. T. W. Jones, of Columbus. Columbus was chosen as the next place of meeting the first Wednesday in June, 1890.

CINCINNATI MEDICAL SOCIETY.

A CASE of Œdema of the Larynx which produced much discussion was reported by Dr. A. D. Birchard. What seemed an ordinary cold in a young man of nineteen, developed in twenty-four hours into an aggravated croupous condition with alarming dyspnœa. The speaker was then sent for and found intubation necessary. Three attempts were made to insert a tube, but the patient expelled each by coughing. The man was almost asphyxiated when all was ready for tracheotomy, which was successfully performed, the temperature never being over 102°, and normal the fourth day. The tube was removed then as phonation was restored, but the respiration became so embarrassed it was necessary to replace the tube. The after-treatment consisted in keeping the atmosphere saturated with moisture. The tube was finally removed the eighth day, and the patient put upon tincture of iron. His improvement was quite rapid, and in two weeks he resumed work.

Dr. B. P. Goode, who assisted in the operation, thought the case very much like the one from which Washington died, as now understood. In this instance there was some thickening of the epiglottis and parts about it.

Dr. Thorner said there is but one thing to be done in these sudden cases of acute œdema of the larynx, viz., tracheotomy. He related two cases of his own, in which scarification and the hypodermic use of pilocarpine relieved the impending suffocation. The tubes with the intubation case are not long enough in most instances. If the tube is long enough to protrude from the mouth, he thought it would be of service in œdema of the glottis where the usual tubes are of no benefit.

Dr. R. B. Hall reported the history of a case of Gunshot Wound of the Abdomen. Senn's test for perforation of the intestines by means of hydrogen gas was attempted, but was unavailable; the post mortem revealed that the long track of the bullet had filled the tissues with blood clots, hence the impossibility of introducing a probe or canula to let out the gas.

At a recent meeting Dr. C. P. Judkins discussed the connection of Chronic Eruptions and Internal Diseases. He reported the case of a gentleman who suffered from an eczematous eruption of the hands and arms. A stay at Hot Springs failed to remove it, but three days before he had an attack of pneumonia the eruption disappeared, but on his recovery it reappeared.

A successful case of Induction of Premature Labor in contracted pelvis was reported by Dr. W. H. Taylor. The means of inducing labor was the flexible bougie, which proved so satisfactory in his hands that he thought no other means necessary of consideration. After the labor has commenced, if the woman is in a good condition, he thought she should be let alone for a time. Generally, indications for artificial delivery will arise, and then the question of forceps versus version presents itself for consideration. Dr. Taylor thought that if the head had entered the brim and then ceased to progress, forceps were clearly indicated, and especially the axis traction forceps. If the head remains movable above the brim, after fair efforts at expulsion have been made by the uterus, the use of the forceps will probably result in harm to the mother and child, and it is better to resort to version. He did not advise, as a rule, the application of the forceps to the after-coming head, but said there were cases in which it is indicated. The determination of the exact character of the deformity, and the character, and size, and age of the fetus he considered matters of the greatest importance. In the case reported both mother and child were saved. The child was at the eighth month and was kept in Tarnier's couveuse.

The Inquirer.

G. W. C.'S CASE.

"G. W. C." wants some suggestions about the case of Mrs. H (The Times and Register, May 18, p. 66). I had a similar case some three years ago. Mr. P., a man about forty-five years old, who had always enjoyed good health, came to me complaining of intense thirst; he was passing a large quantity of urine, between three and four gallons in twenty-four hours. As there was no trace of sugar in the urine, I called it diabetes insipidus.

I gave him ergot and other remedies recommended for that disease, but without benefiting him. I decided to try the effect of turpentine, giving doses of fifteen to twenty drops, three times a day. He soon began to improve under this, and in four weeks was cured. He has had no return of the trouble up to the time of writing. Try the remedy and report results.

A. Libby, M.D.

Richmond, Me.

IS ANTIFEBRIN DANGEROUS?

VARIOUS authorities agree in pronouncing antifebrin a safe and reliable antipyretic, useful in quickly reducing temperature without any untoward results. Yet my experience does not justify me in coinciding with my cotemporaries, as results will show. Having had personally but limited experience with the drug, I concluded recently to test its properties in a case of infantile fever by administering a four-grain dose to a child of three years of age, whose temperature persistently remained at from 101° to 103°. Hardly had one-half hour elapsed when I was summoned to the bedside to find that the dose had done its work effectually, as temperature was below normal, with impending collapse indicated by cold extremities, feeble respiration and labored heart's action. Prompt administration of restoratives prevented the impending result and the patient was eventually restored to health; but under other treatment than that afforded by antifebrin. As no organic heart derangements existed and the drug was supposed to be a prime article, we are at a loss to account for its peculiar action in this instance, unless some idiosyncrasy of the patient existed, or the much vaunted antipyretic properties of the drug are of a dangerous

character. If so, it should be administered with circumspection.

A. L. SAYLOR, M.D.,
Surgeon-General Oregon National Guard.
NORTH POWDER, OREGON.

INFLAMMATORY SWELLING OF BOTH GREAT TOES IN A CASE OF FEVER.

I WAS called, on April 14, in consultation, to the case of a young man who had been sick one week. The range of temperature had not been high, was now 100°, pulse weak and frequent; tongue dry, brown, furred, red edges; skin dry; urine quite scanty; bowels slightly constipated; there was a yellowish tinge of the conjunctivæ. For three days there had been progressing an inflammation, considerable swelling, and intense pain of both great toes; serum forming under the skin; they looked as if they might soon become gangrenous.

This was, to me, the most remarkable feature of the case, and it is for the purpose of eliciting the views of yourself, or any of your readers, in regard to the nature of the case, and the relation of the toe trouble thereto, that I request your consideration of the case.

Taking a general view of the symptoms, they correspond, at the same time, to those cases of continued malarial fever as seen in the south-west.

Another thing noted at the examination was the pain produced in lumbar region by abdominal palpation; there was also some pain in lumbar region independent of palpation, which was attributed to renal congestion.

However, there being pain also in the left gluteal region, much increased by even gentle pressure. I said to the doctor, that while we could only diagnose continued malarial fever, I felt strong suspicion of abscess, and to look out for further developments.

Afterwards, I learned that the swelling of toes soon subsided, and that about the fourth or fifth week an abscess opened in the gluteal region and discharged a large quantity of fetid pus. About ten days later another opened in the lumbar region and discharged freely.

When I last heard from patient abscesses were still discharging and he wearing out.

Please let us hear, through THE TIMES AND REGISTER, from any one who can give information on the case, and *especially in regard to the affection of the toes.*

The physician in charge of the case had diagnosed "spotted fever," and declares that he had seen such an affection of the toes in several cases of "spotted fever." No other cases of the disease had appeared.

During an epidemic of cerebro-spinal meningitis, some years ago, I heard authentically of a boy who was seized with intense pain in the great toe, which continued from the first moment of his illness until death occurred in about forty-eight hours.

A. A. DUNN, M.D.
PURCELL, IND.

[If the inflammation of the toes preceded the suppuration in the gluteal and lumbar regions, the latter were secondary abscesses, due to the migration of pyogenic bacteria along the lymphatics. We have seen a suppuration in one great toe give rise to abscesses in the corresponding calf and in the thigh below the crural opening. As to the cause of a simultaneous suppuration in both great toes, we can only conjecture. It is, of course, a curious coincidence, unless there were some special exposure of the feet to septic matter, but of this the history gives us no account. If the patient had been cleaning a privy well or a drain, with leaky boots on, or spreading putrid manure, the coincidence would not be so remarkable. There is nothing to indicate any continued fever, unless the physicians of that locality have learned to associate such attacks with malaria, etc. W. F. W.]

Book Reviews.

PROCEEDINGS OF THE SOCIETY FOR THE STUDY OF INEBRIETY. No. 20, May, 1889. Published for the Society by H. K. LEWIS, 136 Gower Street, W. C. Price, sixpence.

This number is notable for giving an explanation of the report upon which was based the absurd statement that teetotalers do not live as long as habitual drunkards.

THE EAR. By C. H. BURNETT, A.M, M.D. Philadelphia: J. B. Lippincott Company, 1889.

This little book is one of a series of lessons on practical nursing, issued by this well-known publishing house. It is a well-written and instructive book for the people. It is not intended for the student or physician, but for family use. It gives instruction on what to do in diseases and injuries of the ear, and what is especially good is the advice for the prevention of these troubles, while it does not interfere with the attention and duties of the physician. The author is so well known as an accomplished specialist on the ear that anything he may write cannot but be received as authority in this branch of medical science.

A TEXT-BOOK OF PATHOLOGY, SYSTEMATIC AND PRACTICAL. By D. J. HAMILTON, M.B., F.R.C.E., F.R.S.E., Professor of Pathological Anatomy, University of Aberdeen. Vol. I. London and New York: Macmillan & Co., 1889. Pp. 736. Price, $6.25.

Prof. Hamilton in his preface justly takes a broad view of the scope which he considers a work on pathology ought to cover, saying: "It will, I think, be granted that the pathology of to-day is not delimitable merely as a matter of pure morbid anatomy, pathological histology, pathological physiology, pathological chemistry, or clinical medicine, but that these are simply members of a great body, and that they are indissolubly bound together."

We are also pleased to see that the author acknowledges the importance of clinical experience as a kind of inhibitory power. Many of those whose life is spent chiefly in the laboratory among phials, chemicals, exact instruments, and "scopes" of all kinds, are apt to reach conclusions and to issue arbitrary statements widely at variance with those phenomena which the clinician knows to be facts, not mere inductions or deductions from assumptions.

Prof. Hamilton says: "In order to arrive at a solution of the great problems of disease, many accessory means of investigation must be adopted. Experiment must be largely resorted to, exact methods of physical research must be drawn upon, animal chemistry must be called in to assist, comparative pathology must contribute largely, and, lastly, the whole record must be controlled by the results of clinical observation."

Part I is practical. The author gives minute directions for making post-mortem examinations, describing the necessary instruments, and then the proper method to pursue in examining each separate organ, closing with a form for an ordinary, and also for a medico-legal, report.

In a medico-legal case, he advises that both the heart and the brain be exposed before either is opened, so that they may be examined in their normal relation, and thus no question be raised as to their actual condition before being disconnected.

We agree with Prof. Hamilton that but little satisfaction can be gained from examining a fresh brain, and that the investigator will be richly repaid for waiting the necessary five or six weeks till the brain has hardened.

Chapters IV, V, and VI give full directions for making museum preparations, hardening tissues, cutting, mounting, and staining sections, along with a large number of formulas for staining and hardening fluids.

The microscope is not forgotten, but, as is proper in a text-book, directions are given for choosing an instrument and for handling it.

Practical Bacteriology receives forty-five pages, devoted to culture media, sterilizing processes, staining, and the like.

In the second part General Pathological Processes are considered. We must here take exception to the author's definition of health: "Health is that condition of structure and function of an organism which, on examination of a sufficient number of examples, we find to be the commonest." This will not answer. Ophthalmologists tell us, for instance, that an absolutely emmetropic eye is not to be found, but that more or less defect, myopia, hypermetropia, or astigmatism is always present. Probably most eyes are myopic, yet who considers a myopic eye as healthy?

In this part the author takes up the various infiltrations and degenerations, inflammation, suppuration, organization, ulceration, and dropsy.

The chapters on inflammation are especially worth reading, the classical experiments in relation to this important topic are cited, along with many new ones by the author.

In the third part the author begins to consider separately the Diseases of the Various Organs and Tissues. The different tumors, epiblastic, mesoblastic, and hypoblastic are first discussed, then the blood, and finally the heart and the bloodvessels. This is as far as the first volume extends. Every part of the work is copiously illustrated, there being in the present volume seven hundred and twelve engravings. Unfortunately, however, these are not of a particularly high grade of execution, and, indeed, the lithographs are actually poor. In their favor, though, it may be said that they are mostly new, by the author's own hand, and are thus agreeable, because they are not the time-honored, well-known drawings that greet one's eyes in book after book. The style in which the matter is printed is to be commended. Each new subject has an appropriate heading in capitals, and all important words in the context are distinguished by special type. The book is thus rendered much more agreeable to the eye and readable than it would otherwise be, and this is a point which we think is, as a rule, more often recognized by American than by foreign authors.

Prof. Hamilton's bibliography is most complete and excellent, showing a large amount of work. Taking it all together, the author has contributed a work of much interest and value on the vast and fascinating subject of pathology.

ALCOHOL INSIDE OUT; from Bottom Principles. Facts for the Millions. By ELISHA CHENERY, M.D., Boston. Philadelphia: Records, McMullin & Co., Limited, 1889, pp. 340. Price, $1.50.

In view of the present prohibition excitement this little work may be called a timely one. Dr. Chenery must have devoted much time and labor to the collection of hundreds of different statements by various writers, more or less well known, all tending to prove that alcohol is an unmitigated and unnecessary evil. Dr. Chenery himself, besides his citations, treats the subject most thoroughly from every point of view—chemical to moral—and certainly makes a strong plea in favor of total abstinence.

ATLAS OF VENEREAL AND SKIN DISEASES. With Original Text. By PRINCE A. MORROW, M.D. New York: William Wood & Co., 1889.

Fasciculus XIII.

Plate LXI, Elephantiasis of Leg and of Scrotum (after Araujo).

Plate LXII, Leucoderma (after Neumann); Alopecia Areta (author's collection).

Plate LXIII, Keloid (after Hyde); Fibroma (after Ouchterlony).

Plate LXIV, Xanthelasma (after Hutchinson); Rhinoscleroma (after Neumann).

Plate LXV, Xeroderma Pigmentosum (after Vidal).

The illustration of leucoderma fails to show the thickening of the pigment at the margins of the white spots and the shading off into the surrounding skin, which is characteristic. That of keloid is not a very good specimen of the disease; not nearly so good as one shown by Maury many years ago, and repeatedly figured since.

In both cases the deficiencies are fully compensated by the accompanying text. Upon this we have no criticism save that we think Dr. Morrow should have insisted upon the necessity of separating children with alopecia from their companions, especially in the schools. This has been urged by the Paris Academy, and is all the more important, as without such caution physicians are apt to overlook the precaution.

ARE VENOMOUS SNAKES AUTO-TOXIC? By Surgeon L. A. WADDELL, M.D., Deputy Sanitary Commissioner, Bengal. Calcutta: Government Printing Office, 1889.

To obviate all sources of error in the experiments made with the view of answering the above question, Dr. Waddell obtained freshly caught, uninjured snakes, and injected the venom hypodermically. The result of his investigations is to show that serpents are not injured by their own venom; that other venomous serpents are in some cases poisoned, in others not, and that harmless snakes are generally killed by the venom of their poisonous relatives. He believes that the immunity of snakes against their own venom is acquired by inoculation with small quantities through abrasions in the mouth.

EXTRA-UTERINE PREGNANCY. A Discussion. From the Transactions of the American Association of Obstetricians and Gynecologists, 1888. Together with an Editorial Review of Tait's "Ectopic Pregnancy and Pelvic Hæmatocele, from the Buffalo *Medical and Surgical Journal*. Philadelphia: Wm. J. Dornan, 1889. Price, 75 cents.

The need of a more accurate knowledge of such an important subject as ectopic gestation with all of its attendant evils, and especially of the means of diagnosticating its presence during the early weeks of pregnancy, cannot but impress itself upon the serious obstetrician. The almost certainty of an early fatal termination, or of a prolonged and tedious invalidism should the primary rupture assume its most favorable aspect, demands that the most earnest investigation should be instituted of an accident, which, though fortunately rare, is yet, as we are led to believe by recent reports of post-mortem examinations, of more frequent occurrence than we have hitherto conjectured. It is with this purpose in view that this little volume is presented to the profession, containing as it does a discussion before the American Association of Obstetricians and Gynecologists, participated in by some of the leading specialists in the country. The causes, pathology diagnosis, and treatment of the condition, are thoughtfully considered, and while there is still considerable controversy as to the mode of treatment which should be adopted, the weight of opinion seems to tend away from electricity and toward the stand taken by Tait for operative procedures. Condensed into a small space, the whole subject of extra-uterine pregnancy is placed before the profession in a most concise and acceptable form.

EXECUTION BY ELECTRICITY.—*American Notes and Queries* has instituted an inquiry among the most eminent scholars of the country to determine the best word to express execution by electricity. The answers as far as received are remarkable for the variety of suggestions. Among them are electrophon, electricize, electrotony, electrophony, thanelectrize, thanatelectrize, thanatelectrisis, electromort, electroctony, electroctasy, fulmen, electricide, electropœnize, electrothenese, electrocution, electroed, electrostrike, and, finally, joltacuss or voltacuss. The last is the suggestion of Bill Nye.

Pamphlets.

Fourth Annual Announcement of School of Dentistry, of Meharry Medical Department of Central Tennessee College, 1888–89.

Some Principles governing the Preparation of Food for the Sick. By Frederick P. Henry, M.D., Philadelphia.

This is an interesting and instructive lecture that was delivered to the Training School for Nurses at the Episcopal Hospital Philadelphia.

Food Versus Bacilli in Consumption. An open Letter from Ephraim Cutter, M.D., LL.D.

The Question of Relationship Between Lichen Planus (Wilson) and Lichen Ruber (Hebra). By A. R. Robinson, M.B., M.R.C.P., New York. In this able and exhaustive paper illustrated with a number of microscopical drawings and microscopical colored plates, the author concludes that there is no relationship between the two diseases.

On the Nature and Treatment of Epistaxis. By Alexander Harkin, M.D., F.R.C.S., Belfast.

Thirty-sixth Annual Report of the Pennsylvania Training School for Feeble-minded Children, Elwyn, Pa.

This is one of the most commendable institutions that we know of and worthy of all support.

On Some Mild Measures in the Treatment of Intra-Nasal Hypertrophies and Inflammations. By W. H. Daly, M.D., Pittsburgh, Pa.

On the Relation of the Nasal and the Neurotic Factors in Ætiology of Asthma. By F. H. Bosworth, E. L. Shurly, W. H. Daly, and Andrew H. Smith.

Station-List of officers of the Medical Department and Hospital Stewards of the Hospital Corps, United States Army. March 1, 1889.

Report of Forty-eight cases of Alexander's operation. By J. H. Kellogg, M.D., Battle Creek, Mich.

Fourteenth Report of the Board of Managers of the Hospital of the University of Pennsylvania, year 1888.

Fourteenth Annual Announcement of Meharry Medical Department, of Central Tennessee College, Nashville Tenn. 1888-9.

Thirty-Fifth Annual Report of the Board of Managers of the Howard Hospital and Home for Incurables, Philadelphia.

Stomach-washing in Infants. By A. Seibert, M.D., New York.

A New Procedure in Cases of Anticipated Complete Rupture of the Perineum. By Edward B. Weston, A.M., M.D., Chicago.

The Annual Report of Department for the Insane of the Pennsylvania Hospital, 1888.

Alcoholism and Pulmonary Consumption. By Thomas J. Mays, M.D., Philadelphia.

Lacerated Cervix Uteri as Treated at the University Hospital, by Prof. William Goodell. By Lewis H. Adler, Jr., M.D., Resident Physician, University Hospital, Philadelphia. Reprint from *The New York Medical Journal* for March 2, 1889, 9 pages.

Simply a review of the recognized plan of procedure in operations upon the cervix for laceration. A brief summary of the results which may follow non-attention to the condition is presented.

Non-closure of the Abdomen. By Wm. P. Hogue, M.D., Charleston, W. V. Read before the State Medical Society of West Virginia, Twentieth Annual Session, July 13, 14, and 15, 1887, 5 pages.

The freaks of nature are alike interesting and varied in their expression and admittance of surgical interference. Dr. Hogue's case is especially remarkable for its favorable termination.

Foreign Body in the Peritoneal Cavity. By J. L. Crawford, M.D., President of the Westmoreland Co. Med. Soc., Greensburg, Pa. Reprint from *Medical and Surgical Reporter*, Dec. 15, 1888.

A very interesting report showing the remarkable degree of tolerance exhibited at times by the delicate peritoneal membrane.

Gleanings.

AURAL POLYPI.—Pratolongo makes use of the following :

℞.—Acidi acetici . . . . . gtt. xv.
Acidi chromici . . . . . gtt. iij.—M.

Three drops of this are injected into the polyp, which contracts and becomes yellowish, and drops off on the third or fourth day.

TREATMENT OF SCROFULOUS GLANDS.—Treves (*British Medical Journal*) holds that the cheesy mass in a caseated gland is in no way a deposit; it represents the débris of a chronic inflammation. It is entirely non-vascular, and can undergo no organic change. It is as much a foreign substance as a sequestrum, and in due time will excite suppuration around it and be discharged. Under no circumstances can the caseous mass itself break down into pus. He objects to any treatment except excision.

Buzzard believes that scrofulous glands are less commonly seen than formerly, because the milk supply is better.

LACTEAL SECRETION DURING AN IMAGINARY PREGNANCY.—Dr. Demange reports a case of a married woman, æt. twenty-eight years, of a nervous temperament and extremely desirous of becoming a mother, who consulted him on several occasions, imagining herself to be pregnant. On examination, however, this was proved to be erroneous, but he could not succeed in so convincing the patient. At about the fifth month of her pretended pregnancy she returned triumphantly, announcing the presence of milk in her breasts, and to his astonishment he found that by pressure he could produce from the nipples several drops of a fluid analogous to colostrum. This rudimentary lactation was accompanied by a notable increase of size of the breasts, but there was no increase of pigmentation nor even the tubercles of Montgomery in any way developed. Twelve months later the patient gave birth to a child which she nourished herself.—*Archives de Tocologie.*

LAPAROTOMY FOR PUERPERAL PERITONITIS.—L. H. Evans, M.D. (*Med. Press* of Western New York), was called to see a patient who, one week previviously, had miscarried at three months; temperature, subnormal; pulse, 157; respiration, 34. The woman was covered with clammy sweat, and appeared to be moribund. Consultants agreed as to her danger, and that the only chance was to wash out the abdomen. After opening the abdomen, the patient was turned over and a quart of serum allowed to drain away. The cavity was now filled with warm water, which was emptied out in the same manner as the serum. The patient did well till the third day, when a severe chill warned the surgeon of the presence of pus. He once more opened the abdomen, found a pint of pus, washed out the cavity again, closed it, and from that time the woman made a good recovery.

EXCISION OF THE CÆCUM.—Durante, at the Bologna Surgical Congress, reported the case of a woman who had a tumor in the cæcum, of four or five years' standing. She had great pain on defecation. The abdomen was opened, and a tumor the size of a lemon was found in the iliac fossa, adherent to the peritoneum and with the small intestines firmly matted with it, so that a portion had to be removed with the tumor. The severed bowel was united by three rows of sutures; interrupted through the mucous coat; hemstitch through the serous and muscular and a third through the serous. The patient made a rapid recovery; the tumor was tuberculous.—*British Medical Journal.*

EXPERT TESTIMONY.—Samuel Ward, M.D. (*The Sanitarian*) contributes an able article on medical expert testimony. He cites what are known to be facts, namely, that the whole proceedings in obtaining expert testimony are frequently a mere farce, an exhibition of legal jugglery on part of the opposing counsel; that the so-called "expert" testimony is often of the most insane character, because the badgering and brow-beating of the hostile attorney has hopelessly confused the medical man.

It is a trite saying that all men are fallible, and though, of course, the expert intends to be absolutely impartial in his statements, there is double danger of a little fallibility in a case where the man reflects that his reward is to come from the side which engaged him.

In order to eliminate as far as possible these various harmful elements of bias and confusion, Dr. Ward advised that instead of the present system, a board of three experts be appointed in a case where medical testimony is needed; one on the suggestion of the counsel for the defense, another nominated by the counsel for the prosecution, and the third appointed by the judge. The expenses of this board are to be divided equally between the two contending sides; it is to receive in writing all questions involving medical matters, and to submit its answers to the court by the same medium. This seems to us eminently better than the present plan.

PROGNOSIS IN HEART DISEASE.—M. Leyden, after pointing out that in general the prognosis is considered as desperate, claims that sudden death from this cause is in reality much rarer than might be supposed. The following is especially to be considered:

1. *Age:* Children resist less than adults, but better still than old people in whom the situation is apt to be complicated by arterial sclerosis.

2. *Sex:* Women are less exposed to great fatigue and are also less subject to arterial sclerosis, which modifies the prognosis to some extent.

3. *Occupation:* Fatigue and laborious occupations of all kinds are an aggravating cause in all cardiac troubles and bear upon their prognosis.

Finally, the failure of digitalis is to be regarded as an unfavorable element.—*La Tribune Médicale.*

Simple Inhaler.—Roll a piece of paper in the form of a cigarette, fix it with gum, insert a small wad of cotton on which is poured a few drops of the volatile substance to be inhaled, menthal ecualyptus, and the like, and the instrument is complete.—*Practitioner.*

Electrolysis.—R. A. Gibbons, M.D. (*The Practitioner*), furnishes a paper on Electrolysis in the treatment of Some Chronic Uterine Affections, and after detailing the histories of ten cases thus treated, with more or less success, concludes by saying that he is not an enthusiast in any one special method of treatment, but is firmly convinced that when properly and judiciously employed we have in electrolysis a most powerful therapeutic agent at our command.

Turpentine in Post-partum Hemorrhage.—Mayne has used oil of turpentine in post-partum hemorrhage for several years, with very good results. When the usual means, such as kneading the uterus, insertion of the hand, cold, subcutaneous injections of ergotin, etc., have proved ineffectual, contraction of the uterus followed immediately after insertion of a piece of linen, saturated with oil of turpentine, into the uterus, and bringing it in contact with the walls; and all hemorrhage ceased. In several cases where the patients were nearly pulseless it acted also as a stimulant. He never saw it fail, and it is well borne by the patients.—*Med. Zeitung.*

Mammary Fistula.—Nicolai (*Monatschrift*) reports a case of fistula of the left breast, the mammary gland being healthy. The fistula had resisted treatment for four years. The patient then went to a dentist on account of trouble with the first lower left molar; to which an antiseptic dressing was applied. The next day the discharge from the fistula had the odor of the antiseptic used in the tooth. To render the matter certain, he injected into the root of the tooth a solution of cochineal. The tooth was extracted and a flexible probe introduced, when the fistula was found to extend down to the base of the inferior maxillary bone, along the border of the sterno-cleido mastoid, perforating the strong platysma fascia, and entering the breast above the pectoralis major, opened at the nipple. It closed in twelve days.

Headaches.—E. Jones (*The Practitioner*), in an article on Diagnosis and Treatment of Headaches, finds that for acute low pressure headaches this is good:

℞.—Spiritus ammoniæ aromat. . . . ℥ss.
Spiritus chloroformi . . . . . ♏x.
Aquæ . . . . . ad. ℥j.—M.

In recurrent high pressure headaches he finds alkalies most beneficial.

℞.—Sodii bicarbonatis . . . . . gr. x.
Ferri et ammonii citratis . . . . gr. v.
Spiritus chloroformi . . . . . ♏x.
Aquæ meuthæ viridis . . . . ad. ℥j.—M.

Sig.—To be taken three times a day, half an hour before meals.

William Dayton, M.D. (*Post-Graduate*), writes strongly in favor of nose breathing, and on the various dangers consequent to the habit of breathing through the mouth, claiming also that the nose receives far less attention as an organ than it deserves.

Cystitis.—T. M. Madden (*Archives of Gynæcol.*), says that during the past year twenty-eight cases of cystitis have come under his observation, some of which had resisted years of treatment, but which readily yielded to the following: If the case is complicated, of course the complication is first to be removed. Next, he thoroughly dilates the urethra until he can introduce his index finger and paralyze the contractility of the sphincter vesicæ for a time. He repeats this as often as is necessary. He thus gains that rest for the bladder secured by Emmet's method of making a vesico-vaginal fistula, and in a much less dangerous and objectionable way. It may sometimes be advisable cautiously to remove the proliferating vesical mucous membrane with a dull curette. Lastly, he makes a local application of carbolic acid; saturating a pledget of cotton with the officinal glycerole of carbolic acid and inserting it into the bladder. It is retained here till every part of the bladder has firmly contracted on it, after which it is removed and the urethral canal brushed by a similar application. Pain may be obviated by a 10 per cent. solution of cocaine. Two or three applications, at intervals of a week, generally effect a cure.

W. C. Wheeler (Alabama *Med. and Surg. Age*), in a paper on Dentition, remarks that we pay too little attention to our small patients, and that, for instance, the painstaking practitioner who safely brought William of Orange through a perilous dentition did as noble a work for humanity, and one meriting as much approbation, as those operations which have been performed these later years on noted characters, and which have commanded the attention and the admiration of the world.

Ligation of Common Carotid and Subclavian.—F. T. Meriwether, M.D. (*Annals of Surgery*), performed the simultaneous ligation of the common carotid and the right subclavian for a rapidly growing aneurism of the ascending aorta.

The common carotid was tied about half an inch below the omo-hyoid, as that muscle was higher than usual; and the subclavian was ligated in its third part.

Before the operation, from which the patient recovered without an untoward symptom, she complained of great pain in the back, deafness in the right ear, and pain and difficulty on swallowing. On the seventeenth day she left the hospital apparently cured, at any rate having none of these unpleasant symptoms.

This makes the seventh similar case on record. Of the other six, three died directly or indirectly from the operation or the disease, whilst the other three recovered.

A. M. Cartledge, M.D. (*Am. Prac. and News*), advocates the use of bichloride of mercury in anæmia, especially when given with hydrochloric acid.

Hernia of Pleura into Neck.—In *Annals of Surgery*, G. R. Fowler, M.D., reports a case of this character: A child of three months, and with a history of previous good health, had an attack of acute bronchitis accompanied with severe coughing. After recovering from this a swelling was noticed on right side of neck, which became larger when the child cried or coughed. In a month afterwards a similar swelling appeared on the left side. Six months after the first appearance the child was brought to the hospital, at which time there were two well-marked swellings on the neck, each of which nearly disappeared on inspiration, but became large and tense on expiration. She had constant dyspnœa and aphonia.

Another attack of bronchitis carried her off in three days. The autopsy showed that the protrusions of the neck were part of an enormous sac connected with the upper part of the right lung. When distended it occupied a large part of the right pleural cavity and the anterior mediastinum between the thymus and pericardium. The sac, which contained odorless air, and had thin, smooth, glistening, and transparent walls, had pushed its way behind the trachea and upwards toward the anterior surface of the neck, producing the swellings noted. These swellings were the result of a rupture of the primary bronchus in the upper lobe of the right lung, and the air escaping underneath the pleura separated it from its pulmonary attachment.

Raymond's Disease.—The *Lancet* mentions a patient suffering from attacks of local asphyxia in both hands and feet, independently of exposure, sometimes three or four in a day, alternating with paroxysmal attacks of epigastric pain and vomiting, usually followed by slight jaundice. There was no hæmatinuria, though albumen as well as bile had been present in the urine after an attack; but no reaction could be obtained after the guaiacum test. In the interval the hands and feet usually recovered their own natural color and warmth. The local syncopic and asphyxial stages were usually well defined. The palmar aspect of the fingers was affected throughout, but only the dorsal surface of the terminal phalanges and nails; the toes of both feet were involved on the under surface, but to a less marked extent than the fingers, which sometimes became almost black; no pain was complained of in the hands or feet during the attack. The patient's age was forty-eight; she was a married woman; had had the attacks in the fingers about four months, and had not suffered previously from cold fingers or chilblains, not being especially exposed to damp or cold. She never got her living by washing. She had nine children living. The catamenia were still regular. The family history was good. No rheumatism, gout, or ague; abdominal tenderness over epigastrium and left hypochondrium; field of vision good.

Oscar Dowling, M.D. (Alabama *Med. and Surg. Age*), reports a case of morphine poisoning which, after having refused to yield to the ordinary treatment, was saved by the use of nitroglycerin hypodermatically, and electricity.

In *Med. Press and Circular* is reported a case of total extirpation of the larynx for epithelioma, with recovery and a useful voice. The vibratory structure in making the voice "appeared to be the mucous membrane of the pharynx running backward from the epiglottis."

Albuminuria.—J. G. Adami (*The Practitioner*), in an able paper on the Functions of the Glomeruli of the Kidney, holds that the secretion of urine depends not so much on the blood-pressure as upon the rate of flow of the blood through the kidney, and that albuminuria is the result of a lowered vitality of the glomerular epithelium, thus allowing the thicker constituents of the blood to transude.

Mycosis Narium.—Hugo Summa, M.D. (St. Louis *Med. and Surg. Journ.*), reports two cases of this rather rare trouble, both caused by the pseudo-parasitism of the sarcophagous larvæ of the blue-bottle fly.

The first was that of a gardener, who, seven days after taking a nap on the ground, felt pain in his nose, which rapidly increased, spreading, finally, over his whole head. Meanwhile, worms dropped from his nose, three or four at a time, amounting to several hundreds during the six days before the writer saw the case. Morphine was given for the pain, and the nose was syringed with a 1–2000 bichloride solution twice a day, the man including in his diet, the while, raw eggs in order to avoid the possible toxic effect of the corrosive sublimate. In eight days the patient was entirely cured.

The second case, a man of thirty-four, was brought to his office complaining of a severe headache, insomnia, anorexia, and constipation. He was hardly able to see with his left eye. His nose and the surrounding parts, especially on the left side, were swollen and of an erysipelatous appearance. On examining the patient's mouth he found an ovoid-shaped hole corresponding to the palatine suture, and partly in the soft and partly in the hard palate. This hole was an inch long and one-quarter broad, and in its depth he found great numbers of maggots. The stench was so indescribably bad that the doctor had to vomit five times before he could screw himself up to the business of picking the maggots out. He ordered injections of 5 per cent. solution of carbolic acid, which had no appreciable effect on the stench; for, on coming back in the evening, Dr. Summa was again compelled to throw up a few times before he was able to pick out fifty maggots more from the man's mouth and nose. He then gave the case to another physician, because his non-nervous system was too much affected; in fourteen days he saw the patient walking about, and on questioning him as to the history of the case, found that the man, while hunting, had slept out-doors several nights, a few days before the trouble appeared.

Medical News and Miscellany.

DR. L. F. FLICK appears to be the first to reach the scene of disaster.

JEFFERSON COLLEGE HOSPITAL has thrown open its doors to the sufferers.

THE Medico-Chirurgical ambulance is kept busy gathering stores for the sufferers.

THE physicians who left Philadelphia to go to Johnstown have been compelled to go by Baltimore, Buffalo, or Wheeling.

IT is probable that the meeting of the State Society will be postponed, as few of the members have been able to reach Pittsburgh in time.

DR. L. T. BEAN and his brother, the most prominent and influential eclectic physicians in the State, are said to have lost their lives at Johnstown.

AMONG the first to tender their services to the Governor were the physicians of the Hahnemann Hospital: Drs. Rhodes, Garrison, Bryant, Bayley, Schnader, Ward, Ellis, Thompson, Crock, Mercer, Messerve, Gardiner, Reading, and Mohr.

IT is to be hoped that the suggestion of cremating the bodies of the flood's victims will be adopted. Otherwise there are grave dangers of pestilential disease, not only in the Johnstown district, but from the pollution of the water supplied to towns below.

THE danger to the country of allowing the savage tribes of Europe to form communities among us, has been shown by the action of the Slavonians in the Conemaugh Valley. If these people were dispersed among the other inhabitants, they would have some chance of becoming tamed, if not civilized.

AMONG the names reported as lost at Johnstown we regret to see the following: Drs. S. Y. Beam, W. C. Beam, L. T. Beam, Blair, Jr., T. T. Beane and family, Cooper, of Meadville, and wife, J. K. Lee, John Lowman, Marbury, Poland's two children, Phillips, mother, two sisters, J. C. Wilson, H. R. Wilson, G. W. Wagner, wife, three daughters; Mrs. Dr. Reedan, Dr. St. John.

WITH Dr. Forbes' party are Drs. A. Hewson, Jr., Shober, Packard, Green, Miller, Wood, Fussell, Sweet, and Miss Dr. Alexander. Dr. Fussell had two sisters at Johnstown.

A second party equipped by Jefferson College consisted of Drs. Horwitz, Ashton, Da Costa, Coplin, Williams, and Talbot.

THE Red Cross Association has taken the storerooms at 1821 Market Street, and is actively engaged in shipping stores. The following physicians volunteered to go under the auspices of this Association: Drs. C. Berens, Read, Chrystie, Cochran, Grimm, Bradford, Baker, Tyson, Milliken, Deaver, Gross, Greenwalt, Morris, Penrose, Van Pelt, Wood, Allen, Wharton, Willard, White, Grow, Porter, Green, Barney, Conrad, Loft, and Peltz.

The committee in charge of the work here is composed of Mrs. Pancoast, Joseph, Nardyz, O'Neil, Budd, Carter, and Miss Merrill.

Drs. Hummel and Hare have gone to select a site for a temporary hospital.

PINE GROVE colts are dying of scarlatina.

REPORTS from the yellow fever centers are favorable.

LEDERACHVILLE, Montgomery County, has diphtheria.

LUYS cures facial neuralgia by the use of rotatory mirrors.

YELLOW FEVER is reported to be very bad in Vera Cruz, Mexico.

SIR MORELL MACKENZIE is to sue the London *Times* for libel.

ARE perfumes altogether without effect upon the health of infants?

DIPHTHERIA has appeared among the horses at the Penn Farm, Bucks Co.

DR. CHARLES S. TURNBULL has just returned from a pleasant trip to California.

BROOKLYN has lost one of her brightest physicians in Dr. Frank W. Rockwell.

SACCHARIN in alcohol, 1 to 50, is an effectual local application in curing thrush.

GENERAL SCHENCK is said to have been cured of Bright's disease by the milk diet.

A NUMBER of valuable horses have died recently in this county from tetanus.—*Ledger.*

THURSDAY last was Donation day at the Jewish Hospital. A large amount was realized.

DR. WALTER G. HAMMELL has removed to Philadelphia, and opened an office at 1310 Walnut Street.

SMALLPOX is making terrible ravages in Guatemala, and among the Okanagon Indians in Oregon.

DR. C. P. POTTS, of the University Hospital, expects shortly to leave Philadelphia for Washington Territory.

DR. BELL contradicts the report that he is about to return to Texas. He has built up a lucrative practice in Philadelphia.

THE grand jury has decided that chloroform is not legally a poison, as it does not cause death in doses of sixty grains or less.

CHESTER is moving for the removal of the quarantine station from its present location. Drs. Leffman and Forwood urged the removal.

WE are glad to see that the State Board of Health is taking steps to prevent the unauthorized use of its name by advertisers in its official organ.

A LONDON barber advertises that all implements used in his tonsorial palace are kept in an antiseptic condition by a strict observance of Listerism.

THE *British Medical Journal* is entirely too prosperous to suit its rivals, and they have stirred up an opposition to Ernest Hart's management, which threatens to strike at the sources of its prosperity. They wish to cut off part of the advertising patronage.

CORPORAL TANNER is making a clean sweep of the Pension Examining Boards; the *personnel* of which is being changed everywhere.

DR. R. J. LEVIS, who is summering with the Duke of Sutherland, instead of at Cedarcroft, has lately bought a winter home in Florida.

DR. E. L. VANSANT has resigned his position in the Medico-Chirurgical College, and has been elected Demonstrator of Histology at the Jefferson.

A PATIENT with lung-ail, dreading the jolting of the cars, has started to walk from Harrisburg to Philadelphia, where he desires to enter a hospital.

DR. S. P. MOORE, who was Surgeon-General of the Confederate States, died suddenly last week at his residence in Richmond, Va., of congestion of the lungs.

DR. CONNOR, President of the Ohio State Medical Society, wittily compared the Presidential Address to the appendix vermiformis—a useless survival of a once important organ.

A *Ledger* correspondent makes the very sensible suggestion that there might be a new chair added to the medical colleges, whose occupant shall teach the art of palatable dietetics.

MR. BURROUGHS, of Burroughs, Wellcome & Co., is credited with the idea of charging air supplied to buildings by a fan with antiseptic vapor. If the air is pure, why medicate it?

CAIRO (Ill.) courts are said to have sittings from midnight to dawn, because that time alone suits her enterprising but malarial citizens to make engagements which may not be shaken off.

DR. MARY DIXON JONES, of the Brooklyn Woman's Hospital, is accused of having a mania for operating, and to have found uterine cancers in about every woman who entered her little parlor.

THE cantankerous race which is always kicking up trouble by questioning the truths whose foundation is secure, are now trying to deduce the leprosy of the Sandwich Islands from syphilis.

HOT water is said to be a popular remedy for inflamed eyes.

Some years ago it was cold water.

The eye is not a good field for amateur doctors.

READERS who have not received all the numbers containing Dr. Billings' article on Yellow Fever Germs should send at once for the missing copies, as they are rapidly disappearing from our files.

The Medical Press is endeavoring to awaken a sluggish race to the danger from the spread of leprosy in India. There are no lazarettos for the 120,000 lepers in that part of Her Majesty's realm.

DR. HAMMOND recommends the "water-monkeys" used in the tropics instead of ice to cool water for drinking. This utensil is invaluable in the South, but those who are accustomed to ice water, are not very likely to take kindly to it.

DR. MARY MOREY, of Philadelphia, has been added to the medical staff at the State Hospital for the Insane. Dr. Morey takes the place in the pathological department made vacant by the resignation of Dr. Ida V. Reed—*Press.*

DR. SAMUEL G. LANE, one of the most widely known physicians and surgeons in Chambersburg, died there yesterday, of apoplexy, after a short illness, aged sixty-two years.

S. WEIR MITCHELL has taken time from his busy life to write another book. This time it is a volume of poems entitled "The Cup of Youth," published by Houghton, Mifflin & Co., Boston.

FOR the convenience of English-speaking students, the Vienna *Weekly News* has opened an inquiry office near the general hospital, where information as to lectures, lodgings, etc., may be obtained free.

THE physiologies will have to be overhauled. A Russian has been varnishing people, and finds that covering the skin with an impermeable preparation causes no discomfort in man, though it kills rabbits.

VETERINARY surgeons are now required to register before they are allowed to practise in Pennsylvania. Any one who has practised for five years or more can register within six months. After that time none but graduates are eligible.

SOME very unwise talk has been indulged in by some of our physicians concerning the swallowing of tacks. People of ordinary intelligence would suppose from their statements that this is a very harmless and rather beneficial amusement.

DR. WILLIAMS (St. Louis *Globe-Democrat*) says that the reason hearty people have pneumonia more frequently than weakly ones is because the former do not take the same care of themselves as the latter. This is not confined to pneumonia.

A NEW YORK florist contracted lead poisoning by biting off the ends of tin-foil used in wrapping up the ends of the bouquets.

Another got the same disease by drinking beer from bottles which had been cleaned with shot.

OBESITY.—Stallard (*Occidental Med. Times*), reports a case of obesity, for which he prescribed a diet exclusively of meat, fat and lean, with the further injunction to drink at least two quarts of hot water daily, taking it before and after meals. In three weeks the weight was reduced from 199½ to 175 pounds.

RUSH MONUMENT COMMITTEE.—The Rush Monument Committee will meet in Right Gallery Room, at Music Hall, Newport, R. I., on Tuesday, June 25, at 1 P.M., or immediately after adjournment of the Morning Session of the American Medical Association.

The attendance of others interested in the project is invited.

Collections and subscriptions should be forwarded to the Treasurer, Dr. Joseph M. Toner, 615 Louisiana Avenue, Washington, D. C., before June 15.

ALBERT L. GIHON, M.D.,
Chairman, R. M. C.

FORTY-EIGHT hospitals in Philadelphia have made reply to the inquiry of the State Board of Health in regard to the disposition of rags and bandages. Thirty-three reported that they burned all bandages, three disinfect them, and twelve wash them before sale. The Board recommends burning in all cases. —*Record.*

THE proposition to remove the Academy of Natural Sciences to the University grounds was rejected by a vote of 68 to 3. It is, perhaps, just to explain that this does *not* represent the unpopularity of the University among Philadelphia scientists; and the failure of that educational institution to obtain recognition from the Academy.

A CREDITABLE victory was won for conservative surgery and the Episcopal Hospital in the case of Customs Inspector, James McCann; who was terribly crushed by a train last February, six cars running over him. He was discharged last Friday in very good condition, and in a fair way to complete recovery. All four limbs were broken.

A RECENT inspection made by Dr. Taylor of a house in West Philadelphia in which typhoid fever had occurred, showed that the family made use of the water from a well which was contaminated by surface and cesspool drainage

It would, perhaps, not interfere unduly with the liberties of the people if all wells in built-up portions of the city were filled up.

DRS. BEECHER, Bell, and Horwitz have resigned their positions as Joint Demonstrators of Anatomy at Jefferson Medical College, and Dr. A Hewson, Jr., has been elected to fill the place.

Dr. Beecher is a graduate of the College in the Class of 1867, and has spent some eleven years as assistant demonstrator, and demonstrator in the anatomical room. He is well and favorably known to many students and physicians throughout the country to whom he gave instruction.

DEPARTMENT OF THE INTERIOR,
CENSUS OFFICE.
WASHINGTON, D. C., May 1, 1889.

To the Medical Profession: The various medical associations and the medical profession will be glad to learn that Dr. John S. Billings, Surgeon U. S. Army, has consented to take charge of the Report on the Mortality and Vital Statistics of the United States as returned by the Eleventh Census.

As the United States has no system of registration of vital statistics, such as is relied upon by other civilized nations for the purpose of ascertaining the actual movement of population, our census affords the only opportunity of obtaining near an approximate estimate of the birth and death rates of much the larger part of the country, which is entirely unprovided with any satisfactory system of State and municipal registration.

In view of this, the Census Office, during the month of May this year, will issue to the medical profession throughout the country "Physician's Registers" for the purpose of obtaining more accurate returns of deaths than it is possible for the enumerators to make. It is earnestly hoped that physicians in every part of the country will coöperate with the Census Office in this important work. The record should be kept from June 1, 1889, to May 31, 1890. Nearly 26,000 of these registration books were filled up and returned to the office in 1880, and nearly all of them used for statistical purposes. It is hoped that double this number will be obtained for the Eleventh Census.

Physicians not receiving Registers can obtain them by sending their names and addresses to the Census Office, and, with the Register, an official envelope which requires no stamp will be provided for their return to Washington.

If all medical and surgical practitioners throughout the country will lend their aid, the mortality and vital statistics of the Eleventh Census will be more comprehensive and complete than they have ever been. Every physician should take a personal pride in having this report as full and accurate as it is possible to make it.

It is hereby promised that all information obtained through this source shall be held strictly confidential.

ROBERT P. PORTER,
Superintendent of Census.

THE NEW QUARANTINE STATION AT THE ENTRANCE TO DELAWARE BAY.—It will be remembered that Congress, at its last session, appropriated a considerable amount of money for the equipment of seven quarantine stations, five for the Atlantic coast and two for the Pacific. Of this appropriation about $75,000 was assigned for the establishment of a thoroughly equipped station for the protection of the Delaware Bay and River. Heretofore the only safeguard against the introduction of contagion below the Lazaretto has been the little Hospital of the United States Marine Hospital Service near Lewes, simply assigned for the treatment of sick or wounded seamen, with no adequate provision for the isolation of those suffering from infectious diseases. So well has this service been administered, however, that it has, on several occasions, detained and disinfected pest-laden vessels and their crews, and thus stayed at the threshold cases which might have resulted in disastrous epidemics had they gained admission. At or near this point, the Legislature of Delaware has offered to cede to the United States the land necessary for the proposed buildings and appurtenances. The Secretary of the State Board of Health of Pennsylvania, Dr. Benjamin Lee, has been designated a Commissioner on the part of the United States to meet Commissioners appointed by the State of Delaware, and in conjunction with them to locate and fix the boundaries of this Reservation. This preliminary will be speedily settled, and work will be begun at an early date.

THE turnkey of the Peoria jail has a cure for delirium tremens. He rubs the patient with capsicum; and in the enthusiasm and singleness of purpose with which the latter scratches himself he has no time to think of snakes. One day of this treatment is sufficient for any ordinary case.—*Medical World.*

DIAGNOSIS.

Bright conjunctiva and restless eye,
Hectic flush and audible sigh,
Hollow chest and thin pale face,
Obviously, one of tubercular race.

TREATMENT.

Plenty of nourishment, rest from toil,
Fellows' hypophosphites, cod liver oil;
These may retard the dread disease,
Or give to breathing and cough some ease,
Smooth the way to dreaded grave,
Though out of our power the life to save.

—*Hospital Gazette.*

THE North Texas Medical Association meets in Paris, Tex., Tuesday, Wednesday, and Thursday June 11, 12, and 23, 1889. Among the attractions of the meeting will be the following papers:

Section on Surgery.—1. The Treatment of Diseases of the Cæcum and its Appendix, Bacon Saunders, M.D., of Bonham, Tex. 2. Surgical Interference in Mastoiditis, J. H. Smith, M.D., of Dallas, Tex. 3. Mortality of Amputations, W. F. T. Savage, M.D., of Mt. Pleasant, Tex.

Obstetrics and Gynecology.—1. Lacerated Cervix Uteri, J. F. Hooks, M.D., of Paris, Tex 2. Lacerated Perineum, S. F. King, M.D., of Bells, Tex. 3. Puerperal Eclampsia, R. R. Walker, M.D., of Paris, Tex.

Practice of Medicine.—1. Dysentery, V. A. Howeth, M.D., of Gainesville, Tex. 2. The use of the Microscope in the Diagnosis of Disease, F. E. Yoakum, M.D., of Greenville, Tex. 3. Cerebro-spinal Meningitis, T. G. Bates, M.D., of Anna, Tex.

THE esteemed *Ledger* relates as an "amusing" case that of a man who was brought into a city hospital suffering from the effects of an alleged epileptic fit. The alleged medical man concluded that the patient was shamming, on the inconsequent grounds that he was able to talk; whereupon the doctor ordered a poker to be heated, saying that he proposed to burn the man's back. The latter, becoming naturally alarmed, tried to escape from his persecutors, when the doctor caught him, drew a large knife across his neck and at the same time poured warm water down his back. The man gave a loud yell and fled from the building. It is difficult to decide whether the exhibition of ignorance or brutality were greatest. If the account be true, the man has good grounds for an action against the parties who maltreated him. It is fortunate for them that there was not a repetition of the tragedy which followed the same trick in Edinburgh, where the victim died of fright.

HALL'S HAIR RENEWER.

℞.—Sulphur precipitated . . . . . 1 ʒ.
Lead acetate . . . . . 1 ʒ.
Salt . . . . . 2 ʒ.
Glycerin . . . . . 8 fʒ.
Bay rum . . . . . 2 fʒ.
Jamaica rum . . . . . 4 fʒ.
Water . . . . . 16 fʒ.

As delicate a charity as I remember was the act of a gruff, taciturn old physician in a Colorado mining town. A poor, aged parson was carefully attended by the irritable doctor. When the preacher had sufficiently recovered to dispense with further medical attention he asked for his bill. "Your bill? Here it is," said the doctor, opening his pocket-book and handing the minister's wife a ten-dollar bill.—*America (Chicago).*

A YOUNG LADY'S SINGULAR AFFLICTION.—Physicians report a singular case in Cabarrus County, N. C. A young lady has been troubled with utter speechlessness. She visits frequently friends at a mineral spring in Stanley County. Several hours use of the water restores her speech to such an extent that no one could detect any deficiency in that respect. After being away from the springs several days the affliction returns. Thus far this peculiar disease has baffled all medical treatment.—St Louis *Globe Democrat.*

THE DIETETIC GAZETTE.—They all say the same thing. Here are three of them for example:

"We have very thoroughly demonstrated the fact that to advertise in *The Dietetic Gazette is a paying investment;* while we have extreme satisfaction in the belief that we are being placed before the *entire medical profession.*"

PARKER, STEARNS & SUTTON,
228 & 229 South Street, New York.

"We have every reason to believe in *The Dietetic Gazette* as a means of attracting the attention of physicians in all parts of the Union."

J. C. BAKER & CO.,
815 Filbert Street, Philadelphia.

"It is with great pleasure that we state to you that our advertisement in *The Dietetic Gazette* has proven most effectual, and that we have received more replies from that source than from any other journal with which we are connected as advertisers. *We believe it to be the best medium of the medical journal kind in this country.*"

THE J. P. BUSH MANUFACTURING CO.,
("Bovinine.")
No. 2 Barclay Street, Astor House, New York.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from May 28, 1889, to June 3, 1889.

BILLINGS, JOHN S., Major and Surgeon. Is authorized to make, by direction of the Secretary of War, in connection with his duties as Supervisor of Mortality and Vital Statistics of the Eleventh Census, such journeys as may be ordered by the Superintendent of the Census, provided that, in each case, the approval of the Surgeon-General shall be obtained; and provided further, that the journeys shall involve no charge against the fund for transportation of the Army. Par. 12, S. O. 122, A. G. O., May 27, 1889.

BROWN, PAUL R., Captain and Assistant-Surgeon. Is granted leave of absence, by direction of the Secretary of War, for six months on account of sickness. Par. 13, S. O. 122, A. G. O., May 27, 1889.

WILSON, GEO. F., Captain and Assistant-Surgeon. Resignation has been accepted by the President, and took effect May 31, 1889.

FISHER, WALTER W. R., Captain and Assistant-Surgeon. The leave of absence for one month granted by S. O. 30, c. s., Department of California, is extended fifteen days. Par. 3, S. O. 37, Headquarters Division of the Pacific, San Francisco, Cal., May 22, 1889.

GLENNAN, JAMES D., First Lieutenant and Assistant-Surgeon. Is relieved from duty at Willet's Point, N. Y., by direction of the Acting Secretary of War, to take effect June 1, 1889, and will proceed to Fort Riley, Kan. Par. 5, S. O. 121, A. G. O., May 5, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 562. NEW YORK AND PHILADELPHIA, JUNE 15, 1889. The Medical Register Vol. V, No. 128.

PAGE

CLINICAL LECTURE.

MITRAL REGURGITATION. ANGINA PECTORIS. By James B. Walker, M D. - - 145

ORIGINAL ARTICLES.

PERSONAL REMINISCENCES ON THE SUBJECT OF ANÆSTHESIA. By H Culbertson, M.D., Zanesville, O. - - - - - - 147

HUNTING THE GERM OF YELLOW FEVER. By Frank S. Billings, M.D. [Continued] - 150

HYSTERECTOMY FOR LARGE FIBRO-MYOMA By D. Benjamin, M.D. - - - - - - - - 153

HOSPITAL NOTES.

PHILADELPHIA HOSPITAL:
Syphilitic Rupia. *Ransley* - - - - - - 154
Removal of a Cicatrix. *Ransley* - - - - 154

UNIVERSITY HOSPITAL:
Ovarian Tumor. *Goodell* - - - - - - 154

MEDICO-CHIRURGICAL COLLEGE:
Lupus Vulgaris. *Shoemaker* - - - - - 154
Psoriasis. *Shoemaker* - - - - - - - 154
Old Syphilis *Shoemaker* - - - - - - 154
Acne Rosacea. *Shoemaker* - - - - - - 154
Degenerated Hearts. *Woodbury* - - - - 154
Spasmodic Croup. *Woodbury* - - - - - 154
For Chancre. *Garretson* - - - - - - - 155
Excission of Uvula. *Garretson* - - - - 155
Mouth Wash. *Garretson* - - - - - - - 155
Injection *Garretson* - - - - - - - - 155
Touching the Urethra. *Pancoast* - - - 155
Emaciation. *Waugh* - - - - - - - - 155

EDITORIAL.

COMMENTS - - - - - - - - - - - - - 156
HYSTERIA - - - - - - - - - - - - - 156

ANNOTATIONS.

A Tribute - - - - - - - - - - - - - 157
Women as Invalids - - - - - - - - - - 157
Book Infection - - - - - - - - - - - 158
Our Medical Colleges - - - - - - - - - 158
Johnstown's Health - - - - - - - - - 158

PAGE

SOCIETY NOTES.

ILLINOIS STATE MEDICAL SOCIETY:
The Mortality of Pneumonia. *Kreider* - 158
Dyspepsia. *Baxter* - - - - - - - - - 159
Hygiene and Doctors' Fees. *White* - - 159
Diseases of Children *Darrah* - - - - 159
Drugs and Medicines. *Thackeray* - - - 159
Caus s and Management of Hernia in Infants and Young Children. *Miller* - - 159
Vaginal Hysterectomy. *Byford* - - - - 159
Etiology and Pathology of Uterine Displacements. *Truesdale* - - - - - - 159
Fibroid Tumors of the Uterus. *Martin* - 160
Treatment of Utero-vaginal Fistula. *McArthur* - - - - - - - - - - - - 160
Obstetrics. *Peak* - - - - - - - - - - 160
The Curette in Puerperal Endometritis. *Rooney* - - - - - - - - - - - - 160
Carbolic Acid as a Disinfectant in the Treatment of Puerperal Septicæmia. *Hunt* - - - - - - - - - - - - - 160
Relation of Uterine Fibro-myomata to the Organization of Thrombi. *Engert* - - 161
Meterological Conditions and their Relation to the Prevalence of Acute Diseases. *Davis* - - - - - - - - - - - - - 161
Operation for Stone in the Bladder. *Andrews* - - - - - - - - - - - - - 161
Tubercular Joint Disease. *Hoadley* - - 161
Ophthalmology and Otology. *Starkley* - 161
Syphilitic Cyclitis. *Ware* - - - - - - 161

BOOK REVIEWS.

A Contribution to the Study of Friedreich's Ataxia. *Griffith* - - - - - - - - - 162
Excessive Venery, Masturbation and Continence. *Howe* - - - - - - - - - - 162
Oeuvres Complètes. *Charcot* - - - - - - 162
Physiological Notes on Primary Education and the Study of Language. *Jacobi* - - 162
Errors of Refraction. *Valk* - - - - - - 162
The Functions and Disorders of the Reproductive Organs. *Acton* - - - - - - - 162

PAGE

Jahresbericht ueber die Fortschritte auf dem Gebiet der Geburtshilfe und Gynækologie. *Frommel* - - - - - - - - - - - 162
Recherches Cliniques et Therapeutiques sur L'Epilepsie L'Hystérie et L'Idiotie - - - 163
Immunity through Leucomaines. *Baciga-hipi* - - - - - - - - - - - - - - 163
PAMPHLETS - - - - - - - - - - - - 163

GLEANINGS.

Hemostatic Collodion. *Paresi* - - - - - 164
Alopecia *Steego* - - - - - - - - - - 164
Artificial Carlsbad Salt. *Ziemssen* - - - - 164
Antiseptic Dentifrice *Dujardin-Beaumetz*, 164
For Tympanites and Constipation - - - - 164
Injections for Obstinate Leucorrhœa. *Monin*, 164
Symptom of Pregnancy. *Parganime* - - - 164
Perfumed Chloroform. *Nussbaum* - - - - 164
The Meatus Urinarius. *Olmstead* - - - - 164
Treatment of Chronic Eczema of the Vulva in Young Girls - - - - - - - - - - 164
Smallpox. *Baudon* - - - - - - - - - 164
A Specific for Cataract *Mercer* - - - - - 164
Phenacetine *Ayres* - - - - - - - - - 165
New Drugs in Throat Diseases. *Millican* - 165
Vaccination as a Treatment for Pertussis. *Cheratino* - - - - - - - - - - - - 165
For a Cold *Davis* - - - - - - - - - - 165
Anomalies in Genital Organs of Idiots and Epileptics *Bourneville* - - - - - - - 165
A New Artificial Leg *Hudson* - - - - - - 165
Arsenic Poisoning. *Med. Press* - - - - - 165
Digestive Ferments in Intestinal Disorders, 165

MEDICAL NEWS AND MISCELLANY, 166

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 168

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Clinical Lectures.

MITRAL REGURGITATION. ANGINA PECTORIS.

(Delivered at the Philadelphia Hospital, May 22, 1889.)

BY JAMES B. WALKER, M.D.,

Professor of Theory and Practice of Medicine in the Women's Medical College of Pennsylvania.

GENTLEMEN: I show you to-day the colored man whom last week you saw in a water-logged condition suffering with orthopnœa. As you see, he still cannot lie in a recumbent position, although he is comfortable in a semi-recumbent posture. The change in his condition is marked, however, since I showed him to you last week. The dropsical condition has now almost disappeared, though there is still some pitting on pressure. The feet are scarcely œdematous, while the thighs have not been especially so at any time. A glance at the measurements of the body will more clearly demonstrate the improvement in his condition. On entrance he measured around the instep 12 inches, now 10½; above the ankle, 10¾ inches, now 8½; around the calf, 17 inches, now 13; around the middle of the thigh, 23 inches, now 19½; around the abdomen, 41 inches, now 37.

His treatment has consisted in the use of concentrated salines, administered in the morning one hour before eating, and in the use of digitalis and caffeine. These relieved the dropsy considerably, but did not much affect the dyspnœa, to relieve which some sixty ounces of fluid were removed by paracentesis. The right pleura still contains considerable fluid, but that present in the abdominal cavity and the tissues of the body has been removed by the treatment. This dropsy is simply an effusion, and is not the result of any inflammatory action.

There have been some peculiarities about the case. The first of these has been the acuteness of his attacks. Seven or eight weeks ago he was admitted to the hospital with a large accumulation of fluid in his chest. After the removal of this by paracentesis he left the house, but returned three weeks ago in the condition that you noticed when brought before you last week. In a short time he will probably be relieved of his dropsy and will leave in a comfortable condition, but it will require only a little exposure to precipitate another attack.

His pulse has greatly improved in tone and rapidity. Its quality indicates a better condition of the arterial system. He still has his lesion of mitral regurgitation, and just as much as at first, it being a condition which does not vary much with treatment. The crippling of the heart is a permanent thing, but the tone of the heart muscle can be considerably bettered by treatment. Digitalis and caffeine are still indicated by the rapidity of the pulse, but later we shall give him nitroglycerin or some one of the nitrites, preferably the latter. Strophanthus may be used, but it is not as reliable a diuretic as digitalis. It is not wise to trifle with substitutes for digitalis, but they may be administered alternately with that drug.

It is best in bad conditions to depend entirely on digitalis. If it does not show some result in two or three days it will not do any good, and then we may substitute some one of the others. An increased amount of urine and a lessened action of the heart indicate a good action of digitalis. If we do not observe this, it may be well to substitute for the digitalis a preparation of strophanthus. Generally I do not believe in tapping for heart troubles, but would rather rely upon diuretics and heart tonics to remove the effusion, only resorting to operative measures when signs of danger appear.

In a few days the patient will be in a fairly good condition and able to leave the house. There is no form of dropsy so amenable to treatment as the dropsy of heart troubles, but at times we cannot get any marked improvement for the reason that the heart is too far gone and the weakness of the patient is too extreme. Still we should not permit this weakened condition to prevent us from using every means in our power to alleviate the suffering of our patients, and the concentrated hydragogue salines, even here, may be used, for they seem to act as tonics while they remove the dropsy.

This second patient is the Italian whom I also showed to you last week as suffering from the same condition as the colored man, namely, mitral regurgitation. He also, as you may notice, is considerably improved, and though his heart's action is rather rapid, it may be accounted for by his dread at appearing before this large assembly. He also has been placed upon digitalis and caffeine, with the result you see.

I now show you a case of more than ordinary interest. He is a young man, twenty-two years of age, a laborer. He gives a good family history, and has himself been remarkably free from disease. He has had none of the affections of childhood, and never suffered from rheumatism. Six years ago he had an attack of intermittent fever, which soon passed off. He has always been a hard worker. Three months ago, while working in his store, he suddenly fell to the floor and remained unconscious for some time. On awakening he found he was affected with a right-sided hemiplegia. All power of voluntary motion was gone, and he was confined to bed for two weeks. This passed away entirely, however, and at present no trace of it remains. He has of late spat up blood, and is quite weak.

This history describes an attack of paralysis of the right side, of which no physical signs at present can be seen. An examination of the patient's heart reveals a most interesting condition. The apex beat can be seen at least one inch to the left of its normal position, and in the sixth instead of the fifth interspace. Its impulse is exaggerated, and can be seen over an extended area reaching from the epigastrium down to the umbilicus and up as far as the third rib. The hand placed over this region, and especially over the point of greatest intensity of the impulse, appreciates a systolic thrill. This is a very unique case of a *ventricular systolic thrill.* I have never before felt a thrill over the ventricle synchronous with the systole. There is also heard over the point of the apex beat a smooth systolic murmur.

A mitral systolic thrill is very unusual; a diastolic thrill associated with a presystolic murmur due to a roughened mitral valve is very common, so much so that the thrill suggests this murmur at once to the physician. Here is a thrill associated with the systole. The murmur here present is very interesting. Listening over the apex we get a high-pitched, musical, whistling murmur, which is smooth, and, associated with this, over the region of the pulmonary cartilage, is a low-pitched, rough, very regular vibratory thrill sounding like a drum-beat. You might easily imagine you had a fife-and-drum corps here.

The question at once arises, Is the systolic murmur a pulmonary murmur? I think not. The apicial murmur indicates a leakage through the mitral orifice. All high-pitched murmurs are caused by leakage through small orifices, and in this case it is due to a mitral regurgitation. The mitral direct murmur is the lowest pitched murmur we have, because the aperture is large and the power which forces the blood is small. The murmurs in our present case blend and are not separated, and, I think, are produced by the same cause. The murmur over the base of the heart is due, possibly, to the blood throwing into vibration the anterior cusp of the mitral valve, which is also the posterior cusp of the aortic valve. These vibrations are very regular. The high-pitched murmur is due to a regurgitation, the blood passing through a narrow orifice.

We may ask, What else might this be? It might be an aortic direct murmur. Two systolic murmurs mean usually, aortic direct and mitral regurgitant. It is not aortic direct, however, because it is heard loudest below the aortic cartilage, and not at that point, as would be the case were the lesion situated there. It is true that it is transmitted to the vessels of the neck, but not as loudly as if it were due to a simple aortic direct murmur. Then, again, it might be due to the blood whirling in a dilated left auricle and impinging on the roughened, tesselated walls. Or it might be due to an aneurism of the heart wall, a basic aneurism, especially as it is associated with a heart thrill. This is most decided at the apex, while the coarse murmur is heard best at the base. Again, it might be due to a perforated interventricular septum, due to a small aneurism which has burst and formed a communication between the ventricles. This case does not strike me, however, as an aneurism, because the thrill is so extensive.

It might be asked, Is this a pericardial thrill? I say it is not, because a pericardial thrill and murmur are not synchronous with the heart sounds, but are due to the motion of the heart wall against the pericardial sac, and this occurs just as the mitral and aortic orifices are closed, as has been shown by investigation, and when there is no attempt on the part of the ventricles to contract. A pericardial friction sound follows the first sound of the heart; and then, again, a pericardial friction sound as rough as this would be associated with a diastolic thrill as well as a systolic.

I would, therefore, say that the condition present in this case is due either to a regurgitation of blood

into the cavity of the left auricle or to an aneurism of the heart wall.

I now bring before you a man who has been a soldier, and also an excessive user of tobacco. He suffered from rheumatism in 1873, being confined to bed at that time for twenty-three weeks. Later he was suddenly attacked with hemiplegia, which was followed by a severe pain in the heart, that organ feeling as though grasped in a vise. This pain extended up into the left shoulder and down the arm as far as the elbow. The hand became numb and cold. This attack has recurred since at intervals, the period of relief becoming shorter and the frequency of the attacks increasing.

From this history we can conclude that we have here a case of angina. There is a true and a pseudo angina. As the history indicates, these attacks are true angina pectoris. There exists here a condition of mitral regurgitation, which, together with the history of rheumatism, seems to indicate a true angina.

The gravity of an attack of true angina varies greatly. In its nature the disease is supposed to be a functional trouble in the ganglionic centers in the heart wall. In some instances there have been found enlarged bronchial glands pressing on these centers or on the phrenic or pneumogastric nerves. Then, again, degeneration has been found in the heart ganglia, and with this condition we have developed a pain. In some cases there are no pathological conditions, and then it seems to be due to an enervation of the organ.

As to the cause of this condition many cases seem to be due to atheroma of the aorta or of the coronary arteries, or it may be due to vaso-motor spasm of the coronary branches. In many cases there is coldness of the extremities, showing a general vaso-motor spasm. The spasm involves the muscles of the arterial walls, and not of the heart wall itself. As regards the associated symptoms of pain extending down the arm, this is attributed to a reflex involvement of the plexus supplying the arm. In very rare instances does it involve both right and left side, and rarely the right alone.

The prognosis of angina pectoris varies with the condition which produces it. The treatment includes the treatment of the spasm and that of the interval. Dr. Ringer first suggested the use of nitrite of amyl to relieve the spasm of the arterial muscles, which he supposed existed. Inhalations of this drug are followed by the greatest of relief in most cases. The patients should carry capsules containing it in their pockets for instant use. Hypodermatics of morphine may be safely resorted to in most cases, in doses of one-sixth to one-quarter of a grain. The patient should be placed in a sitting posture, and not laid down, as this gives most relief. This is the treatment for ordinary cases, but the patient may pass into a condition of general vaso-motor spasm with collapse. In such a case mustard blisters, pediluvia, and applications of hot water must be made, and, internally, champagne, whiskey, and the carbonate or aromatic spirits of ammonia are to be administered. Fresh air in abundance must be allowed.

For the permanent relief what must be done? In order to lessen the frequency of the attacks nitroglycerin seems to act most efficiently. The nitrites are the most interesting of the medicines of the "Pharmacopœia" to study, but they have not always answered the purpose for which they have been employed. Only those whose action is rapid are useful; the others have failed. One drop of a one per cent. solution of nitroglycerin, or a pill containing $\frac{1}{100}$ grain may be administered, and it should be pushed till we get the physiological effect, namely, the flushing of the face. One of these pills may be given thrice daily, or, if necessary, two, or even six, three times a day, stopping when flushing of the face is produced. Digitalis and strophanthus, to correct the heart troubles and tone it up, will aid in preventing a recurrence of the angina.

Original Articles.

PERSONAL REMINISCENCES ON THE SUBJECT OF ANÆSTHESIA.

(Read at the meeting of the Ohio State Medical Society, May 22, 1889.)

By H. CULBERTSON, M.D.,
Assistant-Surgeon United States Army (Retired),
ZANESVILLE, O.

Reminiscences of Experiments made and Conclusions drawn, in 1861, as to how Chloroform Produces Death.

THE article concerning this subject was read before the Ohio State Medical Society twenty-eight years ago, and published in its "Transactions" for 1861. The views expressed then hold good to-day. The cry then was "heart failure." Our article refuted this view and advocated brain failure as the death-cause from chloroform. We found that the lungs failed first, the heart invariably last by inhalation; that restoration could be effected when the lungs had ceased to act, but that this could not be accomplished after the heart had ceased to beat; that if ether were the inhalent, the animal could be restored even after the heart had ceased to beat, by artificial respiration and electricity (galvanism). We also found that immediate post-mortem examinations revealed the lungs fully expanded until the chest was opened, which caused these organs to collapse one-half to three-fourths; yet when shrunken they were engorged with blood, contained mucus, bled freely on being incised, crepitated, and floated on water; that the heart and its great vessels were distended with dark fluid, uncoagulated blood, invariably fuller on the right side of this organ; that when the heart was opened the right ventricle and auricle contracted, but not the left side of this organ; that the coronary veins were distended with blood; that the membranes of the brain were congested, but not the substance of that organ, and likewise the vessels of the spinal membranes were distended with blood, but not those of the cord; that the trachea and the mouth contained frothy mucus; that the abdominal organs and vessels were turgid with blood; that the left lung was generally more congested than the right; that during the exhibition of chloroform there was, first, excite-

ment of body, free flow of saliva, quickened pulse, contracted pupils, slowing of pulse and respiration, stupor, insensibility; finally, thready and more rapid pulse and more frequent respiration, dilated pupils, the lungs ceased, and then the heart, to act; that there were reflex spasms of muscles before death, and often after death on cutting muscles in opening the chest. That chloroform (one drachm) injected into the external jugular vein, caused distention of all the heart cavities with coagulated blood; that the endocardium was a bright pink color, not dark as from chloroform inhalation; both lungs were greatly congested, affording mucus and blood on section; the lungs were expanded, but when the chest was opened they collapsed, but not so much as from inhalation. That a drachm of chloroform gently placed about the medulla oblongata caused respiration to cease at 30, and the heart to cease beating at 45 minutes; the brain and its membranes were found to be injected on the right and pale on the left side, and its ventricles contained but little serum, and the injection was very faint in the region of the corpus callosum; lungs collapsed after chest was opened. Incision of these organs gave blood and mucus, more on the left side; the heart cavities were full, but not distended. That when the chloroform was given by the stomach, insensibility, anæsthesia and death followed, and the lungs ceased to act before the heart; the brain was congested, most in its cortex, the sinuses were full of dark blood, there was no effusion of serum; the stomach and the bowels were pale; the liver was congested and dark-red in color; the lungs collapsed when chest was opened, the right dark, the left light-red in color, the right on incision gave very little blood or mucus, the left blood and mucus freely; oxygen gas and air, introduced by bellows into the trachea, and artificial respiration failed to restore the subjects. That when the animal was killed by pithing the medulla, the lungs collapsed after the chest was opened and were pale, and more blood flowed by incision of the left lung, and the cavities of the heart were full, but not distended. It was found that chloroform did not injure the red globules of the blood so as to impair their functions; and it was concluded that chloroform first induced unconsciousness by impressing the cerebrum, then insensibility from its impress upon the sensory ganglia, then the spinal centers and respiratory and heart centers were paralyzed, as well as the sympathetic ganglia and centers, and death followed from paralysis through the affection of the medulla.

These are the main facts reported in my paper of 1861. In twenty-eight years there have been many advances in physiology and therapeutics, and to some of these we would now refer, and through these ask, how is the heart related to the subject of chloroform anæsthesia? As is well known, this organ has an inhibitory center situated in the inter-auricular septum, and connected with the inhibitory center of the pneumogastric nerves, in the medulla oblongata; impressions on these slow the heart, and those from chloroform may paralyze the action of either of these centers, and in either case increase the rapidity of the heart's action. Observation elsewhere and in our experiments shows that in the final and fatal stages of chloroform anæsthesia, both respiration and heart action become accelerated and more and more feeble, we believe, from paralysis of these centers.

These experiments have also shown that often the right auricle and ventricle as well as striated muscles, although anæsthetized, have not entirely lost their irritability, and these heart walls contract and the striated muscles also on being incised. But there is no record of contraction of the left auricle or ventricle after death from chloroform, and I have only lately found that after the heart had ceased to beat, the left heart could not be made to contract by incision or faradism applied to its walls. The left side of this organ seems to have lost its irritability, while that of the right heart is only greatly impaired. The laws of circulation would indicate the left heart most anæsthetized.

The following table shows that in chloroform anæsthesia the relative weight of blood in the lungs to that in the heart was increased, and that in death from pithing the medulla the relation was reversed:

In 4 cases,	chloroform inhalation,	heart ratio	= 1	to lungs	1.74
" 1 case	" on brain,	" "	= 1	" "	1.20
" 1 "	" by stomach,	" "	= 1	" "	1.15
" 1 "	" by jugular-vein	" "	= 1	" "	1.20
" 1 "	pithing medulla,	" "	= 1.28	to "	1.00

Thus, without the paralyzing influence of chloroform on heart or lungs, or medulla, pithing induces a greater relative weight of heart and its contained blood than of the lungs. Of course, pithing is a form of death by paralysis of the brain-centers acting on both heart and lungs, without any local paralysis of lungs or heart by anæsthetics. It is probable, therefore, that this anæsthetic increases the relative amount of blood in the lungs, and hence respiration is more impressed than the heart from lung paralysis.

But there are, as is well known now, excito-motor nerves and centers in the medulla and heart. The former, it is thought, probably end in the excito-motor ganglia of the heart, situated in the septum of the left auricle and ventricle of the dilated end of the inferior vena cava. Chloroform, paralyzing these nerves either at the centers or through the nerves peripherally in the lungs and heart, would lead to retardation of heart and lung action. But chloroform paralyzes both the excito- and inhibitory centers and nerves, and so death may result.

But a conclusion should not be drawn until the influence of the vaso-motor nerves upon this death-process is considered. According to Huizinga (see "Action of Medicine," by Isaac Ott, M.D., p. 68, 1878) there are nerves acting on bloodvessels as follows:

"Ganglia in or about the walls of capillaries regulating their caliber."

"Spinal vaso-constrictor nerves running to muscles in the arterial walls."

"Spinal nerve fibers inhibiting the peripheral vascular ganglia, vaso-dilatory fibers."

"Inhibitory fibers from the skin to the vascular ganglia in their vicinity."

"Irritation of the skin can cause a dilatation of the capillaries through the inhibitory fibers, or contraction through the vaso-constrictor fibers."

"The vaso-motor and vaso-constrictor fibers emerge from the spinal cord through the spinal nerves. The vaso-motor fibers are united with a vaso-motor center in the brain, its extent being, in the rabbit, within a millimeter of the tubercula quadrigemina in the upper limit, and within four or five millimetres of the calamus scriptorius in its lower limit. From this center vaso-motor fibers arise and pass down the spinal cord and through spinal nerves and sympathetic ganglia to the various regions and parts of the body."

"The peripheral vaso-motor system, which keeps the capillaries and bloodvessels in a state of tonic contraction, is reinforced by the impulses coming from the brain vaso-motor center, and is in constant action."

"When a sensory nerve is stimulated, this center is thrown into increased activity, the bloodvessels in general contract, and, of course, increase the blood pressure in the arterial system, by the greater resistance to the passage of arterial blood into the venous system. There is also a vascular congestion of the region to which the irritated sensory nerve is distributed. This irritation paralyzes the peripheral vascular ganglia in the vicinity irritated."

There is also the sensory nerve of Cyon and Ludwig, which, when excited, inhibits the parts supplied to it and paralyzes the main vaso-motor center in the brain, and thus causes the whole capillary system to dilate and hence the blood pressure falls, there being less resistance to the passage of blood into the venous system. "Besides the vaso-motor center in the brain, there are others in the spinal cord which act."

I have quoted from Dr. Ott fully on the vaso-motor system because, although he has not to my knowledge experimented with chloroform, his valuable experiments, in general, have an important relation to and shed much light upon the subject we are considering.

When after death, in a chloroformed subject, the skin is cut, its substance is pale and bloodless. I have never lost a patient from chloroform, but often under the profound influence of this agent, I have seen the human patient pale and cold. Why is this? Is it not due in part to the nerve of Cyon and Ludwig being paralyzed? The capillaries of the skin cannot be contracted, for the heart and the great bloodvessels and the vessels in general are engorged with blood and relaxed. The vaso-constrictors are paralyzed by chloroform and permit the bloodvessels mainly in the abdomen to enlarge. Since we know that the final influence of chloroform is to paralyze, it cannot be that by its agency the vaso-dilators are stimulated to enlarge. The inhibitory fibers in the skin must be paralyzed also; so that there is only one class of these nerves, the vaso-constrictors, which being paralyzed, permit the dilatation of the heart and bloodvessels, as has been found in nearly every one of the cases reported in our experiments. The great fulness of the internal vessels and organs with blood would account for the paleness of the surface of the body, the blood having been drained away from the surface to the internal organs and vessels. This full state of the heart and bloodvessels is favorable to arrest of heart's motions, and while it is not probable that this effect is the cause of death, yet it is one of the factors in inducing it. Thus, I think that the paralysis of the excito-motor and inhibitory centers of the brain from chloroform will be assisted by the paralysis of the vaso-motor centers, and the consequent dilatation of the heart and great vessels.

But how are the lungs affected in chloroform anæsthesia pushed to death? The primary influence of this agent is to stimulate the lungs to increased acts of respiration and to increase the secretions of the mouth, throat, and salivary glands, and those of the bronchial mucous membrane Its secondary effects are to anæsthetize these surfaces, and, remotely, to paralyze the peripheral nerves of the lungs and lead to passive congestion of the bloodvessels of these organs. The vaso-excitors being also paralyzed, would also favor engorgement of the bloodvessels of these organs by their enlargement. At the same time that the lungs are locally affected by the chloroform and the vaso-motor paralysis, the excito-motor and inhibitory centers of the brain and medulla aid the vaso-motor paralysis in arresting respiration, and this affection of the brain and vaso-motor nerves is probably the reason why respiration ceases before the heart's action; and this statement, as to cause, is more likely true when it is remembered that the area of the lung surface is greater by far than that of the heart, and this will assist in casting a greater paralyzing influence upon the lungs, and lead more readily to their becoming first quiescent before the heart ceases to act.

I should here state that never in a single case of our experiments has a lung been found, before the chest was opened, that had not ample area for the maintenance of respiration, so that death here cannot, in my opinion, be due to apnœa. It is true that there is a partial apnœa due to the limited and congested area of the lungs, and this leads to a retardation of the pulmonary circulation, and, possibly, to some dilatation of the right heart.

But it remains to consider the influence of chloroform upon the brain in this death process. If the blood reaches the brain. during anæsthesia, containing chloroform as it does, it will permeate all parts of that organ. In the cerebrum unconsciousness is induced, in the cerebellum coördination is abolished, in the sensory ganglia sensation is lost, in the motiferous ganglia and tracts motion is wanting, and in the medulla the motor, and inhibitory, and vaso-excitor centers are all modified and paralyzed when death occurs. The spinal centers are also impaired in function, so that reflex motion is impaired. It would seem that when these centers of the medulla are so far paralyzed as to generate no more force, the lungs and then the heart cease to act, and the enfeebled state of heart and lungs, due to the local influence of the chloroform upon them, favors the final result due to paralysis of the medulla centers, and death follows. It must be remembered that the medulla is not congested, it is permeated with a chloformed blood acting as a paralyzing agent.

Under chloroform the subject hangs between life and death. Anæsthesia is all that is desired. To

accomplish this every organ and nerve center in the body is impressed, and yet how few die of this agent! Why? Simply because the influence of this anæsthetic is not pushed beyond insensibility, generally, and also there are usually no lesions of heart, lungs, or brain incompatible with such use of the agent. You will ask, why have deaths occurred suddenly from heart failure, which I believe is extremely rare without the lungs ceasing to act previously or simultaneously? I answer that there will be found a diseased heart, or a patient whose nervous system is so impressible as to lead to death, in the latter case by the dread and shock of the operation or from previous shock from other causes. Such examples are really nerve and brain deaths and cannot be strictly counted to chloroform mortality.

What are the particular changes induced in the medulla which arrest the transmission of motor force to the heart and lungs is unknown. I must state here that in my experiments again and again have I caused arrest of respiration and restored by artificial respiration, and accidentally have been able to do the same thing in the human subject. Once respiration is established the patient is restored, provided the heart has not ceased to beat. In the human subject I have in a number of cases encountered heart failures with arrest of respiration, but position of body, artificial respiration, and removal of chloroform effected restoration. Death from heart failure is then vastly the exception from this anæsthetic.

In restoring I have tried oxygen gas, electricity, artificial respiration, inversion of body, but all these fail when the heart has ceased to beat. Previously the patient's heart, lungs, and brain should be examined for lesions. Hypertrophy of heart is not incompatible with chloroforming, nor functional diseases of this organ with fair heart force. Atrophy and fatty degeneration of this organ contra-indicate its use.

Chronic alcoholic drinkers are dangerous persons for anæsthesia. Persons already insensitive from great shocks due to various injuries generally bear chloroform badly. I have seen this tried, and unless there is ample heart force this agent will depress. Persons with thready pulse from injuries bear this agent badly. Those with chronic organic diseases of lungs, as bronchitis, accompanied with free secretions in lungs are liable to give trouble during anæsthesia. Organic brain lesions require the most careful consideration ere this agent be used. Observation has taught me, as well as authority, that recumbency, as well as a free supply of air, is essential; that warmth of surface and extremities is important; also that the pulse, respiration, and iris (a dilated pupil should dictate caution at least) should be closely watched, and on the slightest failure the agent removed. When the cornea is insensitive, the insensibility point has been reached and the agent should be removed for a time. A moist and cold skin and extremities denote caution. Brandy, hypodermically, and artificial heat and sinapisms, and also electricity will aid artificial respiration.

I believe chloroform affects the secretions less than ether; but the latter is a safer anæsthetic than the former. I have seen cases that I could not etherize, as they would cease to inhale enough to anæsthetize. I would say care should be exercised in giving chloroform to old or feeble persons. Children and parturient patients bear chloroform well.

It occurs to me now that a medium-sized dose of strychnia given hypodermatically half an hour before the chloroforming would be a valuable safeguard by increasing the irritability of the nerve centers of the medulla and spinal cord. Morphine is said to increase the blood in the nerve centers, but it is a narcotic and it would hardly be proper to add this influence to the chloroform narcosis. Chloral has been advised, but it certainly favors heart failure and nervous exhaustion. Nitrite of amyl until the face flushes does good. A dependent position of the head is valuable, as it determines blood to the head. Small restorative hypodermatic injections of atropine are feasible. The fact that the respiratory and heart centers of the medulla are stimulated to action by carbonized blood is favorable, and may, to a limited extent, overcome the influence of the chloroformed blood circulating in these centers.

HUNTING THE GERM OF YELLOW FEVER.

By FRANK S. BILLINGS, M.D.,

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

[Continued from page 127.]

SOME of these objects color well, in sections, in Loeffler's methylen-blue and caustic potash (1:10,000) solution, but when very sparsely represented, or when the sections are the least bit thick, this method will leave one in doubt in regard to yellow fever material.

The only reliable and, if properly used, invariably successful method by which these organisms can be made visible, even in quite thick sections and when only few are present, is by using the well-known carbol-fuchsin solution so commonly used in "hunting" the tubercle bacillus, and here, too, we use heat, but very much more than is necessary, to fix the color in B. tuberculosis. But,

1. Wash the sections to be colored for a few moments in some absolutely germ-free caustic potash solution (1:10,000).

2. Place these in salt-cellar containing two-thirds caustic potash solution (1:10,000) and one-third carbol-fuchsin (5 per cent. carbolic acid in distilled water, 100 parts; alcohol, 95 per cent., 10 parts; fuchsin 1 part, filter; and also filter each time on using) and place over slow flame until vapors arise, and one-half the coloring material has been evaporated. The slower the better.

3. Wash in 1 per cent. acetic acid, *in alcohol.*

4. Wash in distilled water to remove surplus and any sediment. Experience only can show how much color to remove.

5. For five minutes in ol. terebinth $\frac{2}{3}$, alcohol $\frac{1}{3}$.

6. For five minutes in pure ol. terebinth.

7. For five minutes in xylol.

8. Oil of cloves, and mount in balsam.

Notwithstanding every endeavor on my part, it was

absolutely impossible for me to procure any material of any kind whatsoever from the various outbreaks of yellow fever in our Southern States during the summer and fall of 1888.

Monopoly in original research on questions pertaining to public health or national economy seems to be a new phase of the high-protection policy in this tax-beridden country. However, another was more fortunate, and his wonderful results have been heralded to the world in the following resonant praises:

"DR. REEVES' DISCOVERY."

From the Chattanooga Times—A clipping sent without date.—"Dr. Sternberg, of Baltimore, Md., who has for the last six or eight years been investigating the yellow fever, with a view to discovering the specific cause, it will be remembered spent a portion of the summer at Decatur investigating the disease. While in Decatur he kindly sent to Dr. James E. Reeves, of this city, pieces from the liver and kidneys of several cases of yellow fever for microscopic examination with a view of seeking for the specific germ of that disease. Dr. Reeves took these tissues and began his investigations. From a mounting of the very first cases he found a microörganism in them, which led him strongly to believe that he had found the germ. He continued his research and thoroughly examined all of the tissues sent him from Decatur, and he found the same thing in all, more or less developed. He forwarded mounted slides to various microscopists and scientific men throughout the country, who, one and all, say that the result is exceedingly interesting, if nothing else, some declaring that it was the yellow fever germ. Mounted slides of these tissues were sent to Prof. H. J. Detmers, of the Ohio State University. These slides were photographed and forwarded to the Johns Hopkins University. The microorganism is a bacillus, rod-like in shape, and is found in schools of millions in the tissues. So very much struck are the scientific men with the discovery that Dr. Reeves has been invited to come to Johns Hopkins University, under pay, to make a demonstration of what he has found and the method employed. In accordance with this invitation, Dr. Reeves will leave for Baltimore the latter part of the first week of the new year. A *Times* reporter called to see Dr. Reeves and asked him with reference to his discovery. The Doctor was not prepared to say definitely what his find amounted to, but said: 'The discovery of these bacilli in the tissues leads me to hope that I have found the germ of yellow fever, but as a matter of course we cannot say definitely until we have further carried on investigation. I can say this much, that in all my experience with microörganisms I have never seen anything like that which I have discovered in the tissues furnished me from yellow fever patients who died at Decatur. I have examined these tissues in every way and under different staining agents, and have always met with the same result, which leads me to believe that whether these bacilli are the specific germs of yellow fever, they are certainly an organism pertaining to and only found in the tissues of persons suffering from yellow fever. I shall go to Baltimore and consult with scientific men of Johns Hopkins University and my experiments will be carried out, and we may then be able to tell what it is I have found, but until these precautions have been taken by making experiments as peculiar to yellow fever cases, there is, of course, more or less uncertainty about it.'

The reporter was shown by the doctor the mountings he had made from the various tissues and saw a most interesting sight. The tissues were filled with rod-like spots, hundreds of which might be put upon a blunt pin-point."

It will be seen that Dr. Reeves said: "The discovery of these bacilli in the tissues leads me to hope that I have found the germ of yellow fever." . . . "I can say this much, that in all my experience with microörganisms, I have never seen anything like that which I have discovered in the tissues furnished me from yellow fever patients who died at Decatur."

The last assertion is unequivocally false!

Why, if Dr. Reeves is such a noted scientist, have we not somewhere a description of that microorganism, the like of which he had never seen before?

Why have we never had a report of that much vaunted trip for consultation with the celebrities at Johns Hopkins University?

The fact is that Dr. Reeves knew he had seen an abundance of just such organisms (microscopically) in tissues which came from cattle diseased with the Southern cattle plagues, and which he stained for me in 1887.

The fact is that Dr. Reeves had in his possession my report on "The Southern Cattle Plague and Yellow Fever," with a description and illustration of the very organism he saw, months before he ever saw it in tissue from Decatur, but he could have seen it in the Lacerda material which I sent him had he so desired, though he is very careful not to mention either.

Perhaps Dr. Reeves can account for these things. His work would have been really valuable, as confirming testimony, had he published it, as he should have done, and not used it as an advertisement to peddle slides.

It will be seen that Dr. Reeves speaks of "yellow fever patients," using the plural number and of the "tissues furnished" from these patients, but what is of more value, he says: "*I have examined these tissues in every way and under different staining agents and always met with the same result.*" No one will more cheerfully admit than I that as a mere technicist and manipulator of microscopic sections, Dr. Reeves has but few equals and no superiors in this country, if in any. I am no such delicate worker, for time is too precious with me to give any pains to appearances. Here it is results only, no matter how one gets at them, and with a very sincere disrespect for rule-of-three methods. Naturally, on seeing such wonderful reports from Dr. Reeves, I was very anxious to acquire one of his specimens, and was fortunate enough to obtain one selected by himself, as especially suitable for photographing. This slide is distinguished by an epauletts on each end—not the

plain labels of ordinary workers, but the more elaborate affairs emanating principally from manufacturers and dealers in model slides. Upon one of the epauletts may be read "Dr. Jas. E. Reeves, Microscopical Laboratory, Chattanooga, Tenn." and upon the other, "Yellow Fever, Liver, .$\frac{6}{5}\frac{6}{2}$'."

When I received this slide it was colored in "Bismarck brown," and as the liver cells were very full of a glancing granulous detritus, it was only with the utmost difficulty that one could isolate the much more minute germs of yellow fever, but by careful focusing they could be occasionally picked out between the cells. I am writing on April 24, but received this slide January 2, 1889. From that time until April 20 I preserved it as it originally came to me, in order to show it to visitors that they might compare it with my own made from the various materials herein mentioned. No one has had any difficulty in seeing that apparently the same organism was in all of them. Desiring to have a better idea of the actual numerical representation present, I most carefully removed the coverglass and specimen and dissolved all the balsam, and recolored it according to the fuchsin method previously given. It can be truly said and actually demonstrated that the number of ovoid belted germs present is greater in this specimen than in either of the others examined, and that by this method they can be so distinctly seen as not to allow of the possibility of their being mistaken for detritus granules "mast-zellen," or anything else.

Let us now review this evidence a little. There seems to be no reason to doubt the genuineness of the material. Of that from Brazil Lacerdo has told us that:

"In all these preparations (from six persons),[1] *without exception, I have found one bacterium exactly identical with that which Babes has already found in material sent him from here by me.*"

Now, Babes described and illustrated that organism so well that when we are assured likewise that the material sent from Havana by so accomplished a practitioner (and one holding such an important position as "Inspector of the United States Marine Hospital Service"), as Dr. Burgess, is all from "undoubted cases of yellow fever," it would be carrying skepticism to the verge of imbecility to doubt that it is one and the same germ.

To be sure Babes failed in finding it in some other material examined later, and Sternberg only found it in "two out of nine cases" of which he brought material from Brazil, perhaps the very same, and Gibier did not succeed in finding it at all, but, on the other hand, as said above, Lacerdo reports finding it "in all preparations without exception," and here we have the same organism also "*in all preparations without exception*" from "six *undoubted cases*" *from Havana, and again reported by Dr. Reeves*, whose accuracy of observation and delicacy of technique I personally know can be depended on, and who says of it: "*I have examined these tissues from yellow fever patients in every way, and with different staining agents, and have always met with the same result.*"

Now, we do not know just how many persons the material examined by Dr. Reeves represented, but we do know that in all these tissues no one has spoken of the presence of any other organism, and any one with a grain of pathological acumen must say, *that under such circumstances the organism present must have been the cause of the disease with which the individuals were diseased from whom the material in question was taken.*

What then was that disease?

Has not every observer who collected this material, even to Dr. Sternberg, asserted, without equivocation, *that it was all from "undoubted cases of yellow fever?*"

This being so, *then I unhesitatingly pronounce the germ present in all these cases to be unquestionably the etiological element in the yellow fever, and that failure to demonstrate its presence in all such cases, as well as by cultures by those having the opportunity, is due to technical inability in most cases, though accidental failure must be allowed for in a few.*

I am perfectly well aware of the extreme relish with which my estimable confréres in the world would "jump on" any serious error in the work of so severe a polemic as myself, but I am equally well aware of the character of the few abilities I may possess and of the painful exactness used when it is absolutely necessary. Some may think me over bold, but where caution is warranted by the evidence I can use as much of it as any one. What scientific investigators are seeking, must seek, is the exact facts, and no matter who makes an error, the more severe the exposé of the same the better for the world at large, and I certainly not only do not fear but have so acted in my course as an investigator as to court all the criticism that can possibly be thrown against my work. Thus far the errors exposed have been made manifest by their extreme rarity. In fact, so rare have they been that not one error of fact has thus far been found in my published work except one of misconception, which I exposed myself in a late publication.

Let us now return to Sternberg's address for a moment. It has been noted already that he said:[2] "In my researches by the method of staining thin sections of tissues hardened in alcohol, I have encountered several different microörganisms, but no one of these has been found in a series of cases."

[To be continued.]

THE BANDAGE IN CARDIAC DROPSY.—O'Donnell (N. Y. *Med. Jour.*), reports the following case: Mitral insufficiency, dilatation of the right heart, general dropsy, hemoptysis, cough, jaundice, and anæmia. Urine scanty and bloody. Pulse rapid, feeble, and irregular. Great dyspnœa. He was given tonics, the scrotum tapped, and a bandage applied tightly to the legs and arms.

The heart became more regular, and the patient improved so much that he has been able to superintend his farm, the bandage still remaining in position.

The use of an elastic bandage would have been still better in this case, for several reasons.

---

[1] Virchow and Hirsch, *Jahresheicrht*, 1887.

[2] *Loc cit.*

HYSTERECTOMY FOR LARGE FIBRO-MYOMA.

By D. BENJAMIN, M.D.,
Surgeon, Cooper Hospital, Camden, N. J.

H. M., aged thirty, living in the southern part of the State, came to me on March 24, 1888, suffering from a large abdominal tumor, which she stated her physicians called an ovarian tumor. I obtained the following history: Her mother died of erysipelas, one sister died with cerebro-spinal meningitis. Patient's past condition was stated to have been moderately healthy until last summer, when she commenced to lose flesh; at this time there was noticed a slight enlargement of the abdomen, which was attributed to dropsy.

In October, 1887, she was examined by a physician who stated that there was a tumor in the left ovarian region, then about the size of a fist. Two months afterwards she was subjected to another examination, and the tumor was found to have increased in size to that of a child's head. No history of any injury to this region could be obtained. Her menstrual flow had been regular, sometimes profuse, had missed one month, which she attributed to a cold.

She began to suffer from vomiting and constipation, and occasional abdominal pains, these symptoms had constantly grown worse, until almost every meal was vomited, and constipation became more and more obstinate, so that powerful purgatives had to be administered, but were losing their effect, and symptoms of obstruction were becoming marked.

She had lost fifty pounds in weight within a few months, but as she had been previously inclined to embonpoint, her emaciation was not extreme on palpation through the abdominal wall. The tumor appeared symmetrical and mobile, did not feel so hard as is common with fibroid tumors, nor so soft as a cyst, was not nodular, felt very much like a pregnant womb in the early part of the ninth month. Fluctuation could not be positively demonstrated. Percussion-sound dull, except a small area in each flank.

Vaginal examination showed cervix drawn up, and enlargement in Douglas's pouch about the size of a retroverted womb. Rectal touch gave no additional information, flexible urethral sound passed into os uteri about two inches, taking a forward direction. Pregnancy having been eliminated by the examination, a diagnosis of solid or semi-solid tumor involving womb could be made; but the exact relation of the ovaries to this tumor was not clear, and exploratory incision was advised, with a view of ascertaining the exact relation of the tumor to the pelvic organs, and the possibility of its removal, with the understanding that any beneficial operation that would seem feasible should be proceeded with. Accordingly, on March 29, patient was etherized, the usual incision was made in median line, and surface of tumor exposed. Tumor was quite elastic, and of a dark muscular flesh color, and wedged so tightly in the superior strait of the pelvis, that only one ovary could be reached (the left which was enlarged). Adhesion being slight, the incision was extended upward, with scissors, sufficiently to enable the upper part of the tumor to be reached, which was free, but in contact with the stomach and liver.

The incision was then extended upward and downward sufficiently to enable the tumor to be delivered forward through the abdominal incision.

Both ovaries and Fallopian tubes could then be easily reached, while the large tumor was held upward, out of the abdominal cavity, by an assistant. The pedicle could not, at this stage, be thoroughly examined. The right ovary was found crowded down into Douglas's pouch, and was enlarged to about the size of a hen's egg, and roughened on the surface.

The right Fallopian tube was also much enlarged, the left was about double the normal size, and adherent. Both ovaries and both Fallopian tubes were carefully ligated and cut away. The exact relation of the base of the tumor to the womb could now be clearly made out, and it was apparent that room enough could be made above the insertion of the vaginal wall into the cervix to remove the tumor and body of the womb (which was thoroughly uniformly fused) without necessarily wounding ureters, bladder, or other pelvic organ. I then determined to remove the entire tumor and womb, since to return it to the abdominal cavity would have been to leave her in almost as bad a condition as before the operation, with respect to the obstruction and other difficulties which the tumor caused, and at the same time be little less dangerous to the patient's life than complete hysterectomy. I then carried the incision downward as closely to the pelvic bone as the bladder would permit, ligated each of the round ligaments in two places, and cut between, applied Koeberle's clamp and cut away the tumor. The stump was at least three inches in diameter. Tumor was about thirty inches in circumference. After all bleeding points had been properly secured, and all clots removed from the abdominal cavity, the bowels and peritoneum were thoroughly washed by pouring three or four gallon pitcherfuls of warm water into her.

The omentum, which had been lying on a towel, was returned and arranged over the bowels. The pedicle was fixed in the lower angle of the womb, and incision closed with silk sutures at intervals of less than half inch. Wound was dressed antiseptically, and patient placed in bed.

Temperature which had been normal previously to the operation was taken three-quarters of an hour afterwards, and found to be $97\frac{1}{5}$, at 4 P.M., $100\frac{4}{5}$. The second day at 7 P.M. it reached $100\frac{2}{5}$, pulse 128, breathing 28. Third day, 7 A.M., temperature 101, 7 P.M., temperature $101\frac{2}{5}$, pulse 116, breathing 24. Fourth day, 7 A.M., temperature $99\frac{2}{5}$, 7 P.M. $100\frac{3}{5}$. Fifth day, 7 A.M., temperature $99\frac{2}{5}$, catheterization stopped on account of cystic irritation. Patient constantly improved without any untoward symptoms, and was discharged in six weeks after the operation. Clamp came off on the twenty-third day. Has not vomited since the operation. Has had no pain. All functions are normal. States that it is the first time she has felt well for four or five years. Has returned to her home in the country, with rosy cheeks, full of

life, and at this date, May, 1889, is in perfect health. Has not been sick a day since the operation, and is glad that she parted with her womb and ovaries.

In determining the value of the operation of hysterectomy to humanity, it is important that all cases should be reported, as I found the literature on the subject so meagre at the time of the above operation, that reliable data could not be obtained in this country. The operation has never, so far as I can learn, been performed in New Jersey, but as hysterectomies are becoming more frequent and successful, ample statistics will soon be forthcoming.

Hospital Notes.

PHILADELPHIA HOSPITAL.

SYPHILITIC RUPIA.

MAN broken down in health, and presents a history of having a chancre seven months ago. One month ago he had a manifestation of it on his body. At the present time he has two large syphilitic rupia on the anterior part of his leg, and several others on his forehead. Will dress the rupia with ung. hydrarg. and ung. zinci oxidi. Tonics of iron, quinine, and strychnine were given. Will begin with hydrarg. prot-iodide, gr. 1/6, ter die, and will increase the dose to tolerance. Will be given in pill form for three years. Will also give potassium iodide, gr. x after meals. Good food and out-door exercise. If, after three years and a half, no manifestations of syphilis exist, he will be permitted to marry, and will have good, healthy children.—*Ransley.*

REMOVAL OF A CICATRIX.

This man has a horrible cicatrix on the posterior portion of his thigh, the result of a burn. It causes him pain when he sits down or attempts to walk. The man was etherized and the cicatricial tissue dissected out and the parts dressed with iodoform. It will be treated as an ulcer, and transplantation of skin will be made in a few days. Limb will also be placed on a splint, and absolute rest and quiet maintained.—*Ransley.*

UNIVERSITY HOSPITAL.

OVARIAN TUMOR.

DR. GOODELL removed a very large ovarian tumor which contained several gallons of fluid. There were some slight adhesions. The other ovary was removed, and it was shown that a cyst was forming on the side of it. Wound was dressed antiseptically. In concluding the operation he spoke of after treatment. No nourishment will be given by the mouth for twenty-four hours; no opium unless absolutely necessary, and then by the hypodermic. Beef tea and whiskey with milk, per rectum, if necessary. On the second day after the operation she will be given a tablespoonful of milk and a cup of tea, and every three hours, if it agrees, two tablespoonfuls of milk will be given; and so slowly increased, and if she is feeling good other nourishment should be given.

MEDICO-CHIRURGICAL COLLEGE.

LUPUS VULGARIS.

SHOEMAKER, in enforcing the importance of differential diagnosis, contrasted such diseases as epithelioma, lupus vulgaris, and syphilis, calling attention to the important fact, that whilst epithelioma was painful, lupus vulgaris was painless.

Removal by the knife or otherwise is the treatment for the first, but operative interference in lupus vulgaris is not advisable. In advanced cases complete healing of the lesion is not attempted, as the disease, if driven from the surface, attacks some one of the viscera, preferably the lungs.

Lupus vulgaris commences on the nose or cheek; is characterized by extreme redness, especially in advanced cases; a gradual spreading, by tubercular breaking down of the skin, the tubercles being gelatinous, and the formation of cicatricial tissue in the center as the disease spreads. In the treatment for lupus vulgaris he gives tonics, cod-liver oil, etc., and applies, at times, carbolic acid to the surface. Recently galvanism is being used.

FOR PSORIASIS.

For psoriasis and pemphigus he administers the arsenite of sodium, hypodermatically, giving one-half of a grain at a dose, and repeating three or four times each week.

In a majority of such cases arsenic makes no impression on the system, in medicinal doses, when given by the mouth.

If the little syringe is objected to, give the drug by suppository.

OLD SYPHILIS.

For old syphilitic cases he uses the bichloride of mercury in the same manner, and in all his practice he has never seen any bad results following the use of the hypodermic syringe. Care and cleanliness are the rule.

ACNE ROSACEA.

For acne rosacea in the first stage he ordered oleate of bismuth; for the second stage, oleate of lead; and for the third, electrolysis, using not over ten cells, with the positive or indifferent electrode placed on the back of the neck, and the negative needle to the enlarged capillary, inserted at right angles with the enlarged vessel.

Caution is urged even in such minor operations with the needle not to carry the electrolysis too far and produce a slough.

DEGENERATED HEARTS.

Woodbury stated that in a large number of cases of death by accident, of persons presumably healthy, nearly every heart was found to be fatty or otherwise degenerated.

SPASMODIC CROUP.

Spasmodic croup is sometimes caused by over-feeding, and milk too rich in casein causes vomiting in over-feeding.

NEARLY A SPECIFIC.

Tincture of nux vomica is almost a specific for the nervousness of drunkards.

WHAT IS DISEASE?

Disease, from the standpoint of the patient, consists in feeling an ability to do or not to do work. The physician looks at physiological and functional action or derangement.

FOR CHANCRE.

Garretson's treatment for chancre is to destroy it with London paste (caustic soda and quick lime), which never causes inflammation or gives pain. It will slough a wart in a few minutes. He removes enlarged tonsils with this agent in preference to the surgical operation, but never uses it on the tongue.

He recently sloughed out a large carbuncle with the paste in a comparatively short time.

EXCISION OF THE UVULA.

After excising an elongated uvula, he gives the patient gum Arabic to dissolve in the mouth; it tends to coat the raw surface. Erysipelas may follow excision of the uvula.

A MOUTH WASH.

As a stimulating mouth wash, either for spongy gums or in the after treatment of operations in the oral cavity, he prefers the tinctures of myrrh and capsicum, āā, adding just sufficient of the mixture to water to render the latter milky.

AN INJECTION.

In injecting the urethra for gonorrhœa he directs the patient to compress the urethra as far back as possible, so as freely to distend the canal and allow full action of the remedy.

As abortive treatment, he considers the injecting of a solution of chloral hydrate as nearer a specific than any other known remedy.

TOUCHING THE URETHRA.

Pancoast stimulates the erectile function, when absent or defective, by "touching" the more sensitive parts of the urethra some forty or fifty times by successive rapid twistings of the bougie as it is being slowly withdrawn.

EMACIATION.

This is a lady, aged thirty-four years. She is a widow, who has never borne children. She has always been delicate, but has had no disease which has any connection with her present condition. For a number of years she has been steadily declining in health, but without any discoverable cause. She has no disease of the heart, kidneys, or liver. Her lungs are free from any deposit which would give rise to dulness; she has never had a cough, but the resonance is somewhat greater than normal, yet there is no bulging of the intercostal spaces or other indication of emphysema. It is likely that the bronchi are somewhat dilated, yet there is no secretion to decompose and cause ulceration or fibrosis. In fact, the bronchiectasis is probably secondary, as well as the sinking in of the intercostal spaces, both being due to her emaciation. It is of this which I wish specially to speak. It is carried to a singular degree. There seems to be no fat remaining on her body. The skin is smooth and fair, not wrinkled or sallow, but every bone can be distinctly seen through it from the absence of the subcutaneous investment of fat. Examing her rectum, it gives to the finger the sensation of a fully expanded membrane, distended to its full extent; a thin membrane from which mucous glands, muscular tissue, and submucous and interspacial fat have disappeared. The vagina is in the same condition. The womb is larger than normal, the os lacerated deeply, and the lobes into which the fissures divide it are everted, hard, rounded masses. Hard nodules are also to be felt in the body of the womb. This reads like cancer, but the decline has been progressing for at least ten years, and the nodules have been two years developing to their present size, while there is no leucorrhœa, hydrorrhœa, hemorrhage, or pain. If this be cancer it is a most unusual course which it is taking. Her digestion is very weak, and the number of things she "can't eat" is very great. On account of the condition of the rectum she suffers from a peculiar form of constipation, as she feels the contents of her bowels reach a certain point, whence she has no power to dislodge them, especially as her rectal mucous membrane is quite dry. Her pulse, respiration, and temperature are normal. She is so weak that during menstruation she is compelled to remain in bed.

The history excludes the tubercular and cancerous affections, Bright's disease, and the various organic affections. It is not an essential anæmia, as the only recognized form of this runs a shorter course. Judging by the symptoms, we would say that the disease is a general atrophy of the fatty tissues, with the supervention of an as yet obscure disease of the uterus, probably fibroid.

In the treatment of this lady we have rung the changes on the tonics. She cannot take strychnine, as it aggravates an irritability of the bladder which she has at all times. The only remedies we have obtained any benefit from are *hydroleine* and cascara sagrada. Hydroleine is the only preparation of oil she can retain. Cascara keeps her bowels regular better than any other laxative, whether given in maltine or in the form of cascara cordial. At present we are trying to introduce another fat into her body, by rubbing her skin with lanoline and applying it to the vagina on cotton tampons.—*Waugh.*

THE PROPER ANÆSTHETIC.—J. W. Silk, M.D. (*Journal of Laryngology and Rhinology*), summarizes as follows an article on the Choice of Anæsthetics in Naso-pharyngeal Operations:

1. That the possibility of using nitrous oxide should always be considered in naso-pharyngeal operations of short duration.

2. Failing this, the advantages and disadvantages of ether, and by preference, of the combined method, should be carefully weighed before deciding the question.

3. That chloroform, though so frequently used, has, over and above the objections made to it upon general grounds, drawbacks special to these particular operations, and when employed its use should, especially in prolonged operations, be limited to the primary induction of narcosis, substituting ether a as early a stage as possible.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 15, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

COMMENTS.

ALL sorts of comments, commendatory, critical, pessimistic and ill-natured, have been made upon our new journalistic scheme. For the first we owe our brethren due thanks, and will bear their courtesy in mind. For the criticisms, we are equally grateful. As to the pessimists, we have to say that in our peregrinations through the world, we have found mankind composed of two varieties; one consisting of those who sit down and demonstrate the impossibility of doing a thing; the other of those who get to work and do it. Even if failure should follow upon any individual effort, the world is at any rate a gainer that the effort has been made. The great orators were all failures. Demosthenes and Cicero were unable to prevent the loss of their countries' liberties and fell victims to their patriotism. Burke failed in his greatest effort; Webster and Clay failed to settle the slavery question. But did these men live in vain? Is the world better to-day for their labors, or for the inglorious acquiescence of their compatriots who submitted without a struggle?

But in our case, the result is simply a question of arithmetic. It is not a difficult calculation to ascertain that by combining the financial and intellectual capital of several journals into one, a better, stronger, and in everyway more satisfactory journal can be produced than any one of its members alone. You can find twenty medical journals which do not contain in all as much material of value as the London *Lancet*. And yet the twenty journals would cost the subscriber $30.00 instead of $7.50. Its 15,000 subscribers and seventy-two pages of advertising enable the *British Medical Journal* to give its readers seventy-two pages weekly of brevier print; and to pay the best men in England to contribute to its pages. Its editors are paid well for their work. How many of our American journals earn enough to repay their editors for the time and labor expended on them?

It is somewhat singular that this movement, which is calculated to secure an adequate recompense to those men, should be misrepresented into a "Trust." We say to the editor, Put the same energy into our weekly which you are now giving your monthly, which doesn't pay its expenses, and instead of paying for the privilege of being an editor, you will receive such a recompense as will enable you to do better work than you have ever done previously. Because you are relieved from financial worry, and can devote your leisure to some worthier work than correcting proof, beating sense into the heads of printers, etc.

To the subscriber we say: Our journal represents the combined efforts of a large number of workers; men who have been editors and contributors to medical journals previously. We will spare no expense or pains to secure the best material for your use, and believe we can give you the worth of your money. The Journal is independent, not controlled by any publishing house, manufacturing firm, college or clique. It is devoted to the interests of the medical practitioner. We will be glad to hear of anything which will make a weekly medical journal more useful to you, and, whenever practicable, will incorporate such suggested features in our Journal.

To the advertiser our message has already been given: We will give good service at a reasonable price. Our circulation is given frankly, and if any one desires further proof, we are perfectly willing to furnish it.

It is true that some of our contemporaries will suffer by our effort to put medical journalism upon a sound basis, it is the survival of the fittest, and nobody has any right to complain. If we have a larger and more valuable circulation than other journals, the advertisers will drop them and come to us; if we are able to pay higher prices for material and thus get the best, and print a larger number of pages for the same subscription price, the subscribers will take our journal in preference to theirs. But is there any reason to complain of this? If a man wants to buy, he has the right to buy in the cheapest market. Anyone who finds fault with this, and raises the specious cry of "Trust," simply confesses his own inability to compete with a competitor who conducts his business on business principles. There is no menace to honest journalism in this, but an endeavor to raise an American medical publication to the highest standard, by combined effort.

HYSTERIA.

IN a lecture delivered at St. Bartholomew's (*Lancet*), Dr. J. Matthews Duncan gave utterance to some of that sound, practical common-sense which is characteristic of the best English teachers when at their best. He remarks that in dealing with hysteria the process of cure is to a great extent one of education. While a patient with an endless string of complaints may be quickly cured by a pessary which is not needed, by an electrical application or by any new fad, or be forced or shamed into good habits, yet

the physician should never stoop to such unworthy methods of treatment. Sometimes you will lose your patient if you do your duty, and such a loss is to be welcomed. Be kind, wise and firm, direct and simple. This is the most successful plan. It involves no untruth or deception, and cures ten times as many as the roundabout plans.

This is sound advice as far as it goes; but it constitutes only the text, and requires the sermon to elucidate it. The most important element in the successful management of a case of hysteria is undoubtedly the attaining of an ascendency over the mind of the patient. When she has learned to lean with perfect confidence upon her doctor, when she obeys his directions implicitly and unquestioningly conforms her life to his precepts, the cure is well under way. But let the physician beware! It is so essentially consonant with the relations of the sexes that the patient will love the man who has assumed such a relation to her, that this complication is to be expected. And experience has proved over and over again, that the proudest masculine intellects are most apt to succumb to the arts of just such weak, ailing, unintellectual women. To successfully cope with the difficulties of such a situation demands a strength of moral principle which is not always found in combination with the sympathetic disposition which wins the confidence of such patients.

It is with such cases especially that we have reason to deplore the extinction of that ancient species, the family physician. That the present is an age of progress, we cannot doubt, when we see miladi go to the oculist, the aurist, the laryngologist, etc., etc., her fair body requiring the services of a dozen specialists to keep in order the various parts of its complicated mechanism. But we sadly miss the old doctor who brought her into the world; who knew her grandparents, and whose wise advice is constantly needed in the training of the young brood. Even if his therapeutics were confined to "quinine, hydrarg. mit. and potas. nit.," the young miss who needed a spanking instead of a pessary, a merry romp in the open air instead of syr. hypophos. comp., less study instead of potas. brom., was better off under his eye than she is to-day.

The difficulties in the treatment of hysterical women have apparently been solved by the Weir Mitchell system. Certainly it relieves the physician of danger and provides the most effectual method of subduing the morbid impulses which lead to hysterical manifestations. Deprived of unhealthy surroundings and in the power of the master, beyond the reach of friends' interference, the problem is shorn of its greatest difficulties. But, is the cure permanent? Can this or any other thing change the ingrained selfishness of a nature? Where the disease is the result of improper education and the habit of selfishness has been fostered by unwise parents, and confirmed by self-indulgence, there is hope that a true change of heart, a radical cure, may be effected. But there are some natures so utterly unregenerable, that one longs for the law of Inquirendo Island, by which these cases could be formally condemned as "non compos;" and projected into the sea, once for all.

Annotations.

A TRIBUTE.

UNHAPPILY, the grievous pages of history attest beyond all doubt the truth of that melancholy saying: "Man's inhumanity to man makes countless millions mourn;" but when we reflect on the beautiful promptitude with which those unscathed by the late disasters have responded to the needs of the suffering, and the bounteous charity that has come, as freely as come the gifts of Heaven, not only from our own people, but also from strangers in distant lands, then we ask whether we may not offset this ugly aphorism by saying with willing and truthful lips that: "Man's great humanity to man makes countless hearts rejoice."

WOMEN AS INVALIDS.

MANY women who suffer from anæmia, general weakness, or from any of the long list of "female complaints," accept their lot with a certain amount of resignation, since they consider these misfortunes as part of the heritage of their sex. Perhaps such belief is acquired and fostered by the continual reference to woman as the "weaker vessel," the "weaker sex," and so on; but is this belief well founded? We think not. The physical condition of the woman of the present day is poor, simply because the absurd demands of fashion and of society force her into an unnatural existence, the one in the way of habits; the other of dress. The exploits of female gymnasts and the labor done by the lower class women in many parts of Europe prove that, *cæteris paribus*, woman is as capable of physical exertion as is man. Girls in the unconventional days of childhood are usually as healthy as their boy companions, but at about the age of thirteen or fourteen the vigorous sports begin to be considered unladylike, and are exchanged for a sedate saunter, an hour's crocheting, or an interesting novel. In short, she ceases to attend to her physical needs. And then the dress. What is it possible for her to do in the tight, stiff casings of modern dress?

It was found necessary in Russia to prohibit men from fastening their trousers to their hips by a band, so much trouble was caused by the constriction. How much more trouble should and does come from the continuous wearing of the corset. Woman's dress has been a hygienic reproach for many a year, and probably will remain so for a long time to come; yet the only way to bring about the much-needed reform in dress and habits is to keep the subject constantly alive. Fortunately, the beneficial effects of such agitation are already seen, both in the approach to a more rational costume and in the modern tendency for women to take part in active and healthy sports.

BOOK INFECTION.

THE *Am. Analyst* in commenting on this dangerous source of infection, cites several cases in which disease was evidently contracted through handling a book formerly perused by a scarlet fever patient. When we consider the number of circulating libraries, and the freedom and carelessness with which books are given out and taken back, we are reminded that there is here an important field for investigation and precautionary measures.

OUR MEDICAL COLLEGES.

A VALUABLE leader in the *American Journal Medical Association* on this subject shows a lamentable state of affairs. A table is given which illustrates the requirements of the different colleges of the United States and Canada. In the course of his article the writer says: "It is shown that medical education in this country is in a heterogeneous state. We have colleges for the uneducated and for the educated student; colleges for the would-be doctor fresh from the plow-handle; colleges in which the pupil may patch up his educational defects—to the satisfaction of himself and the faculty; and from this class up through a series of gradations to the college that requires the matriculant to have the general education without which no one is ready to study medicine. We have colleges from which a student may be graduated without having seen a patient except over the rail of the amphitheater; from which the pupil may receive a diploma—a license to practice in many States—without being able to make the simplest urinary analysis, without having seen a case of labor, without having received instruction in applying the simplest surgical dressing or bandage, without the ability to recognize normal tissue under the microscope, or by the naked eye, without the ability to make a postmortem examination. It is gratifying to know, however, that this class includes but a small number of colleges."

THE reports concerning the health of Johnstown are contradictory. There is an evident conflict between the reportorial desire to write up something sensational, and the fact that there is as yet but little sickness beyond that which is incident to exposure, injury and mental distress. That the elements for a serious outbreak of some pestilential disease are to be found there is certain; and if this danger is averted the credit is to be given to the efficient work of General Hastings and the Pennsylvania Board of Health. The General has proved himself a born leader of men; one of those whose true worth is revealed only by such an emergency as the present. Dr. Lee has also shown himself to be the right man for his responsible position. Governor Beaver has taken a responsibility from which a weaker man would have shrank, in issuing $1,000,000 from the State Treasury for the purpose of restoring Johnstown to a habitable condition. But there is small danger that the people will not enthusiastically ratify his action, or that the public spirited citizens who, headed by Mayor Fitler, pledged their private means to back the Governor in his action, will be called upon to pay the bill. Altogether, Pennsylvania has good reason to be proud of the display of executive ability shown by her Administration at the present time. The State which produced a Meade and a Hancock, and the sturdy fellows who held the lines against Pickett's charging Virginians, has plenty of the same material still, waiting the emergency which demands its employment.

Society Notes.

THE ILLINOIS STATE MEDICAL SOCIETY.

PROCEEDINGS of the thirty-ninth annual meeting, held in Jacksonville, May 21, 22, and 23.

First Day. Morning Session.

The Society was called to order by the President, Charles Warrington Earle, M.D., of Chicago, and some regular routine business accomplished.

First Day. Afternoon Session.

Dr. Kreider said that during the past few years much had been written about

the mortality of pneumonia.

Men whose experience has extended over a long period of years affirm that the death-rate is much higher under the present accepted modes of treatment than it was forty years ago, when the pathology of this disease was almost unknown. He advanced the following conclusions:

1. That baths should only be given in those cases which are not progressing favorably.

2. In severe cases nothing is calculated to give so much relief to all bad symptoms.

3. Rules for selecting cases and administering baths cannot be rigidly given. The thermometer is not always a guide for their administration. Difficulty of respiration and lack of secretion should lead to their employment regardless of the height of the mercury.

4. The bath should be given at a temperature of 100° or less, depending on the severity of the case and the condition of the patient. Baths of extremely low temperature have not been found necessary as yet, but I should not hesitate to employ them if occasion should require.

5. Stimulants should be given just before entering and on coming out of the bath tub. The patient should not exert himself in the least.

6. The physician should himself superintend and aid in giving the bath. This rule can only be broken by having trained nurses who are competent to meet emergencies which might arise.

7. The bath treatment is capable of shortening the duration of the disease and convalescence, and of reducing mortality. Liebermeister says it has been reduced in his hands from 25 to 10 per cent. The ice coil will be found effective in the milder cases in reducing temperature and relieving pain, if placed directly on the affected side.

The paper was discussed by Drs. Carter, Miller, Barritt, Herriott, Townsend, Earle, Thackery, Kreider, Prince, Baxter, McArther, Cook, Lee, Hurst.

Dr. Townsend, in the course of his remarks, said that as regards the matter of temperature, there is much irregularity. Cases are on record where the temperature has reached 125°, which, in his opinion, were due to hysteria.

The President thought that if the statement of the last speaker were true—viz., that a temperature had been reached of 125° in the case of some patients of the central part of the State, it would make physicians from the North feel a little dizzy.

Dr. Kreider said the statement made by Dr. Townsend was absolutely correct, and could be found in Sagand's work, entitled, "Thermometric Observations." It could also be found in Wagner's "Pathology," a reprint from Sagand's book.

Dr. A. J. Baxter, of Astoria, read a paper on

DYSPEPSIA.

Dr. N. S. Davis, of Chicago, said he knew of a great many conditions of the digestive organs that go under the general designation of dyspepsia, but they were as diverse from one another as hot water is from an ice pack. The only success he has in treating such cases is to analyze each case on its merits, and if he finds out the habits and pathological condition of the digestive organs and rationally adjusts his treatment accordingly, he finds generally but little difficulty in curing them.

The paper was further discussed by Dr. A. Wetmore, of Waterloo.

Dr. J. L. White, of Bloomington, read a paper entitled,

HYGIENE AND DOCTORS' FEES

which was discussed by Drs. Kreider, Davis, G. L. Eyster, of Rock Island, and closed by Dr. White.

Second Day. Morning Session.

The report of the committee on

DISEASES OF CHILDREN,

was made by Dr. A. T. Darrah, of Bloomington.

Under the general term of *summer complaint*, a very unscientific but common term, is grouped such diseases as diarrhœa, dysentery, cholera infantum, entero-colitis. Of the great mortality of children under the age of five years, vital statistics show that a large percentage is caused by bowel diseases during the hot weather. This is especially marked in the larger cities of the central and Southern parts of the United States. Philadelphia may be taken as an example. Here the mortuary records show that deaths from these causes are at a minimum during the months of December and January, and that during the months of July and August the maximum death-rate is reached.

Heat weakens by destroying the cohesive force between atoms. The result is a relaxed and flabby condition of the tissues. Continuous high temperature, acting upon the very delicate nervous organization of children has the effect of either destroying the digestive ferment of the stomach, otherwise its natural secretion is arrested, normal digestion ceases and the abnormal condition of fermentation may take its place. Heat being the prime factor in the causation, and acting through the sympathetic nervous system, we should counteract its effects, hence *cold* is the remedy. By reducing the temperature the cause of the disease is removed. We should not wait for the little ones, during warm weather, to become sick, but begin the use of tepid bathing, cool or cold water. Use it freely, and let it be of a temperature suited to each individual case. If these suggestions were acted upon, and a more liberal use of the remedies at hand employed, the lives of many children would be saved.

Dr. A. E. Hoadley, of Chicago, said after an experience of twelve years in treating diarrhœa in infants, he could speak of the utility of the treatment advocated by Dr. Darrah. In his practice he teaches families to keep the babies cool, and they do it in this way: Just as soon as they begin to feel the effects of heat, faces red and head tossing about, crying, etc., instead of giving them extra food of some kind, part of their clothing is removed; if it is excessively hot they take off more. The children are then wiped down with tepid water, and allowed to lie on the floor naked, if sufficiently hot, and there they may remain all day. Towards evening, when the weather becomes cool, their clothing is put on. With this line of treatment the children had no diarrhœa, indigestion, or any trouble during the summer. He is rarely called to see a case of acute diarrhœa in infants during the summer.

Dr. Robinson, of Wyanet, called attention to the fact that many parents refused children water to drink when they have diarrhœa. He advocates giving them all the water they can possibly drink.

Dr. Baxter said the diet was of as much importance as medicine in the treatment.

The treatment was further discussed by Dr. Davis, at great length.

Dr. W. T. Thackeray, of Chicago, presented his report as chairman of the committee on

DRUGS AND MEDICINES.

He said among the most important introductions during the year is that of Prof. Pribram, of Berlin, viz., *agaricine*.

A paper entitled

NOTES ON THE CAUSES AND MANAGEMENT OF HERNIA IN INFANTS AND YOUNG CHILDREN

by Dr. K. Miller, of Lincoln, was read by Dr. Leeds in the absence of the author.

The next thing in order was a paper on

VAGINAL HYSTERECTOMY

by H. T. Byford, of Chicago, which was read by Dr. F. H. Martin, in the former's absence.

Dr. Byford commences by saying that one of the greatest and most astonishing of the many triumphs of modern gynecological surgery is the development of vaginal hysterectomy. The death-rate of recent vaginal hysterectomies is about 10 per cent., while that of some operators is even lower and steadily decreasing.

Dr. C. Truesdale, of Rock Island, read a paper on the

ETIOLOGY AND PATHOLOGY OF UTERINE DISPLACEMENTS.

He summarized his remarks as follows:

1. The normal typical position of the uterus in the pelvis in an erect position of the body, instead of being upright, is nearly horizontal.

2. Anteversions of the uterus so-called, pathologically, have no existence.

3. The body of the uterus is supported by the bladder, the bladder upon the vagina, the vagina upon the perineal septum as far back as the rectum, the neck suspended by the utero-sacral ligaments on a plane as high as the body with the empty bladder.

4. All ordinary displacements, such as prolapsus, anteflexion, retroversion, and retroflexion, are produced by contracture of the muscular walls of the vagina.

Dr. Franklin H. Martin, of Chicago, read a paper in which he reported three cases of

FIBROID TUMORS OF THE UTERUS

operated upon by Apostoli's method, which illustrated the three different procedures of the method, viz.:

1. Intra-uterine galvano-caustic, positive operation.

2. Intra-uterine-galvano-caustic, negative operation.

3. The intra-vaginal galvano-puncture operation.

He also gave a short summary of results obtained by himself in a series of one hundred consecutive cases treated by Apostoli's method, which were as follows:

1. Of the hemorrhagic cases, 95 per cent. were cured of hemorrhage.

2. Tumors entirely disappeared in 8 per cent.

3. Tumors were reduced in size in 78 per cent.

4. Tumors not affected in size either from failure of treatment, or from patients discontinuing treatment, or for other reasons, 14 per cent.

5. Neuralgic and other pains relieved in 90 per cent.

6. No deaths.

7. Symptomatic cures, 68 per cent. (these 68 not including the 8 actual cures).

Dr. L. L. McArthur, of Chicago, read a paper on

UTERO-VAGINAL FISTULA, AND TREATMENT, WITH REPORT OF A CASE.

He emphasized some points in the technique of the operation, as follows:

1. Suturing in the longitudinal rather than in the transverse diameter of the vagina, because there is less contraction on the stitches and greater facility in introducing them.

2. Choice of sutures varies with many, though silk-worm gut has, perhaps, the preference, Sims, Bozeman, and Hegar preferring silver wire. Pippingsjeld claims excellent results from the use of alternate silver and iron wire, believing that the galvanic current thus induced plays an important part in the union. Excellent results are on record with silk as the suture.

3. Simon, who, perhaps, did more than any other operator to simplify the treatment, demonstrated that it was neither necessary to retain a catheter in the bladder after operation, nor to maintain the reclining posture. He permits his patients to rise as soon as they feel disposed, simply requiring them to empty the bladder, at least every two hours.

4. Render the urine aseptic by some such agent as saccharin, benzoic acid, or boracic acid internally.

5. That if the first operation succeeds in locating the orifice of the fistula on the mucous surface of the bladder, that constitutes one step of some operators methods, who then at a later sitting close the bladder opening.

6. That any colored liquid may be used to differentiate the fistula, as those above mentioned.

7. It is not necessary to put off the cure until the age of puberty is reached.

8. Encircle the orifice of the fistula with about one-quarter inch of m. m. This serves to retain the ureter in the bladder and prevents by a valve-like action the escape of urine through the wound.

9. That the sphincter vesicæ in a congenital case has never been trained to its proper function and may need attention in the line of internal medication.

SECOND DAY. AFTERNOON SESSION.

Dr. O. B. Will, of Peoria, Chairman of the Committee on

OBSTETRICS,

presented his report.

Wisdom, says Dr. Peak, should teach us that chloroform should be used in all cases of labor where not contra-indicated by

1. Organic diseases of the brain.

2. Destructive lesions in the lungs.

3. Fatty degeneration of the heart.

4. Extreme general anæmia.

Dr. Will closed his remarks with the following suggestions:

(*a*) When the proper time arrives keep the head in constant contact with the perineum, in the intervals of pain, with the hand or the forceps, as the case may be.

(*b*) Keep the parts in view so that the condition may be always known.

(*c*) Whenever possible cause the head to pass the outlet during the intervals between pains.

Dr. Abbey F. Rooney, of Quincy, contributed a paper entitled

THE USE OF THE CURETTE IN PUERPERAL ENDOMETRITIS.

Whenever there is fever or pain or fetor, which points to this cause, the quickest and the surest way to abort the trouble is to carefully remove, with a dull curette, every easily detachable fragment. There need be no violence, and there should be no fear of consequences.

A Vienna physician had reported 200 cases in which he had curetted for puerperal endometritis, with no deaths. She had never heard of such records following the use of the uterine douch.

Dr. Chas. C. Hunt, of Dixon, read a paper entitled

CARBOLIC ACID, PURE OR IN CONCENTRATED SOLUTION, AS A DISINFECTANT IN THE TREATMENT OF PUERPERAL SEPTICÆMIA,

in which he said the following cardinal points are now generally admitted:

1. Puerperal septicæmia is of bacterial origin.

2. It is identical with surgical fever, but under exaggerated conditions.

3. It is preëminently infectious.

4. It is preventable.

During the spring of 1838, he had seen a great many interesting cases. He would limit what he had to say exclusively to the claims of carbolic acid, either undiluted or in very strong solution, as a local application to the points through which diseased germs find their way into the system—namely, the lesions in the genital tract, and the interior of the uterus.

His clinical experience with undiluted or very strong solutions of carbolic acid tends to establish:

1. That it is not attended with danger.

2. That if applied early, the temperature is immediately reduced.

3. That it is efficient as a disinfectant; no microorganisms or spores can exist or develop where it touches.

4. That to apply it effectually and safely, we must be guided by the sense of sight as well as that of touch.

SECOND DAY—EVENING SESSION.

DR. ROSA H. ENGERT, of Chicago, read a paper on the

RELATION OF UTERINE FIBRO-MYOMATA TO THE ORGANIZATION OF THROMBI.

DR. N. S. DAVIS presented a report on

METEOROLOGICAL CONDITIONS AND THEIR RELATION TO THE PREVALENCE OF ACUTE DISEASES,

which was followed by *impromptu* remarks on the subject of

WRITER'S CRAMP,

by DR. D. R. BROWER, of Chicago, during which he exhibited an appliance devised by Nussbaum.

THIRD DAY—MORNING SESSION.

DR. EDMUND ANDREWS, of Chicago, read a paper entitled

ONE HUNDRED OPERATIONS FOR STONE IN THE BLADDER.

He said the object of the paper is to compare the safety of litholapaxy with that of lithotrity and of lithotomy, so far as his own practice is concerned. He had operated for stone over one hundred times, employing all the different methods in vogue.

The following is a summary of results: Litholapaxy (Bigelow's operation), cases 40; deaths, 1; mortality, 2½ per cent. Lithotrity (after Sir Henry Thompson's method), cases 6; deaths, 1; mortality, 17 per cent. Lithotomy below age of puberty, cases 55; deaths, 7; mortality, 13 per cent. Lithotomy above age of puberty, cases, 29; deaths, 5; mortality, 17 per cent.

In respect to the old form of lithotrity his experience of one death in six operations is substantially like that of other surgeons Litholapaxy can generally be performed only in adults. If we take the published statistics of adult lithotomy over the whole globe, amounting to some 4000 cases, the average mortality varies from 12 to 18 per cent., while litholapaxy in Chicago—at least in his practice, 40 cases had a death-rate of only 2½ per cent. The most remarkable success claimed for lithotomy comes from the warmer regions of Asia, where calculi seem to be very abundant.

The following are gathered from authentic sources: Baboo Ram Norain Das Bahadore, of India, cases, 284; deaths, 17; mortality, 7 per cent. Dr. Kerr, American Hospital, China, cases 187; deaths, 19; mortality, 10 per cent. Dr. Nishman, Altoungan, Amasia, Asia Minor (educated at the American Mission), cases, 265; deaths, 5; mortality, 2 per cent. Dr. Sewny, of Lives, Asia Minor, cases, 40; deaths, 1; mortality, 2½ per cent. Total number of cases, 740; deaths, 42; mortality, 6 per cent.

DR. A. E. HOADLEY, of Chicago, read a paper on

TUBERCULAR JOINT DISEASE.

DR. H. H. STARKEY, of Chicago, made the report of the Committee on

OPHTHALMOLOGY AND OTOLOGY.

He directed attention to the advisability of having the eyes examined in every case of persistent headache not relieved by the ordinary medical means, even when the eyes are not obviously at fault.

DR. GALEZOWSKY called attention to the close relation between some eye troubles and irritation of the upper teeth.

The only new drug that seems to have met with any special favor is the antiseptic creolin.

DR. ISADORE BERMANN recommends the use of lactic acid in from 10 to 30 per cent. solution for cases of chronic suppurative otitis that have resisted all other treatment.

DR. LYMAN WARE, of Chicago, read a paper on

SYPHILITIC CYCLITIS,

and reported several cases.

Officers for 1890.—President, Dr. John Wright, of Clinton. First Vice-President, Dr. J. P. Mathews, of Collinsville. Second Vice-President, Dr. T. H. Cullimore, of Jacksonville. Permanent Secretary, Dr. W. Graham, of Chicago. Assistant Secretary, Dr. Lyman Ware, of Chicago. Treasurer, Dr. Thomas M. McIlvaine, of Peoria.

The Society adjourned to meet in Chicago in May, 1890.

CONSERVATIVE TREATMENT.—A. B. Judson, M.D. (N. Y. *Med. Record*), makes a plea for more conservative methods in the treatment of the joint diseases of children.

SALT LAKE CITY.—H. D. Niles, M.D. (N. Y. *Med. Record*), calls attention to the sanitary advantages of Salt Lake City as a health resort. He tabulates as follows the advantages he enlarges upon:

1. A distinctly local climate, apparently possessing to a marked degree the popular requirements of a high-altitude resort.

2. Unexcelled salt-water bathing, the peculiarities of which may indicate unusual remedial virtues.

3. Hot, warm, and cold sulphur springs, of alleged marvellous curative properties.

Book Reviews.

A Contribution to the Study of Friedreich's Ataxia, with Exhibition of Cases. By J. P. Crozer Griffith, M.D. Reprinted from the Transactions of the College of Physicians of Philadelphia. February 1, 1889. 8vo., pp. 80, paper.

Excessive Venery, Masturbation and Continence. By Joseph W. Howe, M.D. New York: E. B. Treat. Price, $2.75.

The impression made by this book is not a favorable one. There are too many details of a kind to render it unsuited to the young; while for physicians there is little which has not already been well said by others. The prescriptions are models of polypharmacy.

Oeuvres Complètes. De J. M. Charcot, Maladies des Poumons et du Système Vasculaire. Tome V, avec 51 figures dans le texte et 2 planches. Paris: Aux Bureaux du Progrès Médical. 8vo., pp. 640. Price, 15 francs.

"This volume contains the lectures, memoirs, and observations of M. Charcot on diseases of the lungs, blood, heart and vessels," brought together in one volume. The papers which appeared many years ago, have been carefully edited so as to give the present status of medical opinion.

Physiological Notes on Primary Education and the Study of Language. By Mary Putnam Jacobi, M.D. New York and London: G. P. Putnam's Sons, 1889. 12mo., pp. 120, muslin.

The first two chapters are entitled, "An experiment in Primary Education." The third, "The Flower or the Leaf," is an answer to Miss Youmans' criticism upon the preceding. In the fourth, entitled "The Place for the Study of Language in a Curriculum or Education," the author defends the study of Latin, and proposes a natural method of teaching a child the languages in general.

Errors of Refraction. By F. Valk, M.D. New York City: G. P. Putnam's, Sons. 1889.

This book is composed of a series of lectures which Dr. Valk delivered at the New York Post-Graduate School. It is a well written and very practical book. It goes carefully but simply over the field of which it treats; describing the anatomy and refraction of the eye with emmetropia (normal refraction) before taking up the errors or rather defects of refraction; as hypermetropia and myopia, with astigmatism and muscular asthenopia, as well as presbyopia. He describes the ophthalmoscope and its use in examining the eye and detecting and calculating defects in refraction, etc. But we cannot agree with him in saying that Loring's ophthalmoscope is undoubtedly the best refractive instrument. It is true that it is a good instrument in its way, but there are some of later date and design that far excel it as one for the examination and instruction of defects in refraction. The book is well illustrated, and being an excellent synopsis of the subject is well worthy the attention of students and physicians.

The Functions and Disorders of the Reproductive Organs; in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations. By William Acton, M.R.C.S. Seventh Edition. Philadelphia: P. Blakiston, Son & Co.

If one had a son who had arrived at the age when it is right and proper that he should be taught something of the physiology of the reproductive organs, this is the book to put in his hands. It is plainly written, so that it can be readily understood; the subject is delicately yet truthfully handled, and the elevated morality inculcated is what a youth should be imbued with.

Jahresbericht ueber die Fortschritte auf dem Gebiet der Geburtshilfe und Gynækologie. Edited by Prof. Dr. Richard Frommel. Co-editors: Drs. Ahlfield (Marburg); Bumm (Wuerzburg); Frommel (Erlangen); Hofmeier (Wuerzburg); Lochlein (Giessen); Saenger (Leipzig); Schwarz (Halle); Stumpf (Munich); Veit (Berlin); Wyder (Zurich). First Annual volume, being the report for the year 1887. Published by J. F. Bergmann, Wiesbaden. 1888.

This book of 555 pages octavo, as indicated by its title, is the first annual report on progress in the domain of obstetrics and gynecology. It contains, as far as this is possible, a complete bibliography pertaining to all subjects, general and in detail, related remotely or directly, to the science and art of obstetrics and gynecology as treated of by the authors of every civilized nation, together with a short and succinct criticism of the work of each. As such it constitutes a veritable "multum in parvo," each particular of which is easily accessible by means of the well arranged index of subjects, preceded by a complete alphabetical list of authors' names.

Part I, obstetrics, besides a review of works on the general and historical aspects of the subject, on didactic works and text-books, and reports of public and private clinics, contains brief résumés on the anatomy of the female pelvis and sexual organs; their evolution and development; the physiology and pathology of ovulation, menstruation, impregnation, gestation, parturition, the lying-in period, lactation; obstetric therapeutics — general, medicinal, mechanical and surgical; and closes with a short consideration on forensic obstetrics.

Part II, gynecology, likewise first pays attention to the general and historical; to text-books, instruments, electricity, methods of examination and investigation, etc., and then procedes to consider the pathology of the uterus, ligaments and tubes; the vagina and vulva; the ovaries; the urinary organs; the general, medical and surgical therapeutics, and closes with a brief reference to the physiology and pathology of menstruation.

It will thus be seen that the work is of great value not only to the individual practitioner, general or special, or to the teacher and student; but—and especially if followed annually by a book of similar scope and character—of historical worth to the medical profession at large and as a whole, as forming so many connecting links in the onward progress of the science and art of obstetrics and gynecology.

RECHERCHES CLINIQUES ET THERAPEUTIQUES SUR L'EPILEPSIE, L'HYSTÉRIE ET L'IDIOTIE. Par Bourneville, Médecin de Bicètre, Sollier, Pilliet, Raoult, Internes du Service, et le Dr. Bricon, Conservateur du Musée. Vol. VIII, avec 27 figures dans le texte. Paris: Aux Bureaux du Progrès Médical, 1888. Pp. 263, paper.

In this volume we have a report of the clinical service for epileptics, idiots and backward children at the Bicètre during the year 1887. Illustrations are given of the articles used in the school, which resemble those used in kindergartens. The first part is mainly statistical. In the second, the clinical section, procursive epilepsy occupies one hundred and sixty pages, and twenty-six contain an account of two cases of double athetosis with imbecility. Dr. Bourneville treats of the central temperature in epilepsy. The fourth chapter is upon anomalies of the genital organs in idiots and epileptics; the fifth, malformations in imbeciles; the sixth, of cystico-colic epiploon; the seventh, of a case of asphyxia by strangulation; the eighth, of the dentition of idiots and imbeciles; the ninth, insanity of adolescence, and onanism.

IMMUNITY THROUGH LEUCOMAINES. By EUSEBIO GÜELL BACIGAHIPI. Translated from the second French Edition by R. F. Rafael, M.D. New York: J. H. Vail & Co. 1889.

This, a most interesting little work, is written in the terse, almost epigrammatic style, characteristic of much of the French writing at the present time. Mr. Güell treats of the important subject of immunity from microbic diseases not from the standpoint of experimentation, but from that of logic. He claims to have discovered a law that will explain both the known facts with regard to immunity from certain diseases and the results gained by bacteriologists.

He uses the term leucomaines in a very general sense, namely, "intending to designate by it the totality or a part of the products of elimination which are the result of the vital functions of any microörganism."

His theory is briefly, that the products of microbic life (leucomaines) are themselves inimical to the further existence of these microörganisms; and that, taking smallpox for an example, one who has had that disease is afterwards rendered proof against it, not by reason of the fact that there has been exhausted from the patient's body a certain pabulum on which these special microbes feed, but that the leucomaines left by them are hostile to their existence.

This theory also explains crises in diseases. The crisis is the moment at which the leucomaines have accumulated in amount sufficient to put a stop to further increase of the microbes. This is the turning point. If the microbes have been checked while yet the patient has enough vital material on which to exist, he will live; but if not, he succumbs.

The author's theory is supported by many citations from eminent bacteriologists, is of great simplicity and of general application, and seems to us the most plausible explanation that has yet appeared.

THE TIMES AND REGISTER. Subscribe now; $3.00 per annum.

Pamphlets.

Report of Morse Dispensary of Cooper Medical College, San Francisco, Cal., 1888.

Tenth Annual Announcement of the Indiana Eclectic Medical College, 1889–90.

Transactions of the American Dermatological Association, Washington, September, 1888.

Clinical Observations on the Action of Phenacetine-Bayer. By Dujardin-Beaumetz, and others.

Seventy-second Annual Report of the Managers of the Friends' Asylum for the Insane, Philadelphia.

Diseases of the Skin associated with Disorders of the Female Sexual Organs, by George H. Rohé, M.D., Baltimore, Md., Prof. of Dermatology and Hygeine in the College of Physicians and Surgeons, etc. Reprint from the *Buffalo Medical and Surgical Journal*, February, 1889, 13 pages.

In his paper the writer has collected many of the scattered observations on record which tend to demonstrate an existant relationship between the sexual disorders and some cutaneous eruptions. A complete classification of these is presented, together with a brief description of each, and the plan of treatment found to act most satisfactorily in the various conditions.

New Form of Posterior Colporrhaphy, by J. H. Kellogg, M.D., of Battle Creek, Mich. Reprint from the *Boston Medical and Surgical Journal*, 6 pages.

Though numerous operations for the relief of procidentia uteri have been suggested, none have yet been found to completely answer the required purpose. The improvements suggested by Dr. Kellogg are rational, and though not as yet thoroughly tested, bid fair to give most satisfactory results. Much of his success, he claims, is due to the use of the buried suture for approximating the deep surfaces of the wound.

Pressure Forceps *vs.* the Ligature and the Suture in Vaginal Hysterectomy, by F. C. Dudley, M.D., Chicago. Reprint from Vol., XIII, Gynecological Transactions, 1888, 16 pages.

The rapidly diminished mortality rate which has followed the various improvements suggested within the last decade in the operation for total extirpation of the uterus, is a strong incentive to the adoption of other means which shall still further enhance the prospects of recovery after this grave surgical procedure. Dr. Dudley strongly urges in the operation for vaginal hysterectomy the substitution of the hemostatic forceps for the ligature, claiming that by their use not only is the time of the operation considerably lessened, but that hemostasis is more prompt and reliable, the sloughing stump more quickly removed, and drainage more effectively secured. He predicts from their employment a reduction of the mortality in carefully selected cases to four or five per cent., or less.

The Histology and Surgical Treatment of Uterine Myoma. By Henry O. Marcy, A.M., M.D., LL.D., of Boston. Reprinted from the "Transactions of the Ninth International Medical Congress, Vol. II. 14 pages.

This most interesting problem in abdominal surgery has commanded the attention of eminent surgeons the world over, all of whom have united in their efforts to arrive at a satisfactory solution to the question. Dr. Marcy has considered the subject in a comprehensive manner, especially dwelling upon the histological development and factorage of the growth. As the result of his investigations he asserts that the character of the growth consists mainly in an excessive development of muscular bundles, while the connective tissue rarely, if ever, becomes a prominent factor. In discussing the surgical treatment of the condition where the tumor has not reached any considerable size, he unites with Tait, Battey and others in recommending the removal of the uterine appendages in order to arrest further development, while in cases of excessive growth he advises hysterectomy with intraperitoneal treatment of the stump as in ovariotomy.

Gleanings.

HEMOSTATIC COLLODION (Paresi).—

℞.—Collodium . . . . . 100 parts.
Phenic acid . . . . . 10 "
Tannin (pure),
Benzoic acid . . . . . āā 5 " —M.
Sig.—Apply with brush.

—*Revue de Thérapeutique.*

ALOPECIA (Steego).—

℞.—Cacao butter . . . . . 16 gram.
Olive oil . . . . . 8 "
Tannin . . . . . 3 "
Quinine . . . . . 0 gr. 10
Spirit of sylvius . . . . . 3 " —M.
Sig.—For friction.

—*Revue de Thérapeutique.*

ARTIFICIAL CARLSBAD SALT (Ziemssen).—

℞.—Sulphate of sodium . . . . . 40 gram.
Carbonate of sodium . . . . . 6 "
Chlorate of sodium . . . . . 1 "

Dissolve in hot water, evaporate and reduce to powder the salt which remains. Dose: half a teaspoonful in hot water.

—*Revue de Thérapeutique.*

ANTISEPTIC DENTIFRICE (Dujardin-Beaumetz).—

℞.—Acid phenic 19.00
Acid boric 25.00
Thymol 0.50
Essence of mint . . . . . 20 drops.
Tinct. of anis 10.00
Water . . . . . 1 litre.—M.
Sig.—To be half diluted with water.

—*Bulletin de Thérapeutique.*

FOR TYMPANITES AND CONSTIPATION.—

℞.—Naphthol,
Carbonate of magnesia,
Powdered charcoal . . . . . āā 5 gram.
Essence of mint . . . . . 11 drops.
M. make fifteen powders.
Sig.—One before each meal.

—*Gazette de Gynécologie.*

INJECTIONS FOR OBSTINATE LEUCORRHŒA (Monin).—

℞.—Infusion of chamomile . . . . . 500 gram.
Alum . . . . . 10 "
Iodide of potassium . . . . . 4 "
Tinct. of iodine . . . . . 2 " —M.
Sig.—Three injections daily.

—*Gazette de Gynécologie.*

ANOTHER SYMPTOM OF PREGNANCY (Parganime).—This new symptom which shows itself at an early period of pregnancy is the pulsation of one of the uterine arteries. The exploring finger should be passed around the inferior segment of the uterus near the internal orifice, while the palmar surface of the other hand is carried over the uterus and allowed to remain several seconds in position over the different points of circumference to be analyzed. When this symptom is found in a healthy adult woman it means that conception has taken place.—*Gazette de Gynécologie.*

PERFUMED CHLOROFORM. — In cases when this anæsthetic causes nausea and vomiting or when it is badly tolerated, Prof. Nussbaum recommends the employment of chloroform perfumed with the oil of cloves. In no case in which this has been used has any accident occurred.—*Revue de Thérapeutique.*

THE MEATUS URINARIUS.—J. C. Olmstead, M.D. (Atlanta *Medical and Surgical Jour.*), writes an able plea for the meatus urinarius, in which he objects to the slitting of that important orifice unless for the most cogent reasons, on the ground that the patient is subject to lifelong discomfort as a result of this little operation.

TREATMENT OF CHRONIC ECZEMA OF THE VULVA IN YOUNG GIRLS.—

1. A solution of phenic acid (2 per 100) is to be applied over the surface three times daily.
2. The parts affected are to be touched lightly with ordinary acetic acid once a week.
3. If ulcerations should exist from scratching, the following powder should be applied:

℞.—Iodoform . . . . . 5 gram.
Alum . . . . . 10 "

—*Gazette de Gynécologie.*

SMALLPOX.—Baudon has treated a number of cases of confluent smallpox by the following method with uniformly good results:

1. The entire body is covered three times daily with the following pomade:

℞.—Salicylic acid . . . . . 10 gram.
Vaseline . . . . . 225 "

2. Powder subsequently with,

℞.—Acid salicylic . . . . . 10 gram.
Magnesia . . . . . 250 "

3. Twenty-five centigrammes of sulphate of quinine three times daily.
4. A solution of boric acid for gargarisms.
5. Milk at discretion.—*Bulletin de Thérapeutique.*

A SPECIFIC FOR CATARACT.—The juice of cineraria maritima acted in the case of Dr. Mercer like a charm. After being operated on the right eye for cataract, six years ago, without good results, his left eye also was affected with the same disease, and total blindness ensued. He was then advised to use the juice of this plant, which is held in high repute by the natives of Trinidad, and he began the instillation of one or two drops in each eye three times a day.

The results manifested themselves very soon. After a few weeks he was able to see, and could tell the time from his watch. After four weeks the improvement was very marked, and at the present time he is able to count the fingers and see them with the right eye, which had been operated without result. All this happened in the short time of about two months.

The drug does not cause irritation, except a little smarting sensation, which lasts a few minutes, and is followed by a profuse flow of tears. The juice of the ripe leaves is better and stronger in its action than the young leaves, but they are very hard to obtain. At present preparations are being made to acclimatize the plant in England.—*Med. Fress.*

PHENACETINE.—T. W. Ayres, M.D. (N. Y. *Med. Record*), highly praises phenacetin as an antipyretic. He gives from eight to ten grains as often as necessary, to control the temperature, having given as much as sixty grains in nine hours without bad result.

NEW DRUGS IN THROAT DISEASES.—Kenneth Millican (*Laryng. and Rhinol*) praises *æsculus hippocastanum*, common horse chestnut, gtt. iij of tincture, every three hours, in granular pharyngitis, early stage; tincture of arnica, gtt. j–iij, in muscular fatigue of throat, and bichromate of potash in chronic laryngeal and pharyngeal catarrh.

VACCINATION AS A TREATMENT FOR PERTUSSIS.—Dr. Pesa Cheratino reports two cases of pertussis cured in a short time by vaccination. He obtained his idea from Jenner, who had noticed that children vaccinated but for a short time resisted the malady, and that a primary vaccination in a person suffering from the disease not only diminished the intensity but also the duration of the same.—*Union Médicale.*

FOR A COLD.—T. G. Davis, M.D. (*College and Clinical Record*), says that he has success with the following combination, which for greater elegancy he has had put in triturate form by H. R. Mulford & Co., of Philadelphia:

℞.—Tinct. aconiti rad . . . . . ♏ 1-5
Tinct. bryoniæ . . . . . ♏ 1-10
Tinct. belladonnæ . . . . . ♏ 1.10

If quinsy or tonsilitis threatens he can usually abort it by alternating with the above carbonate, gr. $\frac{1}{100}$, every two hours, and a gargle of borax in hot water.

ANAMOLIES IN THE GENITAL ORGANS OF IODIOTS AND EPILEPTICS.—Bourneville gives the following conclusions as the result of his observations at Bicètre:

1. Idiots and epileptics very frequently present these anomalies in comparison with healthy persons.

2. Those who have only become epileptic at a certain age, after partial development has taken place, present these anamolies much less frequently than idiots. Their genesic aptitude also appears to be unhappily less impaired than with the latter, if one may judge by the smaller proportion of cryptorchids.

3. Atrophy of the testicle occurs almost as frequently on the right side as on the left.

4. The physical and intellectual degeneracy produced by epilepsy seems to have a real influence upon the production of varicocele, which non-epileptic idiots never have.

5. When epilepsy attends the infant from birth it causes in all its being an arrest much more marked than when the disease begins at a later period; and this is most strongly manifested in the genital organs.

6. Idiots, epileptic or not, frequently present a special form of the penis, called the bell-clapper or clubbed form. This form is not due to masturbation, certain subjects presenting it never having practised onanism.

A NEW ARTIFICIAL LEG.—A. S. Hudson, M.D. (Boston *Med. and Surg. Jour.*), advocates a new style of artificial leg, one in wnich the stump fits much as the leg does in an ordinary boot; the weight is thus distributed over the whole surface of the enclosed member, and not on the end of the stump.

PHYSICIANS should never lose sight of the fact that in obscure cases simulating arsenical poisoning, there may really be such poisoning, gotten from wall paper, printed goods, labels, and the like.

An article in the *Medical Press and Circular* calls attention to the fact that not only is more than a safe amount of arsenic frequently found in wall papers, but that it is also found in dress stuffs such as cretonnes and muslins. A patient who made a number of curtains out of certain cretonne was afflicted a few days afterwards by boils, which broke out on her arms and face. One of the cretonnes examined by a chemist yielded 19½ grains of arsenious acid to the square yard. The writer appended this list of articles in which arsenic has from time to time been found:

Paper, fancy and surface, colored: In sheets—for covering cardboard boxes, labels of all kinds, advertisement cards, playing cards, wrappers and cases for sweetmeats, cosaques, etc., the ornamentation of children's toys, covering children's and other books, lamp shades; paper-hangings for walls and other purposes, artificial leaves and flowers, wax ornaments for Christmas trees and other purposes, printed or woven fabrics intended for use as garments; printed or woven fabrics intended for use as curtains or coverings for furniture, children's toys, particularly inflated India-rubber balls with dry color inside, painted India-rubber dolls, stands and rockers of rocking-horses, and the like, glass balls (hollow), distemper color for decorative purposes, oil paint color for decorative purposes, lithographic color printing, decorated tin plates, including painted labels used by butchers and others to advertise the price of provisions, Japanned goods generally, venetian and other blinds, American or leather cloth, printed table baizes, carpets, floorcloth, linoleum, book cloth, and fancy bindings.

DIGESTIVE FERMENTS IN THE INTESTINAL DISORDERS. — It seems somewhat strange, with our present knowledge of digestive ferments, that the application of pancreatin and pepsin in the diarrhœas and intestinal disordrs of children, especially those arising from inanition, is not more general.

The use of these products in such diseases would save the lives of many little ones, otherwise doomed.

No practitioner, possessed of a modicum of therapeutic and physiological knowledge, will admit that chalk mixtures, opiates, astingents, etc., meet fairly the indications in these cases. The ant-acids act merely mechanically, soothing the irritated mucous membranes; opiates are dangerous to nurslings, and uncertain, for it is impossible to gauge their use so as to attain the exact limit essential to intestinal anæsthesia and arrest of peristaltic action, without narcosis; and astringents, while repressing secretion, at the same time retain and favor the absorption of ptomaines and other poisonous products which have

provoked the flux—they limit the dejections at the expense of non-elimination of the toxic agents.

In such cases, and in all those of enfeebled digestion, in which the food remains undigested and fermenting in the stomach and intestines, pepsin and pancretin and peptonized foods, afford us pure and simple physiological remedies, whose administration is attended with no dangers; and their employment does not preclude the use of cathartics, or of agents anti-toxic to ptomaines.

The best results have been obtained from such treatment, though it must be admitted in cases of unusual gravity, when collapse threatens, that coto and wild yam are sometimes of value to check the flux, the digestive ferment following to secure proper digestion and nutrition. So long ago as 1856, Joulin and Corvisart (*Rev. Med. Chir. de Paris*) outlined this mode of treatment, and claimed the happiest results therefrom; and more recently it was advocated by Trousseau and Pidoux, Barthez and Rilliet of Francee, and Ellis and Davidson, of the United Kingdom. Later still, Dr. J. Milner Fothergill ("Handbook of Practice," p. 40) remarks of pepsin: "Its utility in the treatment of imperfect digestion, and diarrhœa in children, is certain." Prof. J. Lewis Smith (Prof. Dis. Children, Bellevue Hosp. Med. Coll.; *Archiv. Pædiatrics*, 1886, p. 518) expresses exactly the same opinion. Frof. Frederick John Farre (*Pareiras Mat. Med. and Therap.*, p. 943) commends pepsin "*very highly in cholera infantum and summer complaints of children.*" And Bartholow declares (*Mat. Med. and Therap.*, p. 68): "Very great success has been attained in the treatment of the *diarrhœa of infants* by pepsin. . . . The motions will be quickly changed in character, and the nutrition of the child improved by giving it immediately after each supply of food." He further recommends (Naphey's *Medical Therapeutics*, p. 395) the employment of peptonized milk or milk gruel for food in these cases, in which he is supported by Wilson Fox ("Diseases of Children," II, p 821), who considers "pepsin invaluable in gastralgia and all irritative states of intestinal and stomach mucous membranes."

With such evidence, and with the physiological knowledge that at present obtains, it is evident the digestive ferments are too little studied or employed. Yet we must admit there have been good grounds for such neglect, in that the pepsins upon the market, for the most part, have been untrustworthy, and with no definite guide for testing, that of the U. S. P. being of a very low standard. These objections no longer obtain, however, for manufacturers have been led to provide accurate tests, and now disseminate the same in their literature. Thus we find Parke Davis & Co. issue a work on "Digestive Ferments," that is accurate in all details, and further, they have placed upon the market a new pepsin of higher digestive power than any heretofore introduced, and possessing the exceptional advantages of being absolutely *free* from ptomaines, readily soluble, and of a digestive power hitherto unattained. Moreover, the standard of pepsin has been raised by the better manufacturers, and it is the practitioner's own fault if he is not able now to secure a preparation suited to his needs.—*Exchange.*

Medical News and Miscellany.

An Italian doctor with the suggestive name of Poppi is said to have invented a new hypnotic.

The New Jersey State Medical Society meets, on June 18, at Asbury Park. A large attendance is expected.

At the next meeting of the Board of Charities it is said that the election of successors to E. Bruen and Prof. Osler will again be postponed.

The Norristown Insane Hospital Trustees have decided to employ men to watch attendants for the purpose of preventing cruelty to patients.

The English Steamship Baltimore City was lately detained at the Delaware breakwater, two of the crew being down with fever. The ship was from Cuba.

Dr. George H. Makuen, of the staff of Cooper Hospital, Camden, has been appointed Assistant Demonstrator of Anatomy in the Jefferson Medical College.

Hypnotism.—It is claimed by some that the thirst and desire for intoxicants can be cured by hypnotism, and a hospital has already been opened in Paris for that purpose.

Burning the huge pile of debris against the bridge at Johnstown was early insisted on by the medical men; but when were the ears of poignant grief ever open to the voice of science?

Messrs. Reed & Carnrick have donated a large amount of sodium hypochlorite, the most powerful disinfectant in the market, to the Pennsylvania Board of Health, for use at Johnstown.

Perhaps nothing could impress one more with the unspeakable horror of the Johnstown calamity than seeing, along with carloads of provisions sent for the living, carloads of coffins—the last want of the dead.

A Clearfield County woman died of septicæmia, following a wound of the palm of the hand, made by a sliver of candy. She refused to allow the physician to remove the candy by an operation.

According to a Berlin correspondent, Prof. Förster, Head Physician of the Royal Eye Hospital in Breslau, maintains that short-sightedness in children is not infrequently due to their wearing too tight-fitttng collars.

Why?—It has been found in experiments at Leipsic that skin grafted from a white to a colored person becomes gradually black, and that black skin grafted upon a white person in time turns white.—*Am. Analyst.*

The combination of medical journals has evidently been recognized as a wise movement. The *Medical Press* of Western New York and the Buffalo *Medical and Surgical Journal* have pooled their issues, and will hereafter appear under the latter name. Both have been publications of sterling merit, and it cannot be doubted that the result of the combination will be a better journal than either.

A BIG tarantula that was concealed in a bunch of bananas bit a fruit vender's hand. The hand immediately swelled up dangerously; but, according to a daily paper, unlimited whiskey saved the man's life. Should the amendment pass there will be a good market for tarantulas here.

A STRONG COMBINATION. — The Philadelphia MEDICAL TIMES, the MEDICAL REGISTER, and DIETETIC GAZETTE have combined as one paper, and will appear weekly as THE TIMES AND REGISTER. We wish Dr. W. F. Waugh, the erudite editor, every success.—*Canadian Practitioner.*

POCKET INVENTIONS.—No invention is complete in America unless it can be reduced to pocket size. Cameras and electric lights have already met the requirements, and now we are told that a type-writer is made so small that it can be carried about in the same convenient receptacle.

STATISTICS seem to show that the mortality from diphtheria is on the increase. For the purpose of increasing the popular knowledge of this fatal and insidious disease the New York Board of Health has issued a circular showing how diphtheria originates and spreads, and giving directions for its prevention and treatment. This action is to be commended.

As predicted in our last issue, the meeting of the Pennsylvania State Medical Society was postponed until September 3. Before adjourning the Society appropriated $1000 to aid the Johnstown sufferers, and passed resolutions calling on all country societies to contribute through the Cambria County Society, of which Dr. F. Shill, Johnstown, is Treasurer.

PROF. PREYER, of Berlin, claims to have noticed various movements in embryos, both voluntary and in answer to stimulation, before any ganglia are developed. Birds' eggs chiefly were experimented on. An opening is made in the shell, and this covered by an unbroken piece of another shell. The egg is placed in an incubator, and by means of the little trapdoor the observations are made.

THE MEDICAL REGISTER, of Philadelphia, has united with the MEDICAL TIMES, of the same city, and the DIETETIC GAZETTE, of New York. Prof. John V. Shoemaker retires from editorial work, while Prof. William F. Waugh, one of the most popular medical writers in America, assumes charge of the new combination, which will be known as the TIMES AND REGISTER. "Here's to success."—Kansas City *Med. Index.*

"THE Albany Dress Club closes its labors for the season with the next meeting" is what we noticed in a daily paper.

It seems that this Club was organized a few months since with a membership of six women, and having reform in female dress as its object.

Though assailed by ridicule, sarcasm, and similar weapons, the membership now numbers nearly a hundred. What their ideas are we do not know; but as it would be difficult to reform woman's dress otherwise than to improve it, we trust that the membership will increase.

A WISE PRECAUTION.—Hereafter the Boston Board of Health will cause the public library card in each family where a contagious disease is found to exist to be stamped, so as to indicate the presence of such a disease there. The library will thereafter decline to allow other books to be taken out on this card until the contagion has been stamped out from the home. When books are returned from such a locality they will be disinfected.—*Exchange.*

A LAY contemporary sapiently suggests to its readers that the potency pills or pellets should not be judged by their size, citing the case of a would-be wise man, who, upon reciving from his physician a dozen minute granules, with accurate directions as to taking them, thought he might expedite matters by swallowing all the insignificant things at a gulp, but the little pellets were strong enough to carry him to the other side.

DR. HOBART A. HARE, who was recently appointed editor of the *Medical News*, and Dr. Edward Martin have been awarded the Warner Prize of $500 offered by the Massachusetts General Hospital for the best essay on the treatment of persons apparently dead from failure of respiration. Dr. Hare has also received the Fothergillian Medal of the Medical Society of London, and the Fisk Fund Prize of the Rhode Island Medical Society for 1885 and 1886.—*Press.*

UNDOUBTEDLY the horrible disaster in Johnstown will result in destroying the reason of a number of the afflicted—great catastrophies always do; but we hardly share the fear of some of the daily papers, that the insane will be so numerous that accommodations will be lacking.

Through the judicious use of disinfectants and other sanitary precautions the danger of any epidemic seems to have been avoided.

KNOWN BY THE COLOR OF THEIR CAPS.—At the University of Paris the members of the different faculties are distinguished by the color of the bands at the base of their *berets*. Thus the law students wear one of scarlet, their pharmaceutical *confreres* a green one, science rejoices in vermillion, medicine in crimson, fine art in orange, Protestant theology in blue, and the School of Oriental Languages in gold, while simple yellow marks the students at the Faculty of Letters.

THEY LOOKED THROUGH COLORED GLASSES.—A gentleman being troubled with sore throat visited a eminent genito-urinary specialist, who diagnosed secondary syphilis, and ordered mixed treatment, which afforded no relief. He was then referred to a neurologist, who located the trouble in the brain, and prescribed strichnia and galvanism, which also failed to improve the throat. Then he went to a laryngologist, who decided that the trouble was catarrhal pharyngitis, and used astringents, which the patient said made him worse. Finally he fell into the hands of a well-known general practitioner, who prescribed for an old standing dyspepsia, and the throat was soon entirely well.—Brooklyn *Medical Journal.*

THE death-list at Johnstown has been happily reduced since our last issue. The physicians who are lost are Drs. C. C. Brinkley, J. C. Wilson, H. W. Marbourg, W. C. Beam, L. T. Beam, J. K. Lee, together with members of the families of Drs. Wagner, Yeagley, Sheridan, and Swan.

Dr. W. B. Lowman, who was a man of wealth, is reported to have lost his possessions.

Dr. J. W. Hammer, a subscriber of THE TIMES AND REGISTER, is said to be the only physician in the valley who escaped without loss.

THE consolidation of the Philadelphia MEDICAL TIMES, the MEDICAL REGISTER, and the DIETETIC GAZETTE, is to be commended, on the ground that the country is overflowing with medical magazines, and any such move that tends to reduce the number and improve the quality is in the direction of gain to the medical journal readers. THE TIMES AND REGISTER, which will henceforth be the designation of the consolidated journal, will be issued weekly under the editorial management of Dr. William F. Waugh, an indication for a successful career for the new enterprize, which we sincerely hope may be vouchsafed to it.—Buffalo *Med. and Surg. Journal.*

THE TIMES AND REGISTER.—This is a new journal, in name only, combining the Philadelphia MEDICAL TIMES, the MEDICAL REGISTER, and the DIETETIC GAZETTE. It appears as a weekly under the above title, but a quarterly number, devoted solely to physiological medicine, will also be published. The journals forming the combination are too well and favorably known to need more than a notice of their union. The Philadelphia MEDICAL TIMES has been an invariably excellent and practical journal, and we observe that many of its leading features have been retained in the new weekly. Dr. W. F. Waugh is the editor. He brings his former staff with him, and further additions are promised. — *Occidental Med. Times.*

THE PENNSYLVANIA STATE COLLEGE. *State College, Center County, Pa.*—Commencement Week, June 23–27, 1889.

Sunday, June 23, 3 P.M. — Baccalaureate Sermon, by the Rev. W. C. Cattell, D.D., of Philadelphia, ex-President of Lafayette College.

Monday, June 24, 8 P.M.—Annual Address before the Young Men's Christian Association, by the Rev. T. T. Everett, D.D., of Harrisburg.

Tuesday, June 25, 10 A.M.—Examination of candidates for admission to College. 3 P.M. Senior Class Day Exercises. 8 P.M. Junior Oratorical Contest. 9.30 to 11 P.M. Reception by Washington Society.

Wednesday, June 26, 9.30 A.M.—Artillery Salute. 10 A.M. Annual Meeting of Trustees. 12 M. Alumni Dinner. 1 P.M. Meeting (in the Chapel) of Delegates and Alumni to elect Trustees. 3 P.M. Exhibition Drill of State College Cadets. 8 P.M. Annual Address before the Alumni, by Selim H. Peabody, LL.D., President of Illinois State University.

Thursday, June 27, 9.30 A.M.—Graduation Exercises of the class of '89. Commencement Address, by the Hon. Henry K. Boyer, of Philadelphia. 8 P.M. President's Reception.

MEDICINE AS SHE IS WROTE.—The *Record* of this city, in commenting on the dangerousness of chewing gum, causes one of our "opticians" to say this about the fair chewers: "If they are chronic gum chewers they are heir to all the infirmities that afflict the chronic whisky drinkers. The greatest injury is caused to the eyes. The muscles of the jaw connect with the spine, and from the spine there are fibrous tissues running in all directions, a number of these extending to the eye are called the optic nerves. These nerves are very sensitive, and when overworked become shrunken and enfeebled, and the process of deterioration in the eyesight begins. The vision soon becomes impaired and eyeglasses must be resorted to."

It is not often that our bright contemporary makes such sad work as the above.

WARNING DREAMS.—A writer in the *American Analyst* says that "apoplexy, epilepsy, and similar diseases are often preceded by frightful dreams in which the sleeper feels himself scalped by Indians, thrown over precipices, or torn to pieces by wild beasts," and that such dreams "should be treated as 'warnings' in the truest sense of that word—as sent by nature to foretell impending evils which skill and wisdom may be able to avert."

But who of us has not had nightmare after nightmare, enough to presage all the diseases in Christendom? The writer of this well remembers that while a boy and reading ancient history he fled for many a continuous night before war chariots with scythes in their wheels, and as his reading varied he was indifferently falling into dens of serpents, fighting Indians with great odds against him, pursued by bloody murderers; in fact, spent his nights in a far more exciting and frightful manner than did the fictitious characters of his daily reading.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the U. S. Navy for the week ending June 8, 1889.

PAGE, J. J. (retired), Assistant-Surgeon. Granted one year's leave of absence to leave the United States.

BAILEY, THOS. B. Appointed an Assistant-Surgeon in the Navy, May 23, 1889.

BARBER, GEORGE H. Appointed an Assistant-Surgeon in the Navy, May 23, 1889.

ROTHGANGER, GEORGE. Appointed an Assistant-Surgeon in the Navy, May 24, 1889.

SMITH, GEORGE TUCKER. Appointed an Assistant-Surgeon in the Navy, June 3, 1889.

BAILEY, T. B., Assistant-Surgeon. Ordered to the Receiving-ship "Dale," at Washington, D. C.

BARBER, GEO. H., Assistant-Surgeon. Ordered to the Receiving-ship "Vermont" at New York.

OGDEN, F. N., Assistant-Surgeon. Ordered to examination preliminary to promotion.

BRYANT, P. H., Assistant-Surgeon. Detached from Naval Hospital, Chelsea, and granted a month's leave of absence.

MAYO, H. O. (retired), Medical Director. Granted one year's leave of absence, with permission to leave the United States.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended June 8, 1889.

MEUD, F. W., Passed Assistant-Surgeon. Ordered to examination for promotion, May 31, 1889.

CARRINGTON, P. M., Passed Assistant-Surgeon. To proceed to Johnstown, Pa., on special duty, June 3, 1889.

MCINTOSH, W. P., Passed Assistant-Surgeon. When relieved at New Orleans, La., to proceed to San Francisco, Cal., for temporary duty, May 29, 1889.

SMITH, A. C., Assistant-Surgeon. Relieved from duty at Louisville, Ky.; ordered to Marine Hospital, New Orleans, La., May 29, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 563. | NEW YORK AND PHILADELPHIA, JUNE 22, 1889. | The Medical Register. Vol. V, No. 129.

SURGEON GENERAL'S OFFICE LIBRARY 3 JUL 89

PAGE

CLINICAL LECTURE.

GASTRIC CARCINOMA. By Jas. Tyson, M.D., 169

ORIGINAL ARTICLES.

ELECTRICITY IN GYNECOLOGY. By W. H. Walling, M.D. - - - - - - - - - - - 172

ERYSIPELAS OF THE LARYNX. By Max Thorner, M.D., Cincinnati, O. - - - - - 174

CONGENITAL ABSENCE OF A PORTION OF THE ANTERIOR ABDOMINAL WALL. By J. M. Barton, M.D. - - - - - - - - - - - 175

FOUR NARROW ESCAPES FROM DEATH FROM HYPERANÆSTHESIA, AT SURGICAL OPERATIONS. By Llewellyn Eliot, M.D., Washington, D. C. - - - - - - - - - 176

HUNTING THE GERM OF YELLOW FEVER. By Frank S. Billings, M.D. [Concluded] - 177

HOSPITAL NOTES.

MEDICO-CHIRURGICAL COLLEGE:

Blood Stasis *Pancoast* - - - - - - - 178

Dactylitis Syphilitica. *Shoemaker* - - - 178

Brazilian Bean. *Shoemaker* - - - - - 178

When to Trephine. *Godfrey* - - - - - 178

Auto-intoxication. *Waugh* - - - - - - 179

PAMPHLETS - - - - - - - - - - - - 179

EDITORIAL.

THE POLYCLINIC - - - - - - - - - - 180

THE SUMMER'S REST - - - - - - - - - 180

PAGE

ANNOTATIONS.

Electrolysis *vs.* Urethrotomy. *Newman* - 181

Mothers' Marks - - - - - - - - - - - 181

The A. M. A Meeting - - - - - - - - - 182

Fresh-air Funds - - - - - - - - - - - 182

A New Danger - - - - - - - - - - - 182

A Medico-legal Chair - - - - - - - - 182

The Tennessee State Board - - - - - - - 183

LETTERS TO THE EDITOR.

Antifebrin in Neuralgia and Gonorrhœa. *Cox* - - - - - - - - - - - - - 183

Antifebrin. *Penney* - - - - - - - - - 183

Antagonism of Forces. *Randle* - - - - - 184

Higher Medical Education. *Barlow* - - - 185

THE INQUIRER.

Diabetes from Injury. *Luce* - - - - - - 186

BOOK REVIEWS.

Electricity in Facial Blemishes. *Hayes* - - 186

A Manual of Diseases of the Ear. *Buck* - 186

Atlas of Venereal and Skin Diseases. *Morrow*, 186

The Insane in Foreign Countries. *Letchworth*, 187

A Handbook of Therapeutics. *Ringer* - - 187

Materia Medica and Therapeutics for Physicians and Students. *Biddle* - - - - - 187

PAGE

GLEANINGS.

Fatty Degeneration of Vitreous Body. *Valk*, 187

Fibrous Structure. *Keyes* - - - - - - - 187

Crystalline Lens. *Lennox* - - - - - - - 187

Rare Dislocations. *Stimson* - - - - - - 187

Glut of Oranges - - - - - - - - - - - 187

Multiple Subperiosteal Sarcoma of Skull. *Matas* - - - - - - - - - - - - - - 187

Otitis Media. *Hay* - - - - - - - - - - 187

Treatment of Asthma. *Davis* - - - - - 187

Divulsion of Pylorus. *Kinnicut* - - - - - 188

Iodol in Otorrhœa. *Stetter* - - - - - - - 188

Signs of the Moribund Condition. *Shrady* - 188

The Cure of Consumption. *Steinbrueck* - - 188

Thalline and Thallium. *Merck's Bulletin* - 189

Length of Labor. *Price* - - - - - - - - 189

Hindu Pathology. *Indian Med. Gazette* - - 189

Iodoform in Chronic Cystitis. *Frey* - - - 189

MEDICAL NEWS AND MISCELLANY, 190

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 192

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Clinical Lecture.

GASTRIC CARCINOMA,

WITH REMARKS ON THE TESTS FOR THE ACIDS OF THE GASTRIC JUICE.

(Delivered at the Philadelphia Hospital, May 25, 1889)

BY JAMES TYSON, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania; one of the Physicians to the Philadelphia Hospital.

GENTLEMEN: I desire to show you a couple of cases to-day of extreme clinical and also practical interest, which illustrate different degrees of a condition which is easily recognized in the first patient. He is a man, fifty-eight years of age, by occupation a morocco-finisher. His family history is negative, and we need not dwell upon it. There is one fact in his immediate personal history to which I will call your attention, simply because he deems it important, and shall refer again to its relationship to the disease with which he is affected. In his work as a morocco-dresser he is obliged to handle a considerable quantity of strong acid, the fumes of which he inhales. This, he claims, has done much to bring on his present condition. One year ago he commenced to complain of pain in the epigastrium, dull, boring in character. His appetite began to fail, and at times he vomited, though rarely. In fact, he presented all the symptoms of a chronic gastric catarrh.

On admission, six weeks ago, he was suffering from pain in the epigastric region, increased on taking food, especially solid food. Since his admission he has vomited seldom, but two weeks ago the vomited matter contained some altered blood. His appetite is poor, digestion feeble and bowels constipated, and he is losing flesh, his weight on admission being 192 pounds, while now it is but 108. He presents a peculiar cachectic appearance, which is becoming more marked. Recapitulating, the main points of the history are a chronic indigestion dating back to November of last year, pain on taking food, especially solid food, a progressive emaciation, only occasional vomiting and in the vomited matter a little blood, which may or may not be significant, and a cachexia which is gradually deepening. The inhalation of the irritating vapor from his business, I believe has nothing whatever to do with the disease from which he suffers, although it is not unreasonable for him to suppose so.

What, then, is the cause of the indigestion of which he complains? Is it a simple chemical dyspepsia where there is a failure of the gastric juice to do its work, or is there a lesion present in the stomach to give rise to this series of symptoms? It is plain there is something more than a simple indigestion. Let us examine his abdomen to discover if there is any local manifestation of disease. It must be remembered that serious local disease may exist and at the

same time not be demonstrable by an external examination, and for months a patient may have all the symptoms pointing to an organic trouble with no manifestation locally. As we make an inspection of this man's abdomen nothing of importance is noted; there is no tumor or swelling present. On percussion we discover in the mid sternal line the hepatic dulness extending from one-third to one-half the distance down to the umbilicus, the normal position. Everywhere else there is a tympanitic percussion note. On palpation there is a tenderness discovered above and to the left of the umbilicus. Deep percussion here gives tympany all around and over this spot, but there is just a little impairment so far as the intensity of the tympany is concerned. In palpating over this region I imagine I can feel a decided swelling, circumscribed, from one and a half to two inches in diameter. This tumor is not nearly so distinct as it was the other day when I saw the patient, but still it is recognizable, and I can, more or less, isolate an area of hardness. I have little doubt of the condition here present. I believe this is a case of carcinoma. You may ask, Why is it that this area of hardness which I felt is not so distinguishable to-day as it was when I saw the patient last? Varying degrees of distention of the intestines by gas will obscure very largely the size of a growth in the stomach, especially if it be of but a small size. This is probably the cause of the difference between the condition to-day and that of the other day.

As to the situation of this cancer of the stomach, I believe it is not the usual one from the symptoms which he presents. You notice that he scarcely ever vomits, and there is nothing of the regular daily or alternate daily vomiting which is so characteristic of cancer of the pylorus. In the vast majority of cases cancer of the pylorus produce obstruction, and to this succeeds dilatation of the stomach, with frequent vomiting of its contents. As the disease progresses and the stomach becomes tolerant, a considerable accumulation will take place, and the patient will then vomit at longer intervals, as once in three or four days, and then throw up a large quantity, gallons even.

Hemorrhage has been alluded to as a symptom in this case. In certain forms of cancer there is the occurrence of large hemorrhages, and this symptom often makes the question of diagnosis between cancer of the stomach and gastric ulcer a nice one. The hemorrhage is too slight in this case to be of significance from any standpoint.

The question of the diagnosis of cancer, as distinguished from indigestion from functional causes, has received a great deal of attention of late, and caused considerable investigation to be made as to the chemical constitution of the contents of the stomach. In no disease is the production of an efficient gastric juice so much interfered with as in cancer, because of the destruction of the gastric follicles, and it is especially the hydrochloric acid which is deficient. Two methods are used to test the efficiency of the gastric juice. In the first, or physiological, some of the juice is removed from the stomach by means of the sound and digestion practised with it on boiled egg albumen. For this purpose the patient's stomach should be washed out the previous evening, if possible, and in the morning a meal of egg with bread and butter, together with hot milk, water and sugar, administered. In an hour a soft, flexible tube, eighteen or twenty inches long, lubricated with milk, is introduced into the stomach. Light pressure on the abdomen facilitates the removal of the gastric fluid. Any admixture of food may be filtered out, and the experiment proceeded with at a temperature of 95° to 100° F. Or a method suggested by Korczynski and Jaworski may be pursued. They introduced by the sound two hundred cubic centimeters of ice-cold water on an empty stomach, withdrew the sound, and in ten minutes reintroduced the sound and aspirated the gastric contents, which include gastric juice diluted with water—the secretion of the digestive fluid being stimulated by the ice-cold water. Another method of determining the efficiency of the gastric juice, physiologically, is that of Riegel, who gives the patient a meal of mixed food, and after six or seven hours removes the undiluted gastric contents with the sound. Digestion should be complete in seven hours, and therefore, if after this period any portion of undigested food remain, it is evident that digestion has been abnormally delayed.

These methods, however, involve much time and trouble. It is easier to test for the acids of the gastric juice. The acids found in the gastric juice are hydrochloric and lactic. The former is generally regarded as indispensable to digestion. The significance of the lactic is not so certainly determined. Thus, Ewald[1] believes that it plays a most important part during the first hours of digestion, and that through its operation peptone appears in the aspirated contents, fifteen minutes after the ingestion of food. R. Schaeffer,[2] however, claims that the peptone is always present in the watery extract of the foods used by Ewald. Cohn and v. Merring[3] consider that both lactic and hydrochloric acids are present with a mixed diet, while with an animal diet hydrochloric acid alone is found, but Ewald claims that lactic acid develops even after a purely animal diet. Lactic acid is further developed in the stomach as the result of fermentation, when it may contribute to conditions of hyperacidity. I am myself inclined to believe that lactic acid is but a secondary factor in gastric digestion if it plays any useful rôle whatever, and certainly recent observations go to show that hydrochloric acid is far more important. Accordingly, most of the tests I shall give you are for the inorganic acid.

Günzburg's test is regarded as one of the most reliable. It is made by dissolving phloro-glucin, two grammes, vanillin, one gramme, in thirty cubic centimeters of alcohol. One or two drops of this are mixed with an equal portion of the gastric fluid, and heated gently in a shallow porcelain capsule. As the fluid is moved back and forth, a purple or red color is produced at the edges of the fluid if the acid

[1] *Virchow's Archiv.*, Bd. 101, S. 351.
[2] *Zeitschrift für Klin. Med.*, Bd. 15, p. 174, 1888.
[3] *Deut. Arch. f. Klin. Med.*, Bd. 39, N. 3 and 4.

be present. Schaeffer claims that no other constituent of the gastric juice produces this reaction, and especially do not the organic acids even in concentrated solution. Hence, he regards it as the most infallible test for free hydrochloric acid. In watery solution hydrochloric acid may be detected in the proportion of $\frac{1}{2}\frac{1}{0}$ of a part per 1000.

On the other hand, *Uffelman's test*, the *carbolated iron test*, is a good test for the organic acid, lactic acid. It consists of a 4 per cent. solution of carbolic acid to which as much tincture of the chloride of iron is added as will produce an amethyst color. Lactic acid added to this produces a yellow color, while hydrochloric acid altogether decolorizes it. Other mineral acids also decolorize it, and therefore it is not a reliable test for HCl. We will now try some of our fluid for this reaction. It is best to use a dilute solution of the sesqui-chloride, and the test fluid should be freshly made. I add enough of the iron solution to bring about this coloration; one or two drops are sufficient. Now, the addition of the gastric juice or lactic-acid containing fluid should produce the yellow color. By this test it is said $\frac{1}{100}$ part of lactic acid in 1000 may be recognized, but sugar solutions must be eliminated, as they act similarly.

The *aniline* colors also furnish tests for the hydrochloric acid of the gastric juice, and among the best known of these is the *methyl violet*, but it is of disputed value. For not only does hydrochloric acid decolorize it, but also a 5 per cent. solution of lactic acid, a strength often present in gastric fluids, while peptone also reacts similarly. The test is thus applied: A drop of a weak, watery solution is placed on a porcelain capsule and one or two drops of the suspected solution added. If hydrochloric acid is present, the violet is turned into blue. One-tenth of a part of HCl in 1000 may be thus recognized.

Another of the aniline color tests is *Congo-red*, which is best used in the shape of a stained paper, the red of which is turned blue by the action of hydrochloric acid. This also is an unreliable test, because a solution of lactic acid has the same effect if double the strength as that of hydrochloric.

Another test is the *Tropäolin test*, for hydrochloric acid also, most satisfactory when used in the form of the Tropäolin paper, as suggested by Boas,[1] who uses an alcoholic solution of tropäolin, enough to saturate blotting-paper. If pieces of the dry paper are touched with dilute HCl, and heated in a porcelain capsule, there appears at the edges of the spots a bright-lilac color which promptly disappears. No organic acids produce this action, while solution of free HCl in the proportion of ½ of a part to 1000 reacts distinctly. In the gastric juice, however, the reaction is less distinct. Using to-day an aqueous solution in a test-tube, and adding some of the filtered gastric contents from our patient, no reaction is observed. We may, therefore, conclude that no hydrochloric acid is present. This test is regarded by Schaeffer as less delicate than Günzburg's test, but better than the rest.

Mohr's test for hydrochloric acid, which consists in a concentrated solution of the acetate of iron, one part; a concentrated solution of rhodanated potash, four parts; distilled water, twenty parts, is especially praised by Ritter and Horsch[1] for reliability and sharpness. The fluid is a ruby-red one, and one-half a part of HCl in 1000 of distilled water will produce a mahogany-brown coloration. In actual practice with gastric fluids Schaeffer has often failed with Mohr's test and tropäolin, where Günzburg's and the methyl violet succeeded.

Now, in the case of our own patient, more than one of these tests applied to the gastric contents withdrawn after food ingestion shows the reaction for hydrochloric acid to be feeble or wanting, so that this fact may be added in addition to the others named in confirmation of the diagnosis.

I may mention, however, in passing, that there are other forms of gastric derangement in which hydrochloric acid is deficient. In chronic gastric catarrh where due to passive hyperæmia, whether due to hepatic or cardiac disease or the use of alcohol, there is such a diminution. The acids of the gastric juice are also increased at times. This is especially the case with gastric ulcer, in which not only is hydrochloric acid increased, but organic acids, especially lactic and butyric, are added during faulty digestion as the result of fermentation. It is to be remembered, too, that hydrochloric acid may exist in combination with bases, and thus elude detection.

At the present day we are greatly aided in the treatment of cases of this kind by the use of partially or completely digested foods, of which so many are now to be had. If the stomach is in the condition of this man's, where there is sufficient patulousness of the pyloric orifice to carry the food onward, we may give peptonized milk, or any one of the meat peptones. Solid food of any kind must not be given. Peptonized milk recommends itself by its cheapness and ease of preparation. If the tumor is of the pylorus, not only is digestion weak, but absorption is almost impossible (because most of the absorption takes place from the small intestine), and we must make use of the rectum. For weeks, and even months, we may thus be enabled to nourish our patients by the use of peptonized food. They usually have an irresistible inclination to taste the articles of food, and this is the greatest obstacle to overcome. Of course, the ultimate result is necessarily fatal.

Our next case illustrates the same condition, but in a more advanced stage. The patient is a Hungarian woman, who cannot speak a word of English, and so the history of the case can only be derived from a physical examination. Her appearance, however, at this stage renders the diagnosis easy.

She was admitted on February 11, last, with no history. She had very much of the appearance presented by the man you have just seen, since the disease was then not so far advanced as at present, but she presents now some different conditions. She is a vomiting case. Invariably after some accumulation in the stomach she vomits, and so we conclude at once that there is an obstruction at the pylorus.

[1] Ueber Tropäolin papier als Reagens auf freie HCl in magensaft, *Deut. Med. Wochenschr.*, 1887, No. 39.

[1] *Zeitschr. für Klin. Med.*, Bd. 13, H. 5.

It requires no great skill to recognize a tumor here. Not only do we discover the tumor by palpation, but it is easily seen as a nodular, uneven mass above and to the left of the umbilicus. But, as I have said, it is by no means invariable to have so easily recognizable a tumor even at an advanced stage of carcinoma ventriculi. The cachexia and wasting will often be present a long time before we can find the tumor, and this fact, years ago, was regarded as favoring the view of a primary cachexia. At the present day pathologists, for the most part, consider cancer as primarily purely local, and that the dyscrasic state or cachexia is a secondary one. To such a local growth we admit, of course, that there may be a hereditary tendency.

As to treatment in this case, the woman, as I have said, is a vomiter. It would, therefore, be futile to expect to nourish her successfully by the mouth, and she has been under the use of enemata for a considerable length of time. That they are, however, insufficient is shown by her progressive emaciation. An examination of the vomited matter for hydrochloric acid has also been made, and failed to discover the presence of the acid, and although we must not forget that the test may be negative, and still hydrochloric acid be present in combination with bases, nevertheless, if hydrochloric acid to be of any use in digestion is present, it will react.

Another point of diagnostic interest here is found in connection with the situation of the tumor. It is a singular fact that no difference where the tumor is located in the gastric walls, the external manifestation of it is generally to the left and above the umbilicus. In cancer of the pylorus one would expect it to be the right, but it is never found there on external examination. In the case of the man it does not follow that he has not cancer of the pylorus because of the absence of vomiting. More frequently, when there is not vomiting, it is in the vicinity but not at the pylorus. Cancer may occur at the cardiac end or in the middle belt. If at the cardiac end there is often obstruction to deglutition. This is not present in the case of the man, so the cancer must be located somewhere between these points, but still, probably, near the pylorus. When in the middle belt, cancer often rides the curvature as a saddle does the back of a horse. A soft cancer is the most common variety at this point, and it is attended with copious hemorrhages; but as hemorrhage is not present in either case, the point of development in the case of the man must remain in doubt for the present.

The presence of indican in the urine is another clinical fact to be mentioned in this connection. It is said that indican is increased in the urine when there is cancer of any of the abdominal organs attended by obstruction, and especially of the stomach and intestines. This is by no means distinctive, but it has a certain value, and the test should be made. We have tested the urine of the man, and the indican has been found slightly increased in quantity. In the case of the woman, we have not made the examination. The test consists in taking a drachm of pure hydrochloric acid and dropping in while stirring ten to twenty drops of urine, and if the indican is increased in amount, we have a beautiful violet or blue color produced, while if it is normal in quantity, a pale yellowish-red color only is developed.

Original Articles.

ELECTRICITY IN GYNECOLOGY.

By W. H. WALLING, M.D.

ON October 29, 1888, Mrs. C., aged thirty-eight years, English, married and the mother of four children, the youngest being ten years old, came to the writer's office for treatment. She had been suffering since the birth of her last child with a great and growing discomfort in the pelvic region, with steady enlargement upwards, until at this date she measures forty-seven inches around the abdomen just below the umbilicus. She states that two years since she was operated upon for laceration of the cervix with but partial success; a severe pelvic and general peritonitis resulting. She was in one of our hospitals for treatment recently, some five months, and discharged as incurable.

The abdomen was so excessively tender that little could be determined by external manipulation. By digital examination the uterus was found greatly enlarged from fibroid degeneration, well down in the pelvis, tender to the touch, the canal measuring three and one-half inches plus, and quite large. Frequent and severe hemorrhages occurred. The kidneys were very sensitive, their secretion being at times overabundant, at other times very scanty. The patient was extremely nervous and very susceptible to the electric current. At first, central faradization and galvanization of the abdomen was all that was attempted by way of treatment. As the sponge electrode was passed over the kidneys the patient said that she could distinctly feel the urine pass from them and down the ureters into the bladder. It was noticed that a free evacuation of the bladder followed the application of either the Faradic or galvanic current, when the urine had been scanty, affording great relief.

These external applications were continued up to January 7, 1889, with marked improvement of the general health. On this date negative cauterization of the uterus was made, giving, however, but twenty milliampères for three minutes, the positive pad being on the abdomen. This caused some discomfort. On the 10th, the same treatment was given, increased to twenty-five milliampères. This caused considerable pain of a bearing down nature, followed by a profuse hemorrhage the next day, lasting, however, but a short time compared with previous attacks, and readily controlled without the use of ergot. On the 16th, general treatment was given as at first, and on the 19th, positive cauterization of the uterus was commenced and continued at the office, twice each week, as circumstances permitted, alternated from time to time, with general treatment. Her monthly periods were passed with less and less discomfort, being less in quantity and showing more serum than blood, the abdomen steadily decreased in size, the

uterus becoming more movable and less painful. At no time was over thirty milliampères used, generally but twenty-five, for five minutes, up to April 22, when fifty milliampères were given, but quickly reduced to thirty as this quantity caused too much pain.

The abdomen now measures about forty inches, its normal size, and the patient says she feels the same relief from pressure as after a confinement. The uterus is in its normal position, and she is at least symptomatically well.

Several severe attacks of polyuria and cystitis interfered with the treatment and were not accounted for until it was found that the patient was addicted to gin drinking, periodically, a habit of years. She was so sly with her potations, and was so much of a lady, that it was not suspected, and the cause of the attacks was sought for in every direction but the right one.

At present there are still some adhesions, the result of the cellulitis, and treatment will be continued suitable for their absorption.

At times she suffers very much with pruritus vulvæ, for which the negative pole is applied by a large bulb electrode covered with absorbent cotton, giving from two to five milliampères for one or two minutes at a sitting, with prompt relief.

Particular attention is called to the low power used and good results obtained. Stronger currents would have been used but they caused too much pain, which is to be avoided if possible.

Now, while Apostoli and some others claim that they administer high current strengths without causing pain, I have yet to see the patient that did not complain of experiencing more or less pain even with mild currents; and without a reliable milliampèremeter one can tell very little about current strength. Indeed at times without such an instrument one would have supposed from complaints made that a very strong current had inadvertantly been turned on. I cannot coincide with those who claim that no pain is caused by such applications, agreeing rather with Dr. Martin, of Chicago, that if properly used they do not cause sufficient pain to require an anæsthetic.

Pain is an element we ought not to ignore or treat lightly, and yet too much stress must not be laid upon it, as often fear or excitement is the prime factor in the application. That there is a great difference in the susceptibility of patients is well known. This one and several others appeared to suffer as much or more with twenty-five or thirty milliampères, as some others with one hundred and fifty to two hundred milliampères, under the same apparent conditions.

Great gentleness and care in the introduction of the uterine electrode is necessary, and if the positive pole is used it must be made of either platinum or gold. It would seem unnecessary to reiterate this statement, but frequent inquiries upon this very point is the reason. Massey's electrode is the one best adapted to this kind of work, not only by its simplicity, but it is so readily sterilized, being insulated with shellac instead of rubber.

Dr. A. Lapthorn Smith has called attention to a very important point regarding the position of the indifferent electrode in the treatment of uterine fibroids. He thinks that the clay or cotton pad should not be kept upon the abdomen, but after a number of treatments should be changed to the back. Some of our electricians will say this is unnecessary, as experiments with the galvanic current and a barrel of salt water showed that the current does not pass directly by the shortest route between the electrodes, but that some lines start out in opposite directions, thus acting upon substance not supposed to be included in the circuit. This takes place in a homogeneous liquid like salt water, but can it do so to the same extent in the human body? Experiments with chemicals and results obtained are not always sufficient guides for treatment of diseased conditions.

A good deal has been said about divers washings and vaginal douches both before and after intra-uterine treatment. Now while this is necessary where puncture is made, I fail to see that it is in ordinary treatment. The current itself is antiseptic, and there is far more danger from unclean instruments or hands than from any other source. But we are told that it is the destruction of tissue by the current and its subsequent decomposition which produces the sepsis, etc. Experience, however, disproves such statements as a rule. I believe that the septic cases were caused in many instances by dirty hands or instruments as above stated.

A few words as to the after-treatment of patients. If the application is made at the homes of the patients, they are directed to lie down for an hour or more, and if high currents have been used to remain in bed until the following day, or even longer if necessary. Office patients are given a lounge upon which to rest awhile before going out, and directed to lie down upon reaching home. But how about out-patients at the hospitals? They cannot be given couches for rest, there being neither room nor time, and so they go immediately on their way after leaving the operating table. Thus far, however, I have noticed little if any bad effects following intra-uterine or other applications of electricity in this class of cases when they followed the instructions given, which were to lie down upon reaching home and keep very quiet the following day. They are told to expect more or less pain on the day following the application, so are prepared for some discomfort.

Much stress is laid by many operators upon using clay for the abdominal pad. It is undoubtedly safer and better for all very strong currents, or say for all above one hundred milliampères, but for all below this, absorbent cotton is preferable, both on account of cleanliness and convenience.

Both cotton and clay should be always well-wetted in quite warm water before applying. I have seen operators apply a clay pad wetted with cold water and wondered that they did not have more trouble with their patients than seemed to follow. It is quite possible, even probable, that such cold clay poultices have been the cause of any bad after-effects, rather than the current itself, even if it was a little overdone.

ERYSIPELAS OF THE LARYNX.

By MAX THORNER, M.D.,
CINCINNATI, OHIO.

THE larynx may be affected with erysipelas as well as the pharynx. Generally, the affection is secondary, spreading by contiguity from any region of the head along the mucous tracts of the nose, mouth, or ear, the first being apparently a common seat of the primary affection. There is, however, sufficient clinical evidence that an erysipelas of the pharynx and larynx may follow an attack in a distant part of the body.

Primary erysipelas of the larynx had been described in the prelaryngoscopic time; and we find a number of modern authors admitting the possibility of primary erysipelas of the larynx, or reporting cases thus diagnosticated. Above all, Prof. Ferdinand Massei (S. C.), of Naples, who has shown, in a number of publications, that primary erysipelas of the larynx is a disease *sui generis*, and that many cases of so-called phlegmonous laryngitis are, in reality, nothing but an erysipelatous inflammation of the mucous membrane of the larynx. The following remarks are more especially based on the observations of the author just named:

The etiology and pathology of this affection are the same as in other parts of the body. The disease is an infectious one, and caused by the presence of some pathogenic microörganisms—the streptococci discovered by Fehleisen. This fact renders all former theories obsolete, as to the existence of a traumatic and an idiopathic erysipelas, the latter being mainly the result of a "cold." Massei is of the opinion that lesions of the epithelium covering the base of the tongue, the epiglottis, the aryepiglottic folds, and the interarytenoid fold, favor the entrance of the streptococci, these regions being constantly exposed to numberless irritations. The abundance of lymphatic tissue in these parts readily accounts for the course that the affection takes.

The *symptoms* are the following: There is in the outset hoarseness, which sometimes rapidly increases to complete aphonia. Swallowing is difficult and painful. The temperature rises to above 104° F. often remitting to 100° F. Yet the fever is of an irregular type, depending upon the progress of the laryngeal affection. An initial chill may or may not be observed. The lymphatic glands around the larynx and trachea are frequently enlarged, and the whole region is always painful to the touch. The general symptoms which we find in erysipelas are never entirely missing. Upon examination with the laryngoscope we may find, in many cases, only the signs of an acute catarrhal laryngitis: intense hyperæmia, hypersecretion, and slight swelling of the mucous membrane. In other cases there is a more or less developed œdematous swelling of the epiglottis, the aryepiglottic folds, or the interarytenoid membrane. This œdema is wandering—a pathognomonic sign of erysipelas according to Massei. Sometimes blisters, filled with serum or pus, are found; they burst, and leave small crusts adhering to the mucosa. With the increasing swelling the dysphagia and dyspnœa increase, until the latter is the most prominent symptom, threatening death from suffocation.

The *diagnosis* is mostly to be made without difficulty. The rapid swelling of the mucosa, the wandering nature of the tumefaction (in case a laryngoscopic examination is practicable), and the height and type of the fever are very significant. The latter is of great importance for the differential diagnosis, since neither the acute catarrhal laryngitis nor the acute œdema of the larynx is associated with a similar rise of temperature. Furthermore, the history of the case is of importance. A simple œdema of the larynx may be caused by injuries, as, for instance, by scalding the throat, by continuation of a tonsillitis or pharyngitis to the larynx; also, by albuminuria, from whatever cause; by circulatory disturbances, by syphilitic, tubercular, or cancerous disease of the throat. In erysipelas we can exclude these factors. If an erysipelas in any other part of the body has preceded the laryngeal affection, or if the latter is followed by a facial erysipelas, or by subsequent affection of the lungs, the diagnosis of erysipelatous affection of the larynx cannot be doubted.

The *course* of the disease is usually a very rapid one. The local manifestations may remain confined to the larynx, or may extend to the pharynx, and from there to the face, or downward to the trachea and bronchial tubes. Three different issues are possible: First, recovery in consequence of a gradual resolution; secondly, death from suffocation, unless operative measures are resorted to; thirdly, death from collapse, or from congestion and œdema of the lungs.

The *prognosis* is always doubtful, As a rule, it is better in those cases where the local symptoms are only those of an acute laryngitis, although œdema may set in at any moment, and increase with such rapidity that death may ensue within a few hours. The prognosis in primary erysipelas of the larynx has also been regarded as more favorable than that of secondary. There is, however, one form of the disease in which the local symptoms of the disease are less marked, but the general symptoms, as tendency to collapse and complications on the part of the lungs, are more prominent. This adynamic form, only found in old people, proves always fatal.

The *treatment* is, regarding the general symptoms, the same as for erysipelas in general, consisting chiefly in the liberal use of stimulants, and the exhibition of antipyretics, whenever the temperature is very high, without showing any tendency to spontaneous remissions. The treatment of the local symptoms may be briefly summarized as follows: In the beginning ice applications around the neck and the swallowing of cracked ice are sometimes of service; the same may be said of alkaline sprays. The local applications of morphine (care being taken not to narcotize the patient), or still better, as I would suggest, of cocaine, are often indispensable to relieve the pain. By using the latter we need not be in fear of the constitutional action of morphine, which sometimes has, by putting the patient fast asleep, resulted in death from suffocation. Dr. Daly, of Pittsburgh, and

others have recommended to apply to the neck large mustard plasters, which would, by their revulsive action, tend to change the internal erysipelas into a superficial one. When the dysphagia increases to such an extent that the patient cannot swallow any longer, feeding with the aid of the œsophageal tube, or by rectal injection, must be practised. As soon as the dyspnœa becomes threatening, hypodermatic injections of pilocarpin, from gr. 1/6 to gr. 1/3, may be tried. If these prove ineffective, scarifications of the œdematous tissues must be made; and if these fail, tracheotomy must be resorted to. This operation seems to be preferable to intubation in conditions of this kind, since the upper opening of the tube is very likely to be buried between the swollen tissues.

BIBLIOGRAPHY.

Massei, "Ueber das Primäre Erysipel des Kehlpoffs." Berlin, 1886.

Massei, "Revue Mensuelle de Laryngologie, d'Otologie," etc., Tome VI, p. 92.

Transactions, Ninth International Medical Congress, Vol. IV.

Gottstein, "Kehlkopfkrankheiten, 2d Ed.

D. Bryson Delavan. "Refer. Handb. Med. Sci.," Vol. IV.

CONGENITAL ABSENCE OF A PORTION OF THE ANTERIOR ABDOMINAL WALL.

(Reported at the meeting of the Philadelphia Academy of Surgery, June 3, 1889.)

By J. M. BARTON, M.D.,
Surgeon to the Jefferson College Hospital.

MRS. C., of this city, was delivered, by Dr. John Graham, on November 3, 1888, at 3 A.M., of a female child. At the request of Dr. Graham, I saw the child at 1 P.M. of the same day, and found a healthy looking female child, fully developed, except the sagittal suture was still open to the extent of half an inch.

There was a tumor at the umbilicus nearly the size of an adult fist; it was composed of omentum and intestines, which had protruded through an opening over two inches in diameter in the abdominal wall. The tumor was two and a half inches in height, and about three inches in diameter, and was slightly pedunculated. It was covered by a thin layer of the expanded gelatinous matter of the umbilical cord, which was as transparent as glass; the intestines and omentum could be distinctly seen through it, and after they had been returned to the abdominal cavity the left lobe of the liver could also be recognized.

The cord had been tied, and joined the tumor about half an inch to the left of its apex. The vessels of the cord could be traced running down the left side of the tumor and entering the abdomen at the extreme left of the opening, and midway between its upper and lower extremities. The child appeared to be otherwise in perfect health, and had already made vigorous efforts to obtain nourishment. It seemed to be free from pain, except while the intestines were being reduced, which was done with some difficulty, as the abdominal cavity seemed scarcely large enough to contain them. A pad of cotton was then placed over the umbilicus, and a firm flannel bandage bound around the child.

I met Dr. Graham for the purpose of operating at 12 o'clock on the following day, when the child was thirty-three hours old, permission to operate not having been obtained before.

On removing the dressings, which had retained most of the intestines in the abdominal cavity, the hernia was immediately reproduced, but owing to the shrinking of the gelatinous tissue which formed its sac, it was not as large as the day before; it now measured six and three-quarter inches in circumference and four and a quarter inches over its convexity.

The covering was now quite opaque, though the abdominal contents could still be indistinctly distinguished through it. It readily broke down under the fingers, and was quite offensive, requiring repeated applications of a solution of bichloride of mercury for the comfort of the operators. The intention had been, if the parts were found in the same condition as the day before, to pass long hare-lip pins across the opening, bringing its edges together and leaving the sac on the outside to shrivel and dry. As this proved on trial to be ineffectual, the entire sac was trimmed away. About half an ounce of opaque serum, with flakes of lymph floating in it, ran from the abdominal cavity, and the bowels exposed were now highly inflamed, being of a deep red color, with patches of lymph lying upon them and gluing them together. Thinking the peritonitis was probably purely local, and that the rest of the abdominal cavity was protected from infection by these adhesions, we were careful not to rupture them. The bowels were kept in place by an antiseptic sponge, while the edges of the opening, which measured six and a quarter inches in circumference, were freshened and brought together with seven hare-lip pins. A space of an inch was left between two of the pins for drainage. The umbilical vessels passed through this opening and acted as drainage threads. The closed wound was dusted with iodoform and dressed with mercurial gauze.

As there was great tension on the pins holding the parts together, and it seemed probable that they would ulcerate through in a few hours, two pieces of Mead's adhesive plaster, each about six inches square, were placed one on each side of the wound, with the extremities that ran toward the spine cut into many tails. They approached in front to within an inch and a half of each other, and were laced together by a strong cord placed over the dressings.

November 5.—Child doing well; no fever; cries but little; the wound looks well and is not offensive.

November 6.—Slight discharge of pus through opening.

November 7.—About two drachms of pus.

November 8.—Six of the pins removed; wound slightly offensive; about three drachms of pus discharged.

But little pus was discharged after this date. The wound was kept firmly supported by the plaster for two weeks and dressed daily. As it was then firmly healed it needed no further attention. The resulting scar is three and a half inches long, and the child appears to be in perfect health. This condition, in a slight degree, is not very rare, but I am not aware of

any case where the hernial protrusion was so extensive, except one reported as a laparotomy in a child sixty hours old, by Dr. W. Stolypinski, in the *Centralblatt für Gynæcologie* of March, 1889. The operation was performed at the clinic of Prof. Phænomenoff, of Kasan, Russia. The tumor in his case was the size of a goose egg, but the hernial opening was quite small, making it difficult to reduce the intestines; but there appeared to be no difficulty in retaining them after they were reduced. The opening was closed with silk and catgut. This child also made a good recovery.

I would scarcely call this operation a laparotomy, yet the dangers from shock and intestinal exposure are about as great.

FOUR NARROW ESCAPES FROM DEATH FROM HYPERANÆSTHESIA,

AT SURGICAL OPERATIONS.

By LLEWELLYN ELIOT, M.D.,
WASHINGTON, D. C.

BUT few operators doubt the danger attending the administration of the anæsthetics, ether and chloroform, and still fewer are ever brought face to face with instances of the practical illustration of these dangers. It is not my purpose, at this time, to search the literature of hyperanæsthesia from ether and chloroform, but merely to recite four cases in which I had narrow escapes from death.

In the administration of anæsthetics, my preference is for chloroform, first, last, and all the time; this preference is based upon the conviction that it is the best and the safest, and even the mildest may prove a source of disaster. I do not trust to inexperienced hands to superintend the process of its administration. Every precaution is taken to avoid giving too much, and no crowding, except in extreme cases, is permitted. Sufficient air is allowed to enter the lungs along with the anæsthetic to accustom the patient to the presence of the agent, thereby not putting him in constant fear of suffocation. The pulse, the respiration, and the face are watched for the first signal of danger. Everything about the neck, chest, and abdomen is loosened; unnecessary talking and bustle are not encouraged.

I have profited by the lessons I learned in the four instances which have fallen to my lot. They will be stated briefly.

CASE I.—Mary C., white, aged thirty years, attempted suicide October 21, 1879, by inhaling chloroform. When seen the narcosis was complete. Under the inhalations of the nitrite of amyl, she revived and was discharged from treatment the next day.

CASE II.—Johnson B., colored, aged seventeen years, was anæsthetized May 8, 1881, for amputation of the fingers. Without warning he became pulseless and ceased to breathe. Resort was had to spanking, shaking, and cold water to the face. In the shaking, he slipped from the table head foremost, and being a heavy fellow, he could not be picked up immediately. His falling and hanging head down revived him, before the nitrite of amyl bottle could be opened.

CASE III.—Lottie A., colored, aged three days. Owing to the fragility of the umbilical cord and an hereditary tendency as a bleeder, there was frequent hemorrhage from the stump. On March 20, 1889, I met the attending physician in consultation. Pressure and a new ligature afforded but temporary relief, so I introduced hare-lip pins and twisted around them a strong thread. For some hours this proved successful. At 12 o'clock, on March 21, we administered the alcohol, chloroform and ether mixture, and I proceeded to open the abdomen so as to pass a ligature around the cord before its exit, and then fix it in the wound. Little progress had been made in our operation when the child ceased to breathe, and no pulse could be detected at the wrist. The child was immediately suspended by the feet, and in a few minutes it had revived sufficiently to allow us to proceed with our operation. It succumbed a second time and was revived by the same means. The operation was finished, but the child died on the next day.

CASE IV.—Daniel D., colored, aged seventeen, was first seen on April 10, 1889. Diagnosis: Syphilis, gonorrhœa, and phimosis. During the gonorrhœa, he was to be circumcised on April 19. Present: Drs. R. S. Hill and R. A. Pyles. The anæsthesia was commenced with ether, and continued with an admixture of ether and chloroform. There was no crowding or hurry. The ether appeared to have a very depressing effect on him, but this passed off when chloroform was substituted. As I was about to operate the breathing ceased and the pulse stopped. He was drawn to the edge of the bed, with his head hanging down. This had no visible effect. He was then held up by the feet. For some minutes water ran from his mouth and nose, the eyes were set and staring, the face puffed; no pulse could be detected; no respiration was perceptible; no evidence of life was apparent. We were beginning to despair when a faint, scarcely perceptible respiratory effort was noticed. Dr. Pyles gave hypodermatics of whisky and of whisky and aqua ammonia. A few faint efforts at respiration reassured us, and when the nitrite of amyl bottle arrived, although ten minutes had elapsed while he was suspended, the suspension was continued about five minutes more, in addition to the inhalation of the amyl. The amyl was used unsparingly, and at the end of half an hour he was conscious and out of danger.

Such has been my experience with cases of hyperanæsthesia at surgical operations, and I trust my success in their treatment will prove useful to others; but I shall always regret the publication of this paper, should it be the cause of recklessness in the use of these potent agents.

This method of resuscitation — the suspension method—has been called the "Nélaton method," but I fancy it is of a much older date, as Dewees,[1] in 1828, mentions the suspension method as follows: "By placing the child's mouth downward, and holding the body and hips higher than the head; at the same time gently shaking the child, so as to disengage any mucus that may be lodged in the trachea. By pro-

[1] Dewees, "System of Midwifery," p. 188.

ceeding in this manner, I have often had the satisfaction of seeing the child restored under very discouraging circumstances."

Nélaton employed this method in 1857. The value of this method in childbirth, I have discussed elsewhere.[1]

Chisholm[2] read before the Baltimore Academy of Medicine a paper entitled, A very valuable lesson for those who use Anæsthetics, in which he vigorously advocated this method of resuscitation. It is the most notable contribution to the subject under discussion of which I have knowledge.

HUNTING THE GERM OF YELLOW FEVER.

By FRANK S. BILLINGS, M.D.,

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

[Concluded from page 152.]

HERE we have, however, one and the same organism, not only found in "a series of cases," but also the only one found by other observers with any degree of constancy, and Lacerdo has also told us that he also found it "without exception" in six cases.

This is positive evidence, and every competent investigator knows the value to be placed upon negative evidence in such cases.

I am perfectly well aware of the rules promulgated by Robert Koch as necessary to be fulfilled before the complete chain of scientific evidence can be said to be perfect. They are as follows:

1. One organism must be found in an absolutely pure condition in the tissues of an individual that has perished from a given disease.

2. That microörganism must be isolated from those tissues and cultivated in an artificial manner independent of them.

3. The same disease must be produced in healthy individuals of that species of animal life in which such a disease occurs under conditions of natural infection by the intentional introduction of such organisms, either in a natural way or artificially.

Naturally, the last postulate is very difficult to carry out in relation to diseases limited in their natural occurrence to the human family.

Undoubtedly, the above rules are correct, but when we cannot follow them out, as in many human diseases, what then? Are we to neglect the teachings of common sense? Has Koch fulfilled them in Asiatic cholera? And yet, no competent person doubts the etiological importance of the celebrated "komma" in that disease.

Those are the rules of the extreme bacteriological school, but not one competent pathologist would be guilty of carrying them out to such a severe conclusion as Sternberg, when he says:

"Evidently, if any one of these microörganisms was found in a considerable series of cases the fact would be decidedly significant, and would afford presumptive evidence that the parasitic organism found bore some relation to the morbid process."

"*But even if one and the same microörganism was found in every case, the final proof of its etiological import would depend upon its isolation in pure cultures and the production of the characteristic phenomena of the disease in one of the lower animals, or, in the absence of a susceptible animal, in man himself.*"

Whew! That is what I call "straining at a gnat and swallowing a whole camel." Such language as that can only emanate from one most seriously wanting in clinical and necroscopical experience, but, above all, in pathological acumen and rational common sense. I am perfectly well aware that the whole ultra-bacteriological school will raise a hurricane of indignation about my ears, but, nevertheless, I do say that such language as that is absolutely insane under certain circumstances. It is on a par with some who teach that a physician cannot diagnose tuberculosis except by the microscopic demonstration of the tubercle bacillus. What would Lænnec say to such a remark as that? What would Virchow say to a student out of his school who should preach any such absurd doctrine?

We, who are busy day in and year out, in the examination of small vials, or specimens, brought by farmers from all over such States as Nebraska, know a thousand times better than to insist on the necessity of any such nonsense being carried to that extreme. Were that true, every time a farmer brings me blood, and I find bacillus anthracis in it, I should have to wait and inoculate and cultivate before I could give him an answer or advise him what to do. Were that really so, then all our clinical and pathological knowledge were of little avail.

Were that so, then the sacred few who have taken holy communion at the bacteriological table of Robert Koch are the only masters and leaders, and all others who have gone before, and all of us unsanctified ones who have not tasted of that special fruit of the tree of knowledge, ignoramuses and unfit to be trusted.

But let us come to the point.

What is the yellow fever as a pathological entity? Leaving out of consideration Drs. Sternberg and Gibier (who seem to have got lost somewhere in the intestines "hunting the germ of yellow fever," and who appear to be blind in the hunt), all pathologically competent observers, past and present, *agree that the yellow fever is a septicæmia.*

Being, then, a blood poison, the germ must be in the blood. *It is in the blood as my sections show.* Not only that, but we have mountains of exact testimony showing that other microörganisms of this group do produce septicæmiæ and a specific septicæmia in certain well-known species of animals. For instance, the Southern cattle plague, the swine plague, the hen cholera, the German wild seuche, and my new corn-stalk disease, are all septicæmiæ, and all caused by ovoid-belted germs. But each of these diseases has something peculiar about it which makes it different from the others. The wild seuche attacks deer, cattle, and swine; the swine-plague, hogs

[1] Eliot, "Trans. Amer. Association Obs. and Gynec.," Vol. I, p. 21.

[2] Chisholm, *The Medical Record*, Vol. XXXIII, p. 63.

only;[1] hen cholera, some members of the feathered tribe; the Southern cattle plague, cattle only; while the corn-stalk disease is only known to me to attack cattle—it certainly does not hogs, but may other herbivora.

Now, given the outbreak, well marked clinically, and in which we find the well-known microscopical lesions in a blood disease of this character (and I say it against the united and piled up authority of the whole ultra-bacteriological school) *if a competent microscopist finds in the blood and tissues of an animal killed, or which died and was opened in due time, one form of micro-organismal life, and no other, or even if in smear-preparations he does occasionally find some extraneous thing—I say that he does not know his business if he is not absolutely certain that that organism is the cause of the disease, experiment or not; cultures or not.*

For instance, our farmers do not need to be told when the Southern cattle plague is among their cattle. The first thing they at once discovered is that Texas cattle have been imported and driven, or have wandered about. That fact known, the season summer, cattle dying in numbers, with red urine, constipation and high fever—no other means are necessary to make a diagnosis. Those factors being present, we open such an animal—having killed it purposely, and under all precautions take away blood, pieces of organs, etc., and on making a microscopic examination of that material, we find but one organism present and that in great numbers—is there any actual need of experimentation to complete the diagnostic evidence? To my mind not.

During the past year I discovered an organism, without any knowledge of either of these necessary factors. Did I have any doubts that that organism, with which the blood was densely charged, was the cause of the disease which killed those animals, though I had no data by which to name it? I trow not.

Had I had such want of faith in my own judgment, had I so lacked in common-sense, I should be unworthy the position I occupy or reputation I enjoy? Taking, then, the reliability of the diagnosis into consideration, knowing the nature of the disease, and with perfect faith in the ability of these observers, who all say the material was from "undoubted cases of yellow fever," I am willing to risk some considerable reputation that the germ herein described, as present in all the material, is the specific cause of yellow fever, as well as that the description of the morpho-biological phenomena presented by the germ of the Southern cattle plague will largely be found applicable to this.

HEPATITIS WITH HEMERALOPIA. — Armstrong (New York *Medical Journal*) mentions a case of chronic interstitial hepatitis, with hemeralopia. The hepatitis was not discovered until the autopsy was made for there had been complete absence of ascites, œdema or icterus.

[1] In *Comptes Rendus*, Tome c. viii, a French observer asserts it comes naturally in sheep only, but there is room for an error there.

Hospital Notes.

MEDICO-CHIRURGICAL COLLEGE.

BLOOD STASIS.

WHEN an injured limb becomes boggy from blood stasis there is great value in supporting it with a compress bandage, and occasionally relieving congestion by numerous punctures in the integument of the part, rapidly made with a delicate, sharp-pointed knife. The rationale of this treatment is to induce absorption by compression, and to drain off surplus blood by means of numerous small punctures. Observance of this principle in all local congestions has, in my practice, made abscesses of rare occurrence. The old idea that a "bealing" should be allowed to come to a head is as fallacious as it is widespread. It is a morbid process the progress of which it is the duty of surgeons to stay.—*Pancoast.*

DACTYLITIS SYPHILITICA.

Shoemaker presented a case, which had been a bad one, perfectly cured, without losing even a finger nail. His treatment had been:

Internally, potassium iodide, grs. xx, and comp'd syrup of sarsaparilla, ʒij, ter in die.

Externally, was applied an ointment consisting of beta-naphthol, ℈j; unguentum citrinis, ʒss; ung. zinci. ox. benz., ʒj. The fingers were also painted once or twice a week with tr. iodine.

For irritable condition of intestinal tract, Shoemaker recommends silver nitrate, gr. viij; aquæ, ad. ʒiv; teaspoonful ter in die.

Skin diseases often owe their origin to some debilitated or irritable condition of the constitution, and are not due to local irritability only.

Seborrhœa sicca may become epithelioma by active degeneration.

For paræsthesia of the skin give local and central galvanism. It is purely a nervous trouble.

In applying the Brazilian bean (Jequirity) to epithelioma the application must be made on a raw surface, otherwise the use of the bean is of no avail.

—*Shoemaker.*

WHEN TO TREPHINE.

In compound fractures of the skull with depression, trephine as soon as reaction is establed. If depression exists to a dangerous degree, trephine at once.

In comminuted fractures, elevate and remove fragments of bone that become detached, and in doing so avoid, as far as possible, additional injuries to the meninges of the brain; but if the meninges are already divided, or should be torn in the removal of the fragments, suture them with fine catgut under antiseptic precautions.

In compound linear fractures, when splintering of the inner table is believed to exist, trephine.

In punctured fractures of the skull, trephine.

In localized paralysis following a fracture of the skull, trephine.

In trephining, use due care to avoid injuring the dura mater.

Use calomel freely in the after-treatment, to check inflammation of the brain.

In fractures of the base of the skull, surgical interference is rarely called for.—*Godfrey.*

AUTO-INTOXICATION.

A lady had been ill for several weeks with a low fever of anomalous form. There were no typhoid spots, the tongue was brown and uniformly coated, not small; there was no diarrhœa unless laxatives were given; when there was an undue amount of intestinal disturbance, but not so much as in typhoid. The temperature for the first few weeks was up to 102° in the morning and 103° in the evening; but quite often this was reversed, and there was a higher morning and lower evening temperature. After she had been ill some weeks the fever fell to about 100° and remained near that point for over a month. This occurred after the kitchen floor had been raised and some badly needed cleaning had been done. The stools were never of the typhoid type, but yellowish and very offensive. Her breath was also very bad. For these symptoms she was directed to take sulphocarbolate of zinc, three grains every four hours. Immediate improvement took place, in the disappearance of the bad breath and the fetor of the stools, and her general condition was improved. Still, she was not well. Her nurse called attention to the fact that the patient had a leucorrhœa, with an odor resembling that of her breath. Irrigations of the vagina were then employed, with the same antiseptic agent; using twenty grains to the pint of water. The improvement was manifested at once; the temperature sank to the normal and the patient's strength began at once to return. The symptoms related, together with the great depression of the patient, pointed to a septic condition of the blood; and the prompt relief following when the intestinal canal and the vagina were put in an aseptic condition confirm me in the belief that these were the sources from which the toxic agents were absorbed into the blood. This is also another instance of the efficiency of the sulphocarbolates as intestinal antiseptics. No other *harmless* antiseptic has proved as efficient for internal administration.—*Waugh.*

A Tonic Formula.—Flint (New York *Med. jour.*) considers this an excellent tonic formula, combining, as it does, all the important salts of the blood. For the sake of convenience the formula is put in the form of compressed tablets by Fraser & Co., Caswell, Massey & Co., N. Y., and in sugar-coated tablets by Warner & Imgard, 1322 Broadway, N. Y., all under the name of saline and chalybeate tonic:

R.—Sodii chloridi, C. P.	ʒiij.
Potassii chloridi, C. P.	gr. ix.
Potassii sulphatis, C. P.	gr. vj.
Potassii carb. (Squibb)	gr. iij.
Sodii carbonatis, C. P.	gr. xxxvj.
Magnes. carb	gr. iij.
Calc. phos. præcip	ʒss.
Calc. carb.	gr. iij.
Ferri redacti (Merck)	gr. xxvij.
Ferri carb.	gr. iij.

M.—In capsules, No. 60.

Sig.—Two capsules three times daily after eating.

Pamphlets.

School Life and its Influence on Sight, by G. T. Fox, M.D., Philadelphia.

Annual Announcement of Cooper Medical College, San Francisco, 1889.

Pathology and Treatment of Alopecia Areata, by A. R. Robinson, M.B., L.R.C.P. and S., New York.

This is an able and exhaustive paper, illustrated with a number of microscopical engravings, the whole showing careful thought and extensive research.

Disease of the Skin associated with Disorder of the Female Sexual Organs. By George, H. Rohé, M.D., Baltimore, Md. Professor of Dermatology and Hygiene in the College of Physicians and Surgeons, etc. Reprint from the *Buffalo Medical and Surgical Journal*, February, 1889. 13 pages.

Success and Failure of Electrolysis in Urethral Stricture, Especially Dr. Keyes' Method Reviewed, by Robert Newman, M.D.

Dr. Newman, the able apostle of urethral electrolysis, explains in his forcible style the reason of the failures reported, and the proper method to follow in order to gain success.

Melancholia in a Woman sixty-five. Recovery. By A. L. Hogdon, M.D., Baltimore.

Dr. Hogdon's patient. who by the way had decided to kill herself, recovered under the use of strong tonic treatment, and he takes occasion to say that he believes this kind of treatment is too often neglected.

Fifty-sixth Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind.

Diseased Conditions for which Sea-air is of Doubtful Benefit; and the Restorative Treatment of Sleeplessness from Brain Exhaustion, by Boardman Reed, M.D., Atlantic City, New Jersey.

Inebriate Asylums and their Work, by T. D. Crothers, M.D., Hartford, Conn.

This is a strong plea in favor of the belief that inebriety is a true disease of the mind, and should therefore be treated not by clerical anathemas or social ostracism, nor should even moral suasion be relied on; but such persons should be put in proper asylums, deprived of their liberty for a time, and treated with all the skill that medical science can command.

A New Principle in the Surgery of the Bladder, by Otis K. Newell, M.D., Assistant Demonstrator of Anatomy at the Harvard Medical School, Surgeon to Out-patients at the Mass. Gen. Hospital. Reprint from the Boston *Medical and Surgical Journal*, May 10, 1888, 20 pages.

Dr. Newell urges the adoption of sounds and catheters of a length not exceeding six inches, claiming that larger instruments are unnecessary. He then applies the same suggestion to the construction of evacuators in operations for stone.

Diagnosis of Tumors of the Bladder and Stone with the Cystoscope, by Otis K. Newell, M.D., Surgeon to Out-patients, Mass. General Hospital, Demonstrator of Anatomy, Harvard Medical School. Reprinted from Boston *Med. and Surgical Jonrnal*, April 18, 1888, 6 pages.

A neat little pamphlet showing what assistance in the diagnosis of vesical tumors and calculi may be derived from an exploratory examination of the organ by means of the cystoscope.

Hygiene for Home Missionaries, by E. Cutter, M.D., LL.D., New York.

In the way of drinks the writer advocates, especially for brain-workers, a pint or more of hot water before meals and before retiring. He says that ice water will not then be wished for, and likens the action of hot water on the body to that of oil on much used machinery. To have spring water, he says, compensates in a measure for the losses entailed by an absence from civilization; while hydrant water is "usually a botanical and zoölogical garden."

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 22, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communi ations relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

THE POLYCLINIC.

WE take pleasure in announcing that The Medical Press Company, Limited, has purchased *The Polyclinic* from Messrs. P. Blakiston, Son & Co. The advertising and subscription contracts of *The Polyclinic* will be filled by THE TIMES AND REGISTER.

The Polyclinic has just completed its sixth volume. It has always maintained a high standard of literary and scientific merit, and has been able and impartial in its editorials. In recognition of these facts, and of the good work bestowed upon the journal by the gentlemen who have hitherto conducted it, we have decided to retain the title of the journal and place it at the head of our most valued departments. Henceforth our "Hospital Notes" will be entitled "The Polyclinic." This is peculiarly appropriate, as the records of that department are really gathered from "many clinics."

The former editor of *The Polyclinic*, Prof. Henry Leffmann, has consented to become a member of our editorial staff, the American Medical Press Association, and will assume charge of the Sanitary Notes and Toxicology. In this department will also appear such analyses as may interest the physician.

Dr. George M. Gould, whose work has been a feature of *The Polyclinic*, will continue the same for THE TIMES AND REGISTER.

We feel assured that the readers of all the journals concerned will profit by this union.

THE MEDICAL PRESS CO., Limited.

DR. WILLIAM F. WAUGH has secured apartments at *The Stoddart*, corner of Illinois and Pacific Avenues, in Atlantic City, where he will remain during July and August.

All correspondence concerning THE TIMES AND REGISTER should be directed as usual to Philadelphia.

THE doctors who made the autopsy on Bishop have been indicted for violation of the sanitary law.

THE SUMMER'S REST.

THERE is a theory extant that rest means simply a change of occupation. This is only in a certain sense true, and with important limitations. Labor is an expenditure of vital force, whether it is done with the brain or with the muscles, and the addition of exercise to the accustomed mental tasks means simply an increase of expenditure. Hawthorne, in his delightful story of Brook Farm, tells us that after swinging the scythe all day he and his companions found themselves inapt at literary labor, but preferred to lie upon their backs and ruminate. The professors of physical education will acknowledge that their best pupils, the stroke oar and the captain of the nine, do not shine in their classes, or even take a higher place because of their physical development.

This gives a satisfactory explanation for the fact that the prescription of exercise rarely does much good. Physical labor, taken without any other object than the exercise itself, soon becomes so irksome that no man has ever been known to persist in it very long. We have all smiled over th shrewd trick of Charles D. Meigs, who ordered his patient to take a daily walk out to Fairmount and drink a glass of water from the chalybeate spring. We venture the assertion that the wise old doctor told his patient to stop his work an hour sooner than usual in order to do it.

We may state our belief plainly, in the proposition that exercise is never rest when it is added to the tasks previously accomplished, but only when it is substituted for them. Besides this, the occupation thus substituted should be contrasted as markedly as possible with the toil which it substitutes. A literary man may find the study of philology a recreation when he is weary with his legal pursuits, but he had better saw wood.

Nobody earns a vacation better than the physician, and no one finds it so difficult to take. It is one consequence of the practitioner's active life, especially due to his having no stated time in which to do his work, but being in constant readiness to turn out at any hour, that he loses the capacity of resting. He sleeps with one ear open; he goes to church or to the opera with the guilty conscience that Mrs. Smith's messenger may tap him on the shoulder at any moment; and the apprehension of this interferes so much with his enjoyment that he loses all zest for the theater, and often forgets that he has a soul to be saved. If, however, his friends succeed in driving him off for a vacation, after sufficient time has elapsed for this expectancy to wear off, there is no one more companionable than the doctor. He is then like a boy out of school.

But we fear that many a vacation is wasted because one has forgotten how to rest. One of our colleagues, who is trying to bring his life to an early close by compressing into forty years the labors of seventy, must needs spend his vacation in writing a book.

Women do not require any rest; but when they invade a vacation resort, begin at once to impose upon it the laws of society, until a campaign at a watering place becomes more arduous than the winter's fashionable occupations from which they are supposed to be resting. Man, however, limiting the term in this case to the class which really works, unconsciously demonstrates the truth of our theory by seeking out the places where woman comes not, and comfort reigns. Better is a dinner of fried bacon and potatoes, with jack boots and flannels, and a bed of hemlock boughs, than the concoctions of a French chef, with dress suit and patent leathers made obligatory.

The physician who is fortunate enough to have a month at his disposal can obtain the greatest amount of benefit from it by adopting some such plan as this: Do not start out with the intention of doing or seeing any stated thing. Go to any secluded spot, Lehigh Gap, Eagle's Mere, or some unknown locality along the Allegheny range, where one can be genuinely lazy, sit about, sleep, listen to the talk of the natives, or idly saunter; where one's conscience cannot impose upon him the necessity of doing anything, because there is nothing to do. Do this until the desire for active exertion arises. Then, go wherever the impulse dictates, by tramping, preferably, unless a canal boat is available. This should be done without any special goal in view, stopping when tired, resuming the journey when rested. Such a trip takes one out of traveled paths into the byways. He is relieved of the task of seeing objects of interest, and of doing what is the correct thing to do. And he will bring home a store of experiences as miscellaneous and as highly prized as the contents of a boy's pockets, but not one of which could possibly be found in any guide book or tale of a traveler. It may be well to add that none but a truly lazy man would enjoy this mode of spending a vacation, and that it is not suited to the energetic rester who does London, Paris, and the Rhine in a month, including the time spent on the ocean.

Companions are objectionable in such an aimless ramble, as one might feel an impulse which is not shared by the other, and in that case some stress might be laid on the inclination, which would mar the symmetry of the rest. The only companion suitable to such a trip is a dog; one being preferred which would have decided personal objections to being stolen, and no backwardness in expressing them. Perhaps a geologist's or botanist's outfit, or an amateur photographer's traps, might be allowed to meet the exigencies of special cases; but the only things really essential are a soul truly appreciative of the beauties of repose, and the dog.

Dr. G. F. Prowell, of Burnside, Pa., says that carbolic acid, belladonna, and glycerin will abort whooping-cough with certainty.

Annotations.

[Copy.]

New York, May 5, 1889.

To Drs. G. E. Brewer & W. K. Otis.

Gentlemen: During our last pleasant interview, you expressed a desire to receive another letter from me, regarding the challenge you made to me, to test electrolysis *vs.* urethrotomy.

I can do no better than to confirm my former letter and correspondence, published in the Philadelphia *Medical Register*, March 30, and I again state, that to please you, I am ready for the contest, *if unfairness to either party is made impossible.*

Please communicate with Dr. J. V. Shoemaker, 1519 Walnut Street, Philadelphia, who has kindly consented to act as my representative. You have read his letter of April 8, in which he makes the propositions, which are rather against me, and more favorable to you; for instance: that you have the selection of two surgeons as a committee, while I have nothing to say about it. Nevertheless, I will agree to all Dr. Shoemaker may do, and am anxious to begin at once.

Believe me ever yours, most sincerely,

Robert Newman.

MOTHERS' MARKS.

SEVERAL choleric letters in the *Medical Age* show that some of its subscribers are at loggerheads over this never-to-be-decided subject. One doubter who asserts that there is no nervous connection between mother and fœtus, receives a caustic retort from a believer, who thinks he has annihilated the doubter by saying that if this learned man is so wise, perchance he can tell how many spermatozoa it takes to impregnate an ovum. Another believer cites these two cases in point:

"Mrs. S., in her third month of pregnancy, while crossing a meadow south of her residence, became frightened at a bull which gave chase to her. Six months later she gave birth to a child, a boy, who had a head shaped like the bull. This child lived to eighteen years of age and never spoke a word; when he wanted food he crawled upon his hands and knees and bellowed like a bull.

"A second case is as follows: Mrs. C. M., in her second month, while on her way to a well near the house, met a crawfish on the walk, became frightened, and seven months later gave birth to a girl baby. Both hands bore a marked resemblance to the two claws of the crawfish."

Such little instances as these are perfectly credible: they are reported almost every day; only it is strange that we never see them.

We can partly comprehend why a son should resemble his father; but the bull certainly took a very indirect method of transmitting his features to posterity, and we are inclined to think that his conduct was not justifiable.

In the second instance, the crawfish was evidently in the wrong. A crawfish old enough to walk out alone, should have been intelligent enough to recognize the woman's condition, and, fearful of the consequences, to hide itself until she had passed. The crawfish might then have continued its stroll with a light heart.

THE A. M. A. MEETING.

THIS number of the TIMES AND REGISTER will meet the American Medical Association at Newport. We trust that we may be mistaken in our prognosis, but we fear that the selection of this city will prove to have been a mistake. It is a beautiful little seaside resort, but has very few hotels, and no facilities for handling a crowd. The Association has got to be too big a thing for a place like Newport. How much better it would have been if Atlantic City had been chosen. It is essentially a city of hotels. It has the best of markets, is easily supplied, and it makes a business of handling crowds, to which the two thousand expected at Newport are but a trifle.

The Pacific slope delegates are endeavoring to have the next meeting in their section, but this does not seem to be probable. Philadelphia is also an aspirant for the honor, but until she can rise above the cliqueism which hopelessly divides her physicians she does not deserve it. Should the Association decide to come to the city of brotherly hatred, it would be the signal for an outbreak of hostilities, one faction endeavoring to capture the Association and the other to obtain its share of the honors. In Boston it would be much the same, only that the "clique" would comprise all of the city, and the Association would be organized on the principle of "*aut Boston aut nullus.*"

It is probable that a majority of the members would rather meet next year in New York City, and nowhere would they meet with a more cordial welcome.

One of the most interesting questions of the meeting is that of who shall direct the Journal of the Association. It seems to be settled that a Western man is to be chosen, and if this be the case, we know of no one who could fill the place more acceptably than the present editor of the American *Lancet*, and President of the American Academy of Medicine, Leartus Conner. But it would be difficult to say wherein the present management can be improved, unless by adopting the consolidation policy inaugurated by the TIMES AND REGISTER.

FRESH-AIR FUNDS.

MODERN beneficence does much to ameliorate the unhappy lot of the poor of our great cities. Perhaps nothing works more clearly the upward advance in the evolution of civilization than does the growing kindness of man towards man.

Only those who have visited the poorest quarters of such cities as New York, Philadelphia, and others can realize the utter wretchedness of the inhabitants' lives. They cannot all be made comfortable, but one day of gladness will give pleasant memories for months to follow. This and more is what the fresh-air fund does.

The New York Board of Health has formed a corps of fifty physicians, who will visit all the tenement houses, give medicine when needed, and distribute a few plain hygienic rules. They are also furnished with fresh-air excursion tickets, to be given away as they think best.

A NEW DANGER.

THE business of a physician is becoming rather dangerous in Kentucky, if we may believe a late paragraph concerning Louisville. It seems that two physicians failed to deliver a woman, either naturally or by instruments, and the patient died undelivered. The irate mother swore out a warrant charging the medical men with manslaughter, and they were both arrested.

If so unjust a proceeding as that receives any countenance from the law, matters will have reached a pretty pass.

If there is a charge to be made against a physician either for such neglect or for such ignorance as led to the patient's death, the coroner is the proper person to investigate the charge.

The doctor might leave the afflicted house along with the constable; since in spite of the fact that the mother advised using the medicine which the neighbor, Mrs. Brown, declared was a "sure cure," the physician had obstinately persisted in giving his own fatal drugs. And with what result? "he had killed her poor dear children."

A physician arrested is a physician disgraced, no matter whether the trial turns out for or against him; and we trust that the outcome of this case in Louisville will show a stern judicial frown upon this and any similar high-handed action.

Indeed, we ask, would not the ends of justice be more frequently attained were all testimony to be given in this way; without the frightening of witnesses by the apparent ferocity of clangorous attorneys; without swaying the jury by the emotional effects of fine periods, elocutionary efforts, oratorical appeals, and gesticulatory exercises; without obtunding their judgment by exhibitions of broken-hearted mothers, fainting wives or weeping children?

The ancient Egyptians managed much better. The testimony was all written down and given to the clerk. In the silence of a quiet and secluded court-room a bench of learned judges gravely listened to this evidence, read in the clerk's official voice; and then thoughtfully and intelligently gave their verdict.

A MEDICO-LEGAL CHAIR.

AT the late meeting of the Medico-Legal Congress a resolution was unanimously adopted, declaring that it was the duty of every college in which law or medicine is taught to have a chair of medical jurisprudence.

We heartily agree with this resolution, at least so far as it concerns medical colleges. If the opportunity of becoming acquainted with even a few of the cardinal principles governing medico-legal inquiries had been given to more of our physicians of the past and the present day, fewer painful court-room blunders would have been committed, resulting in the humiliation of the witness and disgrace to the profession at large.

In accordance with popular unreasonableness, it is expected of a medical man that he display in the witness box the same coolness and clearness of head and the same ease of manner that does the lawyer

who is cross-questioning, and whose daily business it is to deal with witnesses.

But though it is very rare for a non-legal man to become acclimated, as it were, to the witness box, a little instruction during student life in what to expect and to avoid, and on how to conduct themselves generally, would frequently enable medical men more nearly to do themselves justice.

THE TENNESSEE STATE BOARD.

THE Governor of Tennessee seems to be a man of particularly good sense. He is evidently aware of the fact that however much he may be acquainted with politics or the chicanery of the law, he is not versed in medicine, and is therefore loth, and properly, to rely on his judgment, which is likely to be incompetent in matters pertaining to that especial branch of knowledge. The State of Tennessee has lately passed a law establishing a medical examining board of four, and the Governor with exceptional courtesy and sense asked the State Medical Society, while in session, to recommend three physicians for appointment as examiners, he reserving the right to appoint the fourth regular practitioner.

The State Medical Society has, therefore, practically the privilege of electing the board of examiners, and a board thus chosen by a society composed of the representative physicians from over the whole State is more likely to prove a satisfactory one, than if it were appointed by one man or elected by political machinery.

Letters to the Editor.

ANTIFEBRIN IN NEURALGIA AND GONORRHŒA.

CASE I.—Jno. S., came to me with following history: Strong, robust man, aged twenty-eight; appetite good, habits regular, occupation carter. Has had intense pain over either right or left brow or right or left parietal region. This pain always came on in the arm, about half an hour after arising, and about the time he was ready to start he was suffering with an intense pain, from which he could obtain only temporary relief by frequent calls at the various drug-stores on his route. This pain would continue with increasing severity until about 11 A.M., when it gradually subsided, and from 2 P.M. until the next morning he would be free. During all this time he slept well, bowels regular; and the above symptoms have been going on for three weeks, until he came to me with his case. I prepared one powder

Morph. sulph.	gr. ⅙.
Antifebrin	gr. viij.
Sacch. alb.	gr. viij.

with instructions to take it in water a half an hour after arising, and to report result in twenty-four hours. I did not see him for three days, when he came in smiling saying, "Doctor, that stuff you gave me was boss; I have never had a pain since."

CASE II.—Geo. H., came to see me a week after first case; with history of constant pains, fugitive, running up one side of the head, at other times over the occipital region, and then through frontal, facial, and maxillary bones; he seemed almost beside himself with pain. I immediately gave him the same dose in water, and inside of seven minutes he began to feel relief, and in ten all pain had left.

I cite the above two cases to show what the combination will do. In all ordinary neuralgias, I give eight grains antifebrin, dissolved in tr. aurantii, and syr. simp. with the most gratifying results. I put out about forty powders a week on an average.

This week, I met a case of gonorrhœa at the middle of the first stage, with profuse discharge and ardor urinæ. Ordered the urethra washed out with hot water after urinating, and immediately the following injection. Don't smile, but try:

Antifebrin	gr. x.
Bis. subnit.	gr. x.
Aq. font.	℥j.

Sig.—Inject after urinating ℥j four times a day.

and see if your patient will not exclaim with mine: "Doctor, you got there; the running has all stopped and pain all gone." GEO. W. COX.

ANTIFEBRIN.

UNDER the interrogative heading, "Is antifebrin dangerous?" Dr. A. L. Saylor reports in THE TIMES AND REGISTER a case within his experience in which he gave to a child four years of age, with a temperature of 101° to 103°, four grains of antifebrin. An hour afterwards alarming symptoms of collapse set in with a subnormal temperature. The patient was, however, revived by means of restoratives and recovered.

I can report a similar case in that of a girl fifteen years of age in the second week of typhoid fever. The temperature having risen above 104°, I gave five grains of antifebrin and left two more five-grain powders to be administered an hour apart, my intention being to return before the third was taken, to observe the effect. Soon after the second dose had been taken I was summoned by a messenger, who said the girl was dying. I found the patient very weak, with cold extremities, a fluttering pulse, and a subnormal temperature. Hypodermics of brandy soon revived her, and without any more antipyresis she subsequently recovered from her illness. I reported this case when the subject of antifebrin came up before the Providence Medical Association, and several cases were mentioned by others, but I have not yet heard of one which resulted fatally. However, since these alarming symptoms not uncommonly occur, we should be cautious in exhibiting antifebrin or antipyrin until the idiosyncrasy of the patient, if one exists, has been ascertained. It seems to me that four grains of antifebrin to begin with is decidedly too large a dose for a three-year-old child. I will also state that I cannot see the indication for antipyretics in a case with a temperature of 101° to 103°. I can well remember Prof. Loomis' manner—which he could always make impressive enough to linger in the memory—when he asked while lecturing on scarlet fever: "Shall we use antipyretics if

the temperature is 105°? No, for scarlet fever patients bear a temperature of 105° easily." In other words, the fever, uncomplicated, soon runs its course or *burns out.*

There is little doubt that the antipyretic craze will eventually do damage to the virtue of antipyretics themselves, if it has not already done so. If we cover a fire with ashes, it will smoulder slowly; or if we throw water upon it at intervals without extinguishing it, the combustion, though retarded, will be none the less sure, and not a particle less heat will be evolved or energy utilized. This is crude reasoning, but I think it has a foundation. We may soon expect that the pendulum of opinion will begin to swing the other way, and numerous papers will be published discussing the question whether or not antipyretics prolong the duration of fevers. After a little more swinging of the pendulum conservatism will find for these valuable agents their proper place in therapeutics.

E. W. PENNEY, M.D.
PROVIDENCE, R. I.

ANTAGONISM OF FORCES.

IN *The Medical Register* of March 5, 1886, I wrote an article under the above heading. On April 20, 1888, Sir William R. Grove, F.R.S., delivered a lecture at the Royal Institute of Great Britain on the same subject, taking precisely the same views that I advanced. The lecture was published in *Nature*, and republished in the September number of the *Popular Science Monthly.* The learned Judge was more prolific in his illustrations showing the law to be general throughout the universe than I was, for want of space when writing for a medical journal. But he did not attempt any practical application of it as I did. It is evident that he never read the article I wrote. He stated that he was not aware that this law of antagonism had ever been presented to the world before his lecture, and that he did not question but it would become as universally recognized as the law of gravity. This encouragement induces me to present other thoughts on the application of the law, which I have for some time been considering.

When Jenner inserted in the boy's arm the vaccine matter, he acted upon the theory of antagonism. He inserted a microörganism, which was either directly antagonistic to the smallpox germ, or else generated matter inimical to that which smallpox itself produces.

A man long residing in Cuba builds up in his system a more effectual preventive to the yellow fever, than a Memphian who has had the fever in his native town. The Cubans say they do not wish the yellow fever driven from their island, for that for every Cuban it kills, a thousand Spanish soldiers die of it.

In my essay of March, 1886, I suggested that the yellow fever develops and leaves in every city it attacks, upon the houses, the trees, and all objects that harbored the fever germs, an antagonism to the fever, just the same as it does in an individual whom it has attacked. In evidence of this, I noticed that the yellow fever rarely travels the same route in its successive ravages—that at one time it riots in the West Mississippi Valley; the next in the East Mississippi Valley; and then upon the Atlantic coast. In 1888, the fever followed the rule; and that even when it broke out in Jackson, Miss., it did not spread. I doubt whether the fever in 1888 could have been made epidemic in any of the places it visited in 1878, or even in the East Mississippi Valley; for in 1878–9 in all probability the antagonism that was engendered spread much more generally and extensively than the fever did. According to analogy and the history of the fever, the longer it remains away from a place, the more readily and violently it takes hold when it returns.

We are searching for the antagonism. Is it a living microbe, or some matter poisonous to the germs of disease? If it were the latter, it would likely be as poisonous to one species of microbe as to another. Sulphur is poisonous to every species of insect. Carnivorous insects devour only certain kinds. Parasites both animal and vegetable make choice of certain species for their home. It seems more probable that the antagonism is a living force, a parasite, a devourer, a microbe.

In the healthy human system microbes are generally found. What good or harm they do has not been determined. Possibly they may be the antagonism that drove out the measles or some other contagion—we are in a wide field of thought. When giving a medicine poisonous to the microbes of any disease, may the treatment not also destroy some antagonism to that or some other affliction? Quinine is considered one of the best of microbicides, especially of malarial microbes; yet chills are more likely to return after a quinine cure than after that of any other treatment. It looks as if the quinine, while destroying the malaria microbes, destroys also the antimalaria microbes. The patient is left free of any internal antidote to chills, and of course takes ill again on any slight contact with malaria. It is hardly safe to say, "If a medicine will do you no good, it will do you no harm." We do not know what valuble antagonism it may destroy.

It is well known that an epidemic, after it has raged for a while in any place, becomes milder and milder till it dies out. To say its antagonism becomes stronger and stronger would, perhaps, be the truth. Pasteur has clearly proven that the microbes of any contagion, as chicken cholera, may be cultivated until when administered they will hardly affect the fowl. A chicken thus treated is safe from another attack of the cholera. The waning power of an epidemic and that of Pasteur's cultivated microbes are similar, and doubtless due to the same cause. I am of opinion that Pasteur in cultivating the microbes cultivates with them an antagonism, and that this antagonism being given at the same time as the cholera microbes modifies the disease. No animal or vegetable weakens or becomes extinct or useless by some antagonism. Now, is it possible to get the antagonism free from the disease, and give that to the chickens? If so, it will mark one of the very grandest triumphs of medical science. Has M. Pasteur or any other person ever continued to cultivate

the chicken cholera microbes in an emulsion till the microbes would disappear, and till it would fail to make the chickens sick, and then tested its power to prevent an attack of the cholera? A chicken having recovered from the cholera is possessed of an antagonism to that disease. Now, if its blood be injected into the veins of another chicken, will the antagonism be communicated to the second chicken? If the antagonism is in such blood, can it be cultivated and multiplied like the microbes of the disease and then communicated to other chickens sufficiently to prevent them from having the cholera? Here is a wide field for experiment with all microbic affections and antagonisms.

It does seem to me that there is a strong probability of getting the antimicrobe matter free of a contagion by communicating this to prevent the contagion. Pasteur is satisfied that fatality from rabies and all other contagions can be successfully inoculated against by using a solution containing degenerate microbes. He has not yet carried his tests far enough to verify the ideas here introduced. By cultivating the rabies microbes until the antagonism becomes strong enough to destroy the microbes, and then continuing the cultivation of the antagonism, may not enough of it be thus generated to inoculate all the dogs in any country and thus free the people from the dread malady of hydrophobia?

There is, however, one suspicious difficulty. Can the antagonism survive a sufficient length of time after the destruction of the microbes of contagion? Will the anti-microbic perish when it has destroyed the microbes? In an individual the antagonism to the return of a contagion lasts for life, but that left in a city becomes too weak in the course of time to present a return of the epidemic.

The microbe is only an infinitesimal form of life, and, so far as studied, it is subject to all the laws of lower life. Insects of one species devour those of another, and are devoured themselves in turn. Birds eat them in both the fly and in the worm state; moles and mice fatten on them; buried in the chrysalis state, beetles feast on their eggs; parasites live upon their bodies, and microbes devour them from within. They have many antagonisms besides the heat of summer and the frost of winter and poisonous plants.

The ordinary cut worm, the honey moth, the ant, the bee, are able to maintain themselves at nearly even rates each year. They belong to the well-balanced forces in nature. The army worm, the cotton worm, the Rocky Mountain locust come by floods, do terrible work, and then disappear altogether. When they come, doubtless all their enemies fatten and rapidly multiply, especially the microbes that devour them within, as is certainly the case with the Rocky Mountain locust—for it becomes afflicted with a deadly plague. The sections which these floods of insects devoured will not sustain the same insects for years afterwards; for the microbes that destroyed them remain there for a long while. Malarial and typhoid fevers resemble the balanced forces; the cholera and yellow fever resemble those that come by storms and floods. Who can tell but that the microbes of an epidemic become themselves infested with still smaller microbes, or by parasites that devour them externally, and that when these destroy the epidemic germs they continue to live in the patient a harmless life, and forever afterwards protect the person against another attack of the epidemic; or that they flourish throughout the whole city for years afterwards to prevent a return of the plague.

To say that a microbe is too small to be infested with other microbes is only to acknowledge that our imagination is limited by our experience. Many parasites may live on or in any object that can be seen with a microscope. In a human body swarming with smallpox microbes, what is it that destroys them or drives them out of the body? There is a war in that body. The microbes will either devour the body or the anti-microbes will destroy the microbes.

Plagues among cattle are much more numerous and destructive than among men, among insects than cattle, and, perhaps, among microbes than insects. In the 70's most of the United States was afflicted with caterpillars. They were a plague themselves, and they never would have left us had not a plague of microbes destroyed them. Microbes are only parasites, and these are "insects living on or in animals or other insects." Antagonisms are still other parasites destroying these pests. In fact, herbivorous and carnivorous animals are no exception to the rule. The fox is a plague to the poultry and the dog is antagonism; both alike destructive, one to the chicken, the other to the fox. The whole earth and the universe is moving and oscillating under the same law, and all the living things therein are struggling for life and protection under this law of antagonism.

E. H. RANDLE.

JACKSON, TENN.

NOTE.—Since, in the next twenty years, the varied species of bacteria will give us a burdensome nomenclature of unpronounceable and unrememberable Greek and Latin names, we suggest the plan we have followed in this essay be adopted. Let microbe be the generic name, and the specific name be the same as that of the disease, thus, the cholera microbe, the yellow fever microbe, and so on. Everyone will understand such a nomenclature as this without having to learn it.

E. H. R.

HIGHER MEDICAL EDUCATION.

I DESIRE to brifly notice Dr. Snyder's excellent article on Higher Medical Education, which appeared in a previous issue of THE TIMES AND REGISTER. There can be no question that the standard of education preliminary to the study of medicine should be raised; but how much? There are extremes here as in all other important questions, and there is great danger from this very cause. To place the standard too high would be almost as disastrous to the profession as too low a standard. The doctor suggests a classical education. That is very good for all who are fortunate enough to obtain such an excellent training; and if it were within the reach of all our young men I would say amen. In looking over the history of the past we find that there were at the head of all professions men whose early train-

ing had been neglected, or men whose poverty forced them into their chosen professions before the desirable preliminary education could be obtained.

These men were, many of them, farmers' or mechanics' sons, who had formed sober and industrious habits on the farm or in the shop, and whose physical development was of the most perfect kind. These ambitious young men with their extraordinary powers of endurance, their, in many instances, great natural abilities, with only a common school education, made their way to the front in times past, and I presume they will continue to do so for all time to come, unless they are forced out of the race by barriers which will prevent them from making the start. I wish to make the statement right here, that all the doctors who fail, or who become quacks, do not belong to the class who started in life with a limited education. It is not an unusual thing for a young man with only the elements of a common English education to pass by and beyond his classically educated brother. Having these facts before us, we should be careful how we bar intelligent young men who are fairly well educated out of the profession. A serious objection to a very high standard is that it is liable to keep the hard working poor young man out of the profession and open the way for the less industrious son of the wealthy man, and it seems to me that the tendency of this policy would be to sap the foundation of our boasted Republican form of government and result in the creation of an aristocracy. The greatest argument in favor of a classical education is, that it thoroughly disciplines the mind. If this be true, then the same argument stands good in regard to the mental discipline acquired by a thorough medical education. Is there any course of study better calculated to discipline the mind than an extended course—say four years—in medicine? If the mind has been well trained the individual can pursue any studies he desires to, and thus make up deficiencies after he has taken his degree in medicine. Who could estimate the loss to mankind if men had been required to have been classical scholars before entering the professions in the days of John Hunter—who surpassed his brother William, a thorough scholar—and A. Lincoln, and a thousand others eminent in their different callings, and some of whom never even attended a common school? Then do not build the barriers too high, but rather let a teacher's certificate of the first grade, common sense, honesty, industry, and sobriety be the standard requisite for the admission of our young men to our medical colleges.

EATON, ILL. C. BARLOW.

The Inquirer.

DIABETES FROM INJURY.

IN THE TIMES AND REGISTER of June 1, J. A. W. thinks that G. W. C.'s case of diabetes, if it followed injury, should be recorded. I saw a few years ago a case in which diabetes followed a fall while skating, the patient, a healthy lad, striking heavily on the occiput. The diagnosis was clear, and the termination fatal. D. G. LUCE, M.D.

SPRAGUE'S MILLS, ME.

Book Reviews.

ELECTRICITY IN FACIAL BLEMISHES. By PLYM. S. HAYES, A.M., M.D. Chicago: W. T. Keener, 1889. Pp. 128.

The author gives, in a plain, readable manner, the results of a wide experience in this important application of electricity. He devotes one chapter to the histology of the skin and hair, with especial reference to those peculiarities affecting the use and value of electricity. A chapter on necessary apparatus follows, another on mode of operating, one on nævi and other facial blemishes, and finally a short chapter of "donts." The author speaks freely on the failures as well as the successes to be expected, and altogether makes the little book a valuable aid to any one desiring information as to the method of using electricity for this particular purpose.

A MANUAL OF DISEASES OF THE EAR. By ALBERT H. BUCK, M.D. New York: William Wood & Co. Pp. 420. Illustrated. Price, $2.50.

This book is written for the use of students and practitioners of medicine by one who has had an experience for many years as Clinical Professor of the Diseases of the Ear in the College of Physicians and Surgeons of New York City; and although some years have elapsed since the publication of his first edition, this one shows very great change and improvement from larger experience in his practice and studies, which have naturally come before him in that time. It is a most excellent manual, its theories and treatment fully up to the knowledge of the specialists of the present day. It is well illustrated, and a very excellent and handy book for all. We recommend it with pleasure to the profession and students.

ATLAS OF VENEREAL AND SKIN DISEASES. With original text by PRINCE A. MORROW, A.M., M.D. Fasciculus XIV, Plate LXVI, lupus erythematosus and l. vulgaris; Plate LXVII, lupus papillaris, tuberculosis papillomatosa cutis; Plate LXVIII, sarcoma of trunk face, and chest; Plate LXIX, epithelioma, rodent ulcer; Plate LXX, tubercular leprosy showing macular lesions, tubercular leprosy. Fasciculus XV. Plate LXXI, scabies; Plate LXXII, pediculosis corporis; Plate LXXIII, chromophytosis; Plate LXXIV, tricophytosis and favus; Plate LXXV, eczema marginatum, favus. New York: William Wood & Co. 1889.

The most noteworthy characteristic of the concluding plates of this valuable series, besides their general excellence, is that the author has given us pictures of the eruptions due to the parasites instead of microscopic representations of the causative organisms.

Taken as a whole, this series is creditable alike to the publishers and to Dr. Morrow. From the standpoint of the general practitioner our principal criticism is that the plates represent the most strongly marked types of the respective diseases. If it were possible to supplement these by a series taken from cases of the same affections in their earlier stages, the value of the latter as aids to diagnosis would be very great.

THE INSANE IN FOREIGN COUNTRIES. By WILLIAM P. LETCHWORTH, President of the New York State Board of Charities. New York and London: G. P. Putnam's Sons, 1889. 8vo., pp. 374.

This book is a record of the observations made during seven months spent in investigating the asylums of Europe, especially those designed for the insane poor. The author states that his aim has been to ascertain the most advanced, humane, and economical methods of caring for the insane. He testifies to the courteous reception accorded him invariably by asylum officials, and the generous spirit shown in furthering his investigations. To those who are not familiar with the great establishments like that of Gheel, the book will be found of singular interest. The author is not writing as a physician, but as a keen-sighted man of the world.

A HANDBOOK OF THERAPEUTICS. By SYDNEY RINGER, M.D. New York; William Wood & Co., 1889. Twelfth Edition. 8vo. pp. 524.

The leading feature of Prof. Ringer's book is its practical character, the work being, in truth, as the author claims, a treatise on clinical therapeutics. In this it offers a marked contrast to Wood's "Therapeutics," which is essentially a record of the results obtained by physiological experiment. Ringer writes for the active practitioner; Wood, for the cultivated scholar, whose interest in matters medical is theoretical. He who is compelled to earn his bread by professional work should choose Ringer, and if he is able to add the other at a later period he will find a satisfaction in perusing it which he would not experience if he were to take it as his guide in practice.

The encroachments upon the field of practice which have characterized the later works on therapy are seen in Ringer's book, where the opening chapters are devoted to the consideration of the tongue, pulse, etc. This is not a good feature, as tending to useless amplification.

MATERIA MEDICA AND THERAPEUTICS FOR PHYSICIANS AND STUDENTS. By JOHN B. BIDDLE, M.D. Eleventh edition, revised and enlarged, with special reference to Therapeutics and to the Physiological Action of Medicines. By Clement Biddle, M.D., U. S. Navy, and Henry Morris, M.D. Philadelphia: P. Blakiston, Son & Co., 1889. 8vo., pp. 707; cloth. Price, $4.25.

The text-book of the late Prof. Biddle is too well known to require extended notice. The revisers have left out a good deal of useless matter, such as cuts representing parts of plants, and might have left out more. They have attempted to keep up with the march of modern therapy by introducing the newer agents; though the reader of medical periodicals would not be apt to say that the attempt is successful, when neither phenacetine nor sulphonal receive mention, and antipyrin is called a "succedaneum to morphine." The want of an index of diseases puts this work at a disadvantage as compared with its competitors. Indeed, we are surprised that this deficiency has not been remedied by an editor as capable as Henry Morris. It is also a mistake to prepare a book for both students and practitioners. The needs are as diverse as those of a primary school and a university. The student's text-book cannot be too rudimentary; the practitioner's too cyclopædic. Tht more this distinction is kept in mind the easier it is to impress upon the student that his college course is but the introduction to medical science.

Gleanings.

VALK (New York *Medical Record*) reports a case of fatty degeneration of the vitreous body.

KEYES (New York *Medical Record*) does not believe that a fibrous structure is ever radically cured by dilatation.

LENNOX (Brooklyn *Medical Journal*) contributes an exhaustive paper on the development of the crystalline lens, illustrated by thirty-one good microscopical drawings.

RARE DISLOCATIONS.—Stimson (New York *Medical Journal*) reports two cases of rare dislocation: one of the lower end of the ulna forward, the other being a dislocation of the upper end of the fibula outward and forward.

GLUT OF ORANGES.—It is estimated that in ten years Florida will produce a box of oranges for every inhabitant in the United States. The *American Analyst* suggests that this ought to inspire caution in those about to invest in orange groves.

MATAS (New Orleans *Med. and Surgical Journal*) gives in full the history of an interesting case of multiple subperiosteal sarcoma of the skull, associated with necrosis of the vertical plate of the frontal; with extirpation of necrotic plate and tumors, and recovery.

OTITIS MEDIA.—According to Hay (New York *Medical Journal*) otitis media is treated by Prof. Schwartze, of Halle, not by the dry method, but by syringing through the Eustachian tube with a mild solution of common salt. Schwartze believes that the dry method sometimes causes mastoid disease by blocking the outlet.

If the membrane is not already perforated, a puncture is made through the posterior inferior quadrant, through which the wash can run that is syringed into the Eustachian tube.

TREATMENT OF ASTHMA.—N. S. Davis (*Journal of the American Medical Association*) says that he frequently employs with benefit in cases of asthma with rather constant dyspnœa accompanied by tracheitis, laryngitis or bronchitis, this formula:

℞.—Chloral	grms.	15.00
Ammonii muriat.	grms.	10.00
Morphinæ muriat.	grms.	.20
Antimon. et pot. tart.	grms.	.15
Ext. grindeliæ robustæ fl.	grms.	45 vel 60.00
Aq. vel syr. glycyrrhizæ, q. s. ad.	grms.	120.00

Sig.—One teaspoonful every three to six hours in sweetened water.

Divulsion of Pylorus.—Kinnicut (New York *Medical Record*) reports a case of cicatricial stenosis of the pylorus relieved by digital divulsion.

Iodol in Otorrhœa.—Stetter says that acute purulent otorrhœa is rapidly benefited or cured by insufflations of iodol, though in chronic affections of this kind, quite varying results were obtained. The only objection to it—coarseness—has now been overcome by Merck, who has made it into a sufficiently fine powder.

Signs of the Moribund Condition.—Shrady (New York *Medical Record*), in writing on the above topic, gives these as some of the signs: Suppression of the catamenia, colliquative diarrhœa, pallid optic disk, abnormal appetite, optical delusions, intermittent pulse, left unilateral dropsy beginning in one foot, conjoined with coldness of ears, nose, malar regions, continued temperature of 105° F., coma, respirations thrice the normal, Cheyne-Stokes respiration. But one sign which he considers most reliable is an up and down movement of the pomum adami, provided this movement is persistent.

The Cure of Consumption.—The well-known fact that the tubercle bacillus can be cultivated outside the living body, thriving best at 37.50° C. (99.50° F.), and that it dies at 4° above or below this temperature, is valueless as regards the living body, because the nutrient soil is kept at an equable warmth by the constantly circulating blood. To maintain the blood temperature permanently at about 41° C. (105.80° F.) is impossible, and would kill the patient. Even the bacilli in tuberculous pharyngeal ulcers are not killed, though directly exposed for hours to the action of dry air at 150° C. (302° F.) Bacillary consumptives with a subnormal temperature of 30° C. (86° F.) are hopelessly and quickly destroyed by the rapidly multiplying bacilli. Workmen employed in porcelain and limekilns at 80° (176° F.) are just as liable to contract bacillary phthisis as others. An actual heating of the expired air while inspiring at the now fashionable hot-air apparatus is not proven. The thermometer does not indicate a difference of temperature between the expired air of the man who for one hour has inspired air at 150° C., and that of the one who has not done so. If the bulb of the thermometer is held in the mouth in such a manner that the inspiration current of hot air will strike it, the column will rise to 45° C. and beyond; but if the bulb be so held that the inspired hot-air current does not strike it, the column will rise only ½°–1° C., consequently the temperature in the lungs can be no higher. If the dry air in a lime-kiln at 66° be inhaled for ten minutes, the exhaled air remains at 37.50–38° C.

That the *heat* of hot-air inhalations shall have a devitalizing effect upon the bacilli in the lungs, as is asserted by several physicians of their newly invented apparatus, is threfore incorrect. My own method of dry, warm nitrogen gas inhalation, practised since thirteen years ago, has always shown that heat is quite an immaterial factor in the destruction of the bacilli; that it is rather an unnecessary infliction of cruelty, and that it has the same hurtful influence as have the tiresome exertions while breathing at the imperfectly constructed apparatus. The usefulness of hot-air inhalations consists solely in its influence upon the characteristically inflamed areas in the lungs and upon the catarrhal inflammation of the bronchi, whereby cough and expectoration are favorably acted on. Should this not occur in eight days' time, the proceeding had better be entirely suspended. Woe unto him who forcibly seeks to attain more! He certainly will furnish all the more corpses for the undertaker to bury.

My bacillary patients are treated in isolated cabinets by breathing an atmosphere deprived of oxygen to the extent of 3–5 per cent. The air breathed is rendered thus poorer in oxygen by diluting it to the requisite degree with nitrogen gas. The cabinets are not freed from atmospheric pressure. The nitrogen is generated in steel retorts at a temperature of 1000° C. (1832° F.), therefore absolutely dry, and when sufficiently cooled, inhaled. Is it desirable to breathe hot air, the patient inhales through a tube near the retort oven. Aside from the known *modus operandi* of nitrogen inhalation, which renders superfluous every kind of pneumatic treatment, the importance consists in the effect produced by the breathing of absolutely dry and diluted air continued daily for about four hours at a sitting. Does this directly kill the bacilli? It can scarcely be believed that they are at all disturbed. It is true that at dry altitudes of 15,000 feet the bacilli are killed, and the phthisis is cured, but not because they are made in any way uncomfortable by the rarified pure and dry air. Rarified air is not the important factor, therefore I do not work with a pneumatic apparatus. It is my belief that by means of the relative drying out of the tissues, in connection with somewhat diminished atmospheric pressure during the inhalation, the white blood corpuscles are enabled to migrate the more easily and, in larger number reach the bacilli in force and annihilate them. Phthisis is cured therefore, not by the annihilation of the bacilli by means of the direct action of hot, dry, rarified and diluted air, but by giving support to the cellular elements preformed for that purpose.

Besides general weakness, a small heart, attenuated bloodvessel walls, the hereditary tendency of consumption consists in the liability to the formation of small, circumscribed characteristic inflammations in the lungs, just as a liability to desquamative, watery, itching skin eruptions is congenital. The inhaled bacillus preferably adheres to and flourishes upon such areas. We also see that arsenic and tar preparations, like creasote, act most favorably in phthisis, as they do in skin eruptions. It is the *nutritive soil* of the bacillus that must be acted upon in order to attain results; this is accomplished by the use of an atmosphere rendered absolutely dry at a heat of 1000° C., considerably rarified, and deprived of oxygen to the extent of 3 per cent. by diluting with nitrogen. It is inhaled at a temperature of 16–30°C. (60.80–86° F.). —Dr. Steinbrueck, Halle,

Deutsche Medizinal Zeitung, No. 41, May 23, 1889.

According to *Merck's Bulletin*, thalline and thallium are frequently confounded even by those in high repute. Pure thalline is an oily fluid, but it is used only in the form of the salts—sulphate, tartrate. The thalline salts are used as antipyretics, antiseptics, and antizymotics. Thalline is also attracting considerable attention in gonorrhœa, used as an injection in a strength of from 1½ to 2 per cent. aqueous solution. Thallium, on the other hand, is a metal obtained as a side product from copper and iron ores. Its salts are highly poisonous, and so far as known they have been used therapeutically but once. These experiments by Pozzi and Courtade seemed to show that thallium has value as an alterative and antisyphilitic, but also that it is liable to produce alarming gastric spasms, vomiting, and stomatitis.

Length of Labor.—Price (*American Practitioner and News*) thinks that the question as to how long labor should continue "must be solved at the bedside; not as an old medical friend of mine was in the habit of doing, by waiting and hoping, by sympathizing and weeping with the suffering patient and anxious friends, and praying the good Lord to hasten delivery, but by applying the forceps and completing delivery before the vagina becomes hot and dry, and before exhaustion supervenes. Do not wait and hope till tired nature is no longer able to render assistance, and till the patient is on the brink ready to pass over the river into the life beyond. The forceps, properly and wisely used, save many a mother and preserve the life of many a child."

Hindu Pathology.—Bayu, Pitta, Kapha may be called the trinity of Hindu medicine. They are elements or humors—air, bile, and phlegm—principles of life and movement which guide and govern the human system.

In pathology these principles are as potent and exhaustive as in physiology. "When our *bayu*, *pitta*, and *kapha* are in equilibrium, our health is perfectly sound, but when any one or two or all of them are eccentric, our system is diseased. So also the eccentricity of any one of them may result in the eccentricity of another, or of all of them. When all the humors are at the same time eccentric, the resulting disease is called *sinnipata* or combination, and is looked upon as most serious." Certain symptoms indicate these eccentricies, and particular diseases are classed as *bayu*, *pitta*, or *kapha* diseases, *bayu-pitta*, *bayu-kapha*, *pitta-kapha*, or *sannipata* d seases. Particular diseases known by special names are referred to these classes for purposes of diagnosis and treatment. "The Hindu science of medicine attempts to treat a disease more by having regard to symptoms as they indicate the preponderance of *bayu*, *pitta*, or *kapha* in it than by having reference to the nosology for all its particulars." Therapeutics follow a similar rule. "Drugs are called *bayu-nasak*, *pitta-nasak*, or *kapha-nasak*, accordingly as they contribute to make *bayu*, *pitta*, or *kapha* eccentric." Cold aggravates and heat soothes *bayu* and *kapha;* while the opposite is the effect of these agents on *pitta*. Finally, these three principles have diurnal and seasonal influences—one or other being predominant at particular times of the day or year.

Such is a brief but complete view of the anatomy, physiology, pathology, and therapeutics of Hindu medicine. On coming face to face with a disease, the *modus operandi* of the *Kaviraj* is somewhat as follows: He squats down and examines his patient's symptoms—his pulse, his tongue, his eye, his urine, and so forth, and from his observations he settles in his mind whether the *bayu*, *pitta*, or *kapha*, one or two, or all, are "eccentric," and then he fixes on some formulary for which he possesses a Sanskrit sloka of Charak's, and applies it. The whole thing is a kind of practice by formula—resembling the *similia similibus* of the homœopathist. Deny the formula and the whole system crumbles. Admit the formula, and the rest is easy. The permutations of three words are not very numerous, and the memory can easily carry a Sanskrit sloka to suit each permutation. A knowledge of the structure and functions of the body, the nature of disease, the action of drugs—physiology, pathology, and therapeutics—is unnecessary. Give the principle and the sign, and the application is simple and certain.—*Indian Medical Gazette.*

The Local Use of Iodoform in the treatment of Chronic Cystitis.—Dr Ludwig Frey, of the Royal Imperial Hospital, Wien (Vienna), thinks he does not go too far when he says that nowhere else is the antizymotic power of iodoform more brilliantly displayed than by its use in chronic inflammations of the bladder, diseased conditions caused by the processes of decomposition. The most horrible and disgusting forms of chronic cystitis, no matter how far advanced or by whatsoever caused (prostatic hypertrophy, strictures of the urethra of gonorrhœal origin, lithotripsy, carcinoma and tuberculosis of the bladder, affections of the spinal cord etc.) are either cured or materially improved by its use. Besides its antiseptic and deodorising power, it possesses two other properties, styptic and analgesic, of incalculable value particularly in the treatment of vesical cancer. The bladder is thoroughly washed out with lukewarm, pure water, whereupon the liquid containing the iodoform is injected and the catheter withdrawn. The injection fluid is prepared by adding of the following emulsion:

℞.—Iodoformi 50.00
Glycerini 40.00
Aquæ destillatæ 10.00
Gummi tragacanthæ . . . . . 0 25—M.

Sig.—A tablespoonful to one-half liter of warm water, well stirred up.

These injections are repeated every third day. As a rule after the third or fourth injection the improvement has so far advanced, that one treatment per week will be sufficient.

—*Wiener Medizinische Presse*, No. 20, May 19, 1889.

Medical News and Miscellany.

TOBACCO smoke is something of an antiseptic.

PROF. WOODBURY will summer at Glen Summit.

PROF. GOODMAN is going to Europe, and will visit Vienna.

A MALE beauty show will be held in Vienna this summer.

PROF. DA COSTA has gone to his summer residence at Villanova.

TWENTY-NINE deaths from starvation were reported in London last year.

PROF. GARRETSON has located his family at Swarthmore for the summer.

PROF. SHOEMAKER is writing a book upon Therapeutics; which will appear during the coming autumn.

COOLNESS, fresh air, and regular feeding cannot too strongly be insisted on in treating summer complaint in children.

IN the canton of Zurich, Switzerland, the insane amount to 1 per cent. of the population. Alcoholism is said to be cause.

THERE were 386 deaths in Philadelphia for the week ending June 10, against 320 for the corresponding week last year.

"THE MAIDEN'S BLUSH" is the delightfully euphemistic title of a preparation, the purpose of which is to produce a delicate bloom on the purchaser's fair cheek.

THE *Hospital Gazette* mentions two cases of blackmailing physicians in London. Female patients are likely sometimes to prove a terror in England as well as here.

LAST summer *Life* raised a fund which sent over 2000 poor children to the country for a fortnight of country air. The same good work is being done this summer.

A LONDON druggist has been fined for dispensing sal volatile which did not come up to the legal standard. There's some good in the effete civilization of Europe after all.

REGINALD FOSTER, of New York, a Yale sophomore, is seriously ill from blood-poisoning, caused by wearing a rubber boot, the lining of which was colored with aniline dyes.

THE Coroner's verdict in the case of Catharine Heustis, who committed suicide by taking arsenic, gives an illustration of the culpable laxity of the laws concerning the sale of poisons.

THE carelessness of some people in the matter of taking medicine is remarkable. To be added to the already long list is the case of a woman who lately swallowed crystallized sulphate of zinc, thinking it was epsom salts. It is never safe to take medicine in the dark without looking at the label.

EFFECT OF THE IMAGINATION.—An exchange remarks that it knows of an eminent doctor who ordered a fevered patient to read Dr. Kane's Arctic explorations, with excellent results.

THE *Times* published a list of a number of eminent physicians of this city who are opposed to prohibition, on the ground that it is "ill-advised, ineffectual, and ill-adapted to the end in view."

NOW READY FOR DELIVERY. — "The Medical Directory of Philadelphia" for 1889. Price, $2.50. P. Blakiston Son & Co., Publishers, 1012 Walnut Street, Philadelphia.

DR. OLIVER WENDELL HOLMES' principal claim to distinction lies in the fact that he has lived in Boston and its immediate vicinity since 1809, and has not yet fallen a victim to acute melancholia.

—*Life.*

SOME mendacious fellow says that at a boarding house kept by an undertaker's wife the boarders always knew when there had been a funeral, by the appearance of cut flowers on the table and ice on the butter.

A PHILADELPHIA doctor purposes giving to the Johnstown fund one-tenth of the fees from his new patients from the time of the disaster to July 1.

If he be a recent graduate, though, the proposition does not mean much.

A WRITER in the *Provincial Med. Jour.* thinks that, as nearly all the alcohol drinking nations are powerful and the abstaining ones weak, it looks much as if alcohol were rather an advantage, considering the people as a whole.

RELATIVE to a case of poisoning from eating mackerel, the N. Y. *Sun* says: "That the gills of a mackerel undergo fermentation, and no part of the head, or near the head, should be eaten after forty-eight hours of the fish being caught."

THE Delaware Medical Society has elected as delegates to the American Medical Association Drs. Bush, Cordiza, Stewart, Chandler, Hamilton, Marshall, Whitely, Pratt, Cooper, Bishop, Richards, Fowler, Hall, Burton, and Ellegood.

MERCIFUL PROVIDENCE.—A Kansas man had a comparatively easy death the other day. He expired just as he entered a railroad eating-house. Five minutes later he might have tackled a railroad sandwich. Providence is merciful.—*Amer. Analyst.*

THE delinquent Almshouse attendants, Joseph Williamson, Joseph Marshall, and Joseph Devlin, charged on five bills of indictment with maltreating insane patients, appeared before Judge Willson, but by mutual consent the case was postponed to June 25.

DR. AGNEW says a healthy woman can kill herself in about a year horseback riding.

Life gives that item, but we don't believe Agnew ever said anything so foolish in his life. Idleness, over-eating, corsets, late hours, improper clothing, confectionery, thin shoes, and many other items each slay hundreds to one who owes her death to riding.

SOMEWHAT APOCRYPHAL.—According to a St. Louis doctor, he treated through a severe illness the wife of a poor laborer, unable to pay in anything but thanks. A year and a half afterwards this same laborer received a legacy of $100, and he at once came to the doctor and forced $50 of it on him.

THE London University Commission has m de its report, in which it recognizes the justice of the demand for degrees for London medical students, and recommends extension of the powers of the present University, making it a teaching university, which shall have the power to confer degrees.

DR. CRESSON has put in a striking manner the effects upon Philadelphia of impure drinking water. In 1888, the deaths from typhoid fever per million of inhabitants were, in New York, 235; in Philadelphia, 766; but in the Kensington district, supplied with Delaware water, 1190. In London the rate in 1887 was 145.

SOME CHEERING WORDS FOR SMOKERS.—Hajek, of Vienna, has declared that smokers are less liable to diphtheria than non-smokers, in the ratio of 1 to 2.8, and Dr. Schiff says that smoking is forbidden in the bacteriological laboratories, because it is known to hinder the development of bacteria in the various culture-media.

SOME members of the St. Louis Medical Society are displeased with parts of the present code of ethics, and think that certain changes would be good. For instance, Dr. Rumbold believes that physicians should have just as good right as others to patent an invention, and considers the rule an obstruction to scientific development.

ON the supposition that association with certain animals is of benefit to consumptives, a large building is constructing in Reinickendorf near Berlin, in which the afflicted may dwell with the kine. Cows are not so bad, though, but any one who has visited the Zoölogica' Gardens will agree with us that we should rather take our chances on cod-liver oil, than live in the monkeys' cage.

JUDGE RICE, of Wilkesbarre, decides that "a physician is not compelled to attend a post mortem examination on a man mortally wounded, but when he does he cannot withhold his knowledge in a judicial investigation. It is a duty which he owes to the public, although there is no compensation attached to it. The remedy, in order to secure compensation, must be brought before the Legislature."

LEFT AGAIN.—At one of our hospitals, the other day, a patient declared that he had swallowed eighteen pellets of atropia, each gr. $\frac{1}{60}$, and absolutely refused to take any antidotes.

After the house physicians, with some outside help, had thrown the man down, bound him, gagged him, injected morphine into one arm and apom rphine into the other, poured tannic acid and sulphate of zinc down his throat, and followed that up by stomach-pumping him for what the apomorphine might have left, they discovered that the man had lied.

THREE HUNDRED AND EIGHTY-FOUR deaths in Philadelphia last week.

AURAL BLINDNESS.—Such a term might be applied to defects in hearing, such that one is able perfectly to hear one kind of sound but not another. Dr. Robert Barclay suggests that tests for hearing as well as for sight should be applied to those holding positions in which those two senses are much used, such as railroad men, sailors, and the like.

THE LAW OF GRAVITY.—A police officer, who had watched the ineffectual efforts of the hospital physicians to extract a marble from a choking child's throat, picked the child up while they were gone for more instruments, shook it by the heels, and out dropped the marble. This reminds us that a surgeon, who charges $10 for taking a tube out after an intubation, told us that if the parents knew enough to pick the child up by the heels and smack it on the most prominent portion of its anatomy, the fee might be saved.

A LARGE FAMILY.—Some weeks ago we mentioned a phenomenally large family which has been reared in Arkansas. While the one herein mentioned does not compare with that in Arkansas, it is still a pretty large family.

Mr. and Mrs. Lower, residing at 620 North Front Street, Philadelphia, have had eleven children, whose descendants comprise the following:

1. George, one child.
2. Joseph, none.
3. Died in infancy.
4. Mary, ten children, six grandchildren.
5. Elizabeth (dead), two children, seven grandchildren.
6. James, eight children, one grandchild.
7. Cornelia, eight children.
8. Hester, seven children.
9. Hannah, six children.
10. John, six children, one grandchild.
11. Emily, twelve children.

In all Mrs. Lower has had eleven children, of whom nine are living; sixty grandchildren, forty-three of whom are alive, and fifteen great-grandchildren; all living at present; making eighty-six descendants, sixty-seven of whom survive.

It will be seen that the youngest daughter has had twelve children, the eldest being now nineteen years of age. While it is the rule that children born so closely together are apt to be weakly it would be difficult to find a sturdier group of lads and lasses than the ten survivors.

Mr. Lower died a few months ago in his eighty-fourth year, but his widow is still alive, in her eighty-fourth; and is in the full possession of her faculties.

This large family has been raised in Philadelphia. There has never been a case of phthisis, defective sight, hearing or speech, or any nervous or mental disease among its members. The only adult who died had an extra-uterine pregnancy. The children succumed to cholera infantum, croup, diphtheria and scarlatina. Finally, not one has ever been arrested, nor given to drink; but all are reputable, industrious, law-abiding citizens.

DR. JAMES ETHELBERT MORGAN, WASHINGTON, D. C.

The death of Dr. James Ethelbert Morgan, which occurred on Sunday morning, June 2, 1889, removes from Washington one of its oldest and most distinguished citizens.

Dr. Morgan was born in St. Mary's County, Md., September 25, 1822, and received his collegiate education from St. John's College, Frederick, Md. In 1843 he graduated in medicine from the Columbia Medical College, D. C. Settling in Washington, he was during the past forty-four years engaged in the active and successful practice of his profession. Coming to the city in the earlier days, he grew up with the place, becoming widely known and gained the highest confidence and esteem of its oldest and best residents, many of whom have been his earnest and devoted friends.

Dr. Morgan was at the time of his demise Emeritus Professor of Materia Medica and Therapeutics in the Medical Department of Georgetown University, having at various times during a period of nearly thirty years filled the Chairs of Physiology, Materia Medica and Therapeutics, or Medical Jurisprudence and Hygiene in this institution. His lectures on medical jurisprudence and hygiene were among the earliest delivered in the United States on these subjects and attracted general attention.

He contributed a number of articles upon medical topics to the literature of the day, among which may be mentioned one on "Paronychia an Epidemic," *American Journal of the Medical Sciences*, Vol. XXII, 144. His "Defence of Medicine and of the Medical Profession," at Washington, 1884, pp. 16, delivered before the Medical Society of the District of Columbia, was a powerful and philosophical plea for the value of drugs in the curing of diseases, concluding with the following language: "I believe all diseases are either curable or susceptible of palliation. Our senses demonstrate the truth of this proposition, our reason confirms it, and our instinct impels us to a practical application of it. I, therefore, gentlemen, in conclusion, reiterate that I have the strongest faith in the science of medicine, and that my confidence in it has increased with age, experience and observation; and further, I believe it should be used without hesitation to the utmost extent of its curative powers."

He had been President of the Medical Association and of the Medical Society of the District of Columbia. He was Consultant in the Columbia Lying-in Hospital and in the Central Dispensary, and for many years was a member of the Judicial Council of the American Medical Association. Dr. Morgan was the last surviving officer of the Convention of 1870 for the decennial revision of the United States Pharmacopœia, and convened and organized the Convention of 1880.

Dr. Morgan, with Dr. Robert King Stone, was appointed to investigate the causes of the celebrated National Hotel disease, an endemic of historical importance, which occurred in 1857, and which will be remembered by our older readers.

In the early days of the city, Dr. Morgan served in the Board of Common Council and the Board of Aldermen, and some thirty years ago was attending physician to the Washington Asylum and Smallpox Hospital when that institution was in its infancy. He had charge during the late war of the large quartermasters hospitals situated in Farragut Square, also of the Soldiers' Retreat, and was surgeon to the militia of the District about 1854. His fondness for teaching medicine attracted many students to him, twenty-two being the number of his office pupils in one year. He was for years a regent of the National University.

An earnest student of colonial history and a finished classical scholar, Dr. Morgan retained his proficiency in and fondness for these studies to the last.

He leaves a widow, the daughter of Dudley Diggs, of Prince George's Co., Md., and six children, three daughters, one of them the wife of Emory Speer, United States Judge for the Southern District of Georgia, and three sons, two of whom, Dr. Ethelbert Carroll Morgan, the well-known laryngologist, and Dr. J. Dudley Morgan are practising physicians in the city of Washington, while Cecil is engaged in business in the South.

Personally, Dr. Morgan was of commanding figure, fine address, and great geniality of disposition, a devoted physician, a courtly gentleman, and a man whose sterling qualities were recognized by all.

THE *Medical Press* says that a hospital at Newcastle-on-Tyne has been run as a house of prostitution by the thrifty care-taker. The discovery was only made when one of the boarders, while drunk, went down to the drug room and helped herself to a fatal dose of strychnine.

A VERY practical philanthropist is Mrs. Schaffner, who visits the New York police courts, and supplies legal advice and bail to prisoners apparently innocent. She has never lost a case or forfeited bail. Tally one more for the unerring instinct of a good woman.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from June 4, 1889, to June 10, 1889.

MERRILL, JAMES C., Captain and Assistaut-Surgeon. Detailed as a member of the Board of Medical Officers, appointed by Par. 9, S. O. 198, May 10, 1889, from this office, by direction of the Acting Secretary of War, to meet at the United States Military Academy, West Point, New York, on June 1, 1889, or as soon thereaf er as necessary, to examine candidates for admission to the Academy, etc., vice Captain Fred. C. Ainsworth, Assistant-Surgeon, hereby relieved as a member of the Board. Par. S. O. 131, A. G. O., June 3, 1889.

OWEN, W. O., JR., Ca tain and Assistant Surgeon. Leave of absence granted for seven days, in Orders No. 18, C. S., Fort Gibson, Indian Territory, is extended twenty-three days.

KEAN, JEFFERSON R, First Lieutenant and Assistant-Surgeon. Leave of absence granted by direction of the Secretary of War, in S. O., No. 38, May 13, 1889, Department of the Platte, is extended fifteen days. Par. 3, S. O. 129, A. G. O., June 5, 1889.

Appointments in the Medical Department, U. S. Army.

WALES, PHILIP G. Appointed Assistant-Surgeon, with rank of First Lieutenant, from June 7, 1889.

DEWITT, THEODORE F. Appointed Assistant Surgeon, with rank of First Lieutenant, from June 7, 1889.

TEN EYCK, BENJAMIN L. Appointed Assistant-Surgeon, with rank of First Lieutenant from June 7, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending June 15, 1889.

MORTON, O. D., Assistant-Surgeon. Ordered to the Naval Hospital, Chelsea, Mass.

HALL, J. H., Passed Assistant Surgeon. Detached from the Naval Hospital, Washington, D. C., and granted six months leave to go abroad.

LEWIS, D. O., Passed Assistant-Surgeon. Detached from the Naval Academy and ordered to Hospital, Washington, D. C.

BRIGHT, GEO. A., Surgeon. Detached from the Navy Yard, Norfolk, Va., and wait orders.

MAVMEM, R. A., Surgeon. Detached from the Receiving-ing-ship "Franklin," and ordered to Navy Yard, Norfolk.

BERTOLETTE, D. N., Surgeon. Ordered to the Receceiving-ship "Franklin."

KIDDER, B. H., Medical Inspector. Ordered to the Naval Academy, Annapolis, Md.

WALTON, T. C., Medical Inspector. Detached from the Naval Academy and ordered to the U. S. S. "Chicago."

BEVER, H. G. Passed Assistant-Surgeon. Ordered to the Training-ship "Portsmouth"

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 564.

NEW YORK AND PHILADELPHIA, JUNE 29, 1889.

The Medical Register. Vol. V, No. 130.

PAGE

CLINICAL LECTURE.

FEEDING OF CHILDREN. By S. S. Stryker, M.D. - - - - - - - - - - - - - - - 193

ORIGINAL ARTICLES.

THE CURE OF CROOKED AND OTHERWISE DEFORMED NOSES. By John B. Roberts, A.M., M.D. - - - - - - - - - - - - 194

AUTO-INFECTION — ILLUSTRATIVE CASES. By John J. Berry, M.D., Portsmouth - - 201

PHTHISIS AND ITS NATURAL CURE. By John A. Lanigan, M.D., Hyde Park - - 202

THE POLYCLINIC.

UNIVERSITY HOSPITAL:

Splenic Leukæmia. *Pepper* - - - - - - 203

Phthisis Tuberculosis. *Pepper* - - - - - 203

Hypochondriasis. *Pepper* - - - - - - 204

JEFFERSON COLLEGE:

Hip-joint Disease—A Point in Diagnosis. *Allis* - - - - - - - - - - - - - - 204

Hip Disease—Enforced Recumbency. *Allis*, 204

COOPER HOSPITAL:

Paralysis Following Injuries to the Spine. *Godfrey* - - - - - - - - - - - - - 204

EDITORIAL.

THE VIRGINIA EXAMINING BOARD - - - 205

DR. DABNEY IN THE VIRGINIA MEDICAL MONTHLY - - - - - - - - - - - - - 206

PAGE

ANNOTATIONS.

Mistaken Economy - - - - - - - - - - 206

Press Protection - - - - - - - - - - - 207

SOCIETY NOTES.

Salpingo ovaritis. *Apostoli* - - - - - - 207

PARIS LETTER. *Linn.*

The Eupnœtic Power of Morpoine - - - - 208

Syphilitic Arthritis. *Kermisson* - - - - - 208

General Action of Tobacco on the Organism. *Huchard* - - - - - - - - - - - - - 209

Glycosuria in the Normal State. *Quinquaud*, 209

Medical Treatment of Uterine Fibroids. *Championnière* - - - - - - - - - - - 210

THE INQUIRER.

The Morphine Habit - - - - - - - - - 210

BOOK REVIEWS.

American Resorts. *James* - - - - - - - 210

Transactions of the American Orthopœdic Association - - - - - - - - - - - - 210

An Elementary Text-book of Chemistry. *Mixter* - - - - - - - - - - - - - - 210

Lectures on Bright's Disease. *Saundby* - - 210

Handbook of Materia Medica, Pharmacy, and Therapeutics. *Bowen* - - - - - - 211

An Elementary Treatise on Human Anatomy. *Leidy* - - - - - - - - - - - - - 211

PAGE

Electro-therapeutics or Electricity in its Relation to Medicine and Surgery. *King* - 211

PAMPHLETS - - - - - - - - - - - - - 212

GLEANINGS.

Death Following the Suspension Method. *Gorecki* - - - - - - - - - - - - - - 212

Treatment of Obstinate Vomiting - - - - 212

Antiseptic Treatment of Typhoid Fever. *Bruchard* - - - - - - - - - - - - - 213

Administration of Cod-liver Oil *Seig* - - 213

Antidyspeptic Potion. *Bucquoy* - - - - - 213

Expectorant Pills. *Lépine* - - - - - - - 213

For Difficult Dentition - - - - - - - - - 213

Treatment of Leg Ulcers *Appenroah* - - 213

Xeroderma Pigmentosum. *Anderson* - - 213

Excision of Clavicle. *Jessett* - - - - - - 213

Uterine Medicines. *Davies* - - - - - - 213

Suppression of Rabies. *Brit. Med. Jour.* - - 213

Typhoid Fever and Milk. *Lancet* - - - - 213

Water in the Lungs. *Bowles* - - - - - - 213

Impotentia Virilis. *Fuerbringer* - - - - 213

MEDICAL NEWS AND MISCELLANY, 114

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - - 216

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Clinical Lecture.

FEEDING OF CHILDREN.

(Delivered at Philadelphia Hospital.)

BY S. S. STRYKER, M.D.

GENTLEMEN: My advice to you is to urge upon mothers the necessity of nursing their own children if they are able; if their nipples are good and their milk nourishing. The child should be put to the breast a few hours after birth, as it empties the milk ducts and obtains that which will be a benefit to it, as well as a relief to the mother. Young children should be nursed every hour or so, and as they grow older the time can be lengthened, and this is the rule to be observed from early morn—5–6 A.M.—until the mother's bed-time.

Do not allow the child to get into the habit of nursing at night. Nurse it and let it go to sleep, for all it is good for now is to eat and sleep. Put it into a bed or crib by itself, and do not toss it about in the arms or cradle, for it is less likely to churn up the stomach, and less likely to cause disturbance of the stomach and gastric canal. Teach it to go to sleep without swinging or rocking. Do not, under any condition, allow the use of sugar-teats or sweetened water, for you will be sure to make it sick. Do not cater to the desire and superstitions of the nurse or old women, as this usually leads to harm.

It is well to prepare the nipple before birth by manipulation and astringent applications. The milk should be coaxed from the periphery to the nipple by gentle friction along the ducts. Teach the child to nurse from both breasts alternately. When the child is six or eight months old, if it is strong and healthy, recognize the fact that it is not well to confine it strictly to the mother's milk. It is an old custom to nurse a child for eighteen months, but I do not adhere to it, as it ought to be nursed off and on for a year. When it is eight months old it should receive some artificial food, and I think it will do better than by giving the mother's milk alone. It is also much better for the mother, as the constant nursing is a drain on her, and you have no business to allow this.

How often had the food better be given? If the mother has a generous supply, nurse once or twice and feed once; if not as generous as it should be, nurse once and next time feed. If it cannot be fed in this way, it is well to have the mother relieved, so feed it at 5–6 P.M., and nurse once during the night, and feed it again in the morning. You are often called on to prescribe food for a child that cannot be nursed by the mother, so the subject of artificial feeding comes up. There are many foods that are recommended but let me say at the outset that it is not well to use them, for milk is the only thing that I would recommend you to use, and nothing else.

You will read in the books and be taught that the milk of the ass or the goat can be made nearer the

mother's milk than any other, but as you cannot readily obtain it in all cases, you will often be compelled to use cow's milk. I think cow's milk is as good as the milk of the ass or the goat, when properly prepared. The milk of the cow is heavier and denser than the mother's milk, and must be diluted by a certain amount of pure water, and thus take the first step in its preparation. Take good, healthy cow's milk and dilute with three parts of pure water, and you have the right proportion. Add a small amount of sugar of milk and one-half teaspoonful of lime-water to the ounce of milk. At first a child will take one ounce of milk at a feeding, but as it grows older you must be governed by its needs, and never overfeed, as it will cause vomiting and other troubles. As it grows older you may add a tablespoonful of cream to 6–8 ounces of milk, but in the case of the newborn this is unnecessary. Never give milk cold, but heat to the temperature of the body in a water-bath to avoid scorching. Make the food fresh every time it is used. Milk is a very treacherous sort of thing, and unless you have opportunity to get it fresh twice in twenty-four hours, it will be necessary to put it through a process of sterilization to keep it from fermenting. During the summer season it is always well to scald or boil it for fifteen minutes before placing it in the ice for preservation. Where milk must be prepared for a number of children, we resort to the use of a sterilizer for the destruction of germs and the preservation of the milk.

I would call your attention to this form of sterilizer which for neatness, compactness, and cleanliness is an improvement on the others already shown to you. The bottles are rounded and graduated, and can be cleansed readily as they have no corners. Each bottle is provided with a perforated rubber cork into which fits a solid glass rod. Cleanse the bottles and corks in hot water and fill with the prepared milk. Place them in this wire basket, and then the whole into this large receiver of tin. Cover the bottles almost to their mouth; cover the receiver and place the whole over an alcohol lamp or stove and boil fifteen minutes. Remove the cover and adjust the rubber corks and boil fifteen minutes longer; when the glass rods are to be put in the corks tightly and the bottles placed on the ice ready for use.

When the child is seven or eight months old it is time to give it something else than ordinary milk; then come in the various preparations of infant foods. It is not my purpose to advertise or use any one particular food, but when used you can incorporate it into the milk and begin with ʒi–ʒvi of prepared food, according to the age and strength of the child.

When one year old, in the middle of the day, give it some thin broth with cracker crumbs or bread, and it will relish this and be more healthy. You may give raw or soft-boiled egg, or defibrinated, scraped raw meat. Where digestion is weak, peptonizing the milk is now common, but must not be carried too far, as the milk will taste disagreeable. Where milk is peptonized do not heat longer than twenty minutes, and never prepare more than too feedings at one time, as it undergoes certain changes very readily. A child with a feeble digestion can then digest the milk that has been partly pre-digested and will grow and nourish on it. The great object in the administration of cow's milk is to avoid the formation of hard curds, and peptonizing obviates this. The curd from the mother's milk is light and fluffy and easily digested. One of the best substitutes for cow's milk is the well-known condensed milk. It is easily prepared each time it is used and keeps in all climates and temperatures. I would advise you never to use it stronger than one part of the condensed milk to twelve of water. It has the objection of being too sweet, but in summer time, when milk cannot be obtained fresh, it is invaluable as a substitute.

Original Articles.

THE CURE OF CROOKED AND OTHERWISE DEFORMED NOSES.

(Read June 12, 1889.)

By JOHN B. ROBERTS, A.M., M.D.,
Professor of Anatomy and Surgery in the Philadelphia Polyclinic, Lecturer on Anatomy in the University of Pennsylvania, Surgeon to St. Agnes' Hospital.

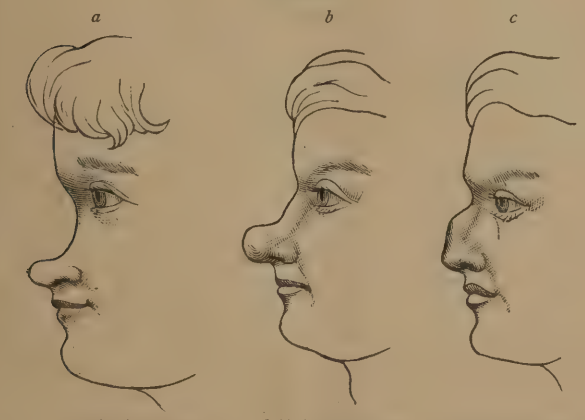
THERE are many instances of nasal deformity which are a great trial to those who have to bear the disfigurement through life, and whose correction would add much to the popular appreciation of surgery and at the same time be a source of revenue to the operator whose skill succeeded in relieving the unsightly condition. Many of these defects are mere blemishes upon the face of the subject, rather than matters of very great importance. There may be little or no obstruction to breathing, and very little deformity to the eye of the observer, but the disfigurement causes such a mental effect on the patient as may even lead to a change in the disposition of the person. If we can relieve these minor disfigurements, and thereby relieve the worry and anxiety of the patient, we do something which is entirely justifiable.

Many forms of defect are found in the physical contour of the nose, and many are the causes giving rise to the varying types of nasal distortion. Faults of development are not uncommon. Accidental injuries, causing fracture or dislocation of the bones or cartilages, many occur in infancy, or at any time of life, and leave thereafter a very much disfigured organ. Blows of an opponent's fist, falls from a horse or carriage, and injuries received while playing ball, are not infrequently the disfiguring traumatism. We may also have deformity due to wounds made by cutting instruments, whereby portions of the soft structures have been lost, or to unseemly cicatrization after such wounds. Syphilis, giving rise to necrosis and ulceration of the bones and cartilages, thereby allowing the bridge of the nose to fall in or other changes to take place, is a potent cause of nasal deformity. Ulceration of the alæ of the nose due to syphilis, while in the early stage necessitating active treatment, may later require surgical operation to reconstruct the lost part. Again, in epithelioma it may be necessary to cut away the ala and at once make a new structure. It may, at other times, be necessary

to make a new tip to the nose after such an excision for malignant disease. By looking at a skull it is seen that if the septum and nasal bones are destroyed by syphilis, there is a great tendency for the bony arch, or bridge, to sink in and allow the tip or the nose to turn up; thus leaving only the small prominence formed by the wings and lobe of the nose, and causing great disfigurement of the front part of the face. Again, you may have lateral openings in the nose following specific ulceration. I have under observation at the present time a patient with an opening due to syphilitic ulceration, who has not yet agreed to an operation, but who will possibly do so in time.

I have drawn here a number of badly shaped noses, which can be remedied by operation. We may have a nose which sinks in at the top, in which there is

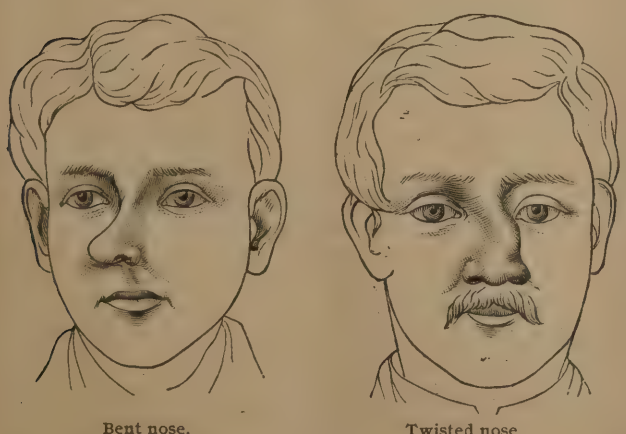
FIG. 1.



a Saddle-back nose. *b* Tuberous nose. *c* Angular nose.

not much bridge. This is generally due to want of proper developement of the bones and cartilages forming the septum, and is sometimes called the saddle-back nose (Fig 1, *a*). A similar nose is often found in inherited syphilis. Then we may meet with a nose bent a good deal to one side (Fig. 2). A slight degree of this deformity is very common. Again, the organ may be not simply bent, but bent twice or irregularly, twisted, as is shown in this drawing (Fig. 3). Bent and twisted noses are very often due to fractures received in early childhood. It is not un-

FIG. 2.



Bent nose. Twisted nose

usual to see a nose with a large lump on the end of it, which may be due to hypertrophy of the lobe or to a new growth developed there. This disfiguring condition is frequently due to acne rosacea, causing unusual development of tissue. This I call the tuberous nose (Fig. 1, *b*). I often see a man who has exceeding hypertrophy of the tip of his nose from acne rosacea, and whose son curiously has a similar nose, but not quite so greatly developed. Both these men could be greatly improved by operation. The last variety of which I shall here speak is what I call the angular nose (Fig. 1, *c*), because of the angular appearance of its dorsum, due to an unnatural bony prominence at the lower margin of the nasal bones. A lady came into my office a short time ago with such an elevation on the middle of the nose, due to a bony mass resulting from a fracture in infancy. There is also some stopping-up of the nostril from the fracture, and the occlusion has so interfered with respiration that she has been a mouth-breather since she was three years old. As a result of this the lower jaw has not developed, and she cannot bring the incisor teeth together. She is much more concerned, however, about the appearance of her nose than about the obstruction to breathing. This patient, as well as those suffering from the other varieties of nasal deformity, can be greatly improved in appearance by proper and judicious surgical interference.

These illustrations, several of which are taken from a paper by Dr. S. B. Parsons, give an idea of the ordinary deformities which we have in the contour of the dorsum or bridge of the nose. A good many deformities also occur in the septum. In some of the cases just referred to there is not necessarily much deformity in the septum. In twisted and bent noses, however, there is usually some septal distortion, because the condition, as a rule, is the result of injury.

The peculiar broad and flattened appearance of the root of the nose seen in epicanthus, may be included in this enumeration of nasal deformities. Such cases are more apt, however, to be seen by those of us who practise ophthalmic surgery, than by general surgeons who do not attempt eye-surgery. The condition is remediable by dissecting an elliptical portion of skin, with its long diameter vertical, from the root of the nose and bringing the edges together with sutures. It is well in cases not very marked to delay operation, however, until the child has grown up, because the development of the bony structures of the nose may cause a spontaneous cure of the deformity.

In cases of crooked nose from traumatism, it is very common to have a greatly deformed septum. It is difficult, in fact, for a fracturing injury to cause much permanent nasal deformity without the cartilaginous or bony septum suffering some lesion at the time of the traumatism. The vomer and the perpendicular plate of the ethmoid are thin and easily broken, while the triangular cartilage is also readily fractured; hence, in nearly all deformed noses due to blows, deformity of the septum is found. The septal deviation usually interferes with respiration, because one nostril is more or less occluded. This causes change in the tone of voice and induces other well-known symptoms.

Some persons are more annoyed by the nasal obstruction than by the want of physical comeliness in

the external organ. Others care little about the patency of the nostrils, but worry greatly about the unsightly appearance of the deformed nose. Thus it is that patients come for the relief of one or the other condition, according to the character of their dispositions.

Congenital deviation of the septum is by no means infrequent, and may in a similar manner interfere with proper respiratory performance. Such deviation of the septum is more apt to give rise to a curved bulging on one side than to an angular projection. Deviation of the septum due to injury is apt to be angular, and is very often accompanied by cartilaginous or bony outgrowths about the original lines of fracture. If the fracture has comminuted the septal structures to any great extent, both nostrils may become entirely filled with a mass of bone and cartilage. I once saw a case in which nostrils had to be made by actually quarrying through a mass of this kind by means of a chisel.

FIG. 4.

Normal. Curved. Angular. Enchondroma. Bridge of cartilage. Sigmoid.

Diagrams showing usual variations in shape of septum, as seen when observer looks into anterior nares.

In these and other deformities small enchondromas may be found near the attachment of the septum to the floor of the nares, and in any form of septal distortion bridges of cartilage and bone may extend across the nasal chamber from the septum to the turbinated bone. These bridges at times are apparently formed by the coalescence of two opposing masses, just as a column is made in a cavern by the union of a stalactite with an opposing stalagmite. Cartilage tumors in the nose will often be found to have bony nuclei. This fact is worth remembering when the surgeon expects to attempt removal by a single incision made with a knife. Occasionally the septum has a double or sigmoid curve from above downward, as is shown in the last diagram on the blackboard. At other times the double curve is antero-posterior, so that one nostril is occluded in front and the other nostril occluded in the back of the nasal chamber. When one nostril is obstructed by what appears to be a deviated septum, it may happen that careful examination discloses the fact that there is no corresponding abnormal patency of the other nostril. The condition then is one of abnormal thickness of the septum, with a great degree of overgrowth on one side. This is to be treated by paring away the excess of cartilage or grinding away the redundant bone with the burr of the surgical engine.

In septal deviation the distortion is, fortunately, nearly always in the anterior two-thirds of the septum. Hence the deformity is more accessible to operative attack than would be the case if the converse were the rule.

There are many methods of relieving these nasal deformities. The method adopted must depend on the character of the condition. If the bridge is sunken, it must be raised and supported by the intranasal tissues. If the nasal bones are destroyed by syphilis, they must be substituted by new tissue, which is usually the tissue of the cheek or forehead, with possibly periosteal or osseous structures taken from the frontal region or from a lower animal. If there is a protuberance at the tip of the nose, it must be cut out and the two sides brought together so as to form a respectable-looking lobe. If the septum is bent over, it is necessary to open the occluded nostril, straighten the septum and keep it in the median line.

It is especially important that all recent fractures of the nose should be skilfully treated at once, in order to avoid subsequent deformity. This often is not done. There is a good deal of swelling and pain at the time of injury, which makes it difficult to determine the extent of the lesion; and as the condition is not serious, very little attention is given it, the structures are not accurately replaced, and in a few days, when the swelling subsides, the bones and cartilages are found to have united in bad positions. As a result, one of these deformed noses is the patient's burden through life, subjecting him to the criticism of his friends and the jeers of his enemies. Sometimes the displaced portion of bone is so sharp that it almost projects through the skin.

When a fracture occurs, diligent and intelligent efforts should at once be made to restore the bones to their proper position. Anæsthesia should be resorted to if necessary, rather than have the replacement not absolutely correct. By looking at this specimen you see that the space under the nasal bones is not very great. In many text-books the surgeon is directed, in fractures of the nasal bones, to insert the end of a female catheter into the nostril, to push the bones into place, and then to put a plug or pad of lint in the nostril. Since the normal space under the nasal arch is narrow, and since in fracture there is great swelling of the mucous membrane, it is practically impossible to follow these directions, because the catheter is too wide. One can, however, get a thin instrument, like a steel director or the back of a small nasal saw, up under the bones. With this they can be elevated into place, and the bridge of the nose then moulded into proper shape with the fingers on the outside of the injured organ. These fractures heal with great rapidity, hence anything that is done must be done promptly, as in four or five days the union will be so firm that it will be almost impossible to restore the bones to their proper position, if the fragments have been left in a condition of deformity.

Syphilis of the nose is exceedingly liable to cause destruction of the bony and cartilaginous nasal structures, and, therefore, should be treated immediately on its recognition with *large* doses of mercury and potassium iodide. Many cases are, however, unrecognized or are insufficiently treated, and as a result we have unsightly and unnecessary deformity. Superficial scars can sometimes be relieved by scraping away the irregularly cicatrized surface, since the irregularity in the cicatrization often looks worse than a large, smooth scar would. A greater degree of

damage will require for its repair the best efforts of a skilled plastic surgeon.

Just here let me say that in operating upon the skin of the nose or face an incision made obliquely through the cutaneous tissue leaves a very faint cicatrix, because more correct apposition is obtained when the sutures are inserted. This is illustrated by cutting a card first obliquely and then perpendicularly to its surface. You see that when the pieces are brought together the line of union made at the former incision is not so distinct as that made at the latter place. A good deal of scarring may, however, be made about the nose and yet not show very much finally, if the parts are brought accurately together, and the union takes place rapidly. This is especially true in the rough and coarse skin of many persons, where lines and creases about the nose are normally present.

There are some special plans of treatment which are valuable, and to which I shall now refer. When, after fracture of the nose and adjustment of the fragments, there is a tendency for them to become displaced again, they can usually be kept in position by what is known as Mason's method, though it is really a revival of an old method. With an ordinary awl or small drill bore a hole transversely through the bones, and through this thrust a steel pin, to the projecting ends of which attach the ends of a rubber band, so placed as to pass across the bridge of the nose. This band should be so tightly stretched over the nose as to hold the bones up in position. The pin thus acts like the tie-beam which holds an arch together. The tendency of the rubber is to draw the pin up and thus it supports the arch. I thought that I had something new when on this same principle I put a pin through the nose and clamped a shot on the end; but I found that a similar thing had been used many years ago. When the surgeon does not wish to use the rubber band, he can clamp shot on the end of the pin, and have the upper part of the nose constantly under observation. Filling the nostrils with plugs of lint or other material to hold the parts in correct position is usually an ineffectual and uncomfortable method.

These methods may be employed in the treatment of recent fractures, or in cases where it is desirable to make a fracture in odor to overcome deformity.

In correcting osseous deformity of the nose, whether congenital or due to fractures received many years previously, it is very easy with a proper chisel or saw to divide the bones to any extent and in any direction. For most of these operations the ordinary cold-chisel previously ground to a fine, sharp edge, answers very well. These chisels can be bought for a few cents at the hardware stores. To loosen the nasal arch a small opening should be made at the side of the nose, at the junction of the nasal bone with the lateral cartilage, and the chisel then driven up between the nasal bone and the nasal process of the maxillary bone nearly as high, or quite as high, as the supra-orbital ridge. The same thing should be done on the other side. The naso-frontal junction can be separated by introducing a strong steel instrument into the nose and elevating the nasal bones until fracture occurs near or at the suture line, or the bones can be cut loose by introducing a small chisel at the top of the nose. If it is considered necessary, small perforations with a drill may be made along the junction of the frontal and nasal bones before fracture there is attempted. The bones can then be placed in any position desired and held there by a pin, thrust through the nose below them or made to perforate them after drilling with an awl. The circulation of the parts is so good that necrosis is almost impossible. The scars formed by the openings made for the introduction of the chisel cause much less deformity than that for which operation is performed. The nasal bones unite in four or five days without provisional callus, and if they are placed in good position a comely nose results. In some cases it may be better to introduce a small, narrow saw into the nostril and saw the bone off on both sides. The chisel is rather a cruder way and perhaps not so accurate.

When the bridge of a nose is sunken in a good deal, when it is in fact a little like the saddle-back nose, a gutta-percha splint adjusted to the dorsum of the nose may be used to advantage, after a tenotome, introduced into the nostrils, has been used to cut all structures loose. The gutta-percha is placed in hot water until soft, and then moulded to the nose and allowed to cool, thus forming an external nasal splint. After loosening the bones and soft tissues, the operator carries a wire or silk suture through the nose below the splint and brings the ends up over the splint and ties them. This lifts the middle line or dorsum of the nose into the proper position. After a few days cicatrization takes place and the normal conformation of the noise is maintained. I have not tried this method, but it seems as though it were a good one.

Another method of keeping the nose in place, is to put plugs of lint, oakum, wood, glass, gutta-percha, or silver, either solid or hollow, in the nostrils. They may be held in place by straps across the nostrils or by passing a pin through. If the plugs are tubular they soon become clogged, and should be removed every day or two to be cleansed.

If there is an unseemly bony angle on the bridge of the nose, as in Fig. 1, *c*, it is proper to make a straight incision down the middle line of the nose, turn the skin aside, chisel off the mass, and then bring the skin together. There would be a red cicatrix for a short time, but it would soon lose its color and become a white line, which would be scarcely noticeable.

When we come to the treatment of deviations of the septum we have to use different devices to meet different indications. Clamps have sometimes been applied so as to make pressure upon opposite sides of the septum. The clamp is left in position for several days, until the septum has become fixed in its new position. If the septum is bent to one side and the surgeon attempts to alter it by forcing it over and holding it in position by plugs, the patient will have to wear the plugs for weeks. Such patients may occasionally be seen going about the streets, and are noticeable because the string fastened to the plug is attached to the cheek by plaster. I do not believe that these simple measures will effect a cure except

when the deviation is very slight. I have forced the septum over by the dilatation of a laminaria uterine tent put in the nostril, but the result was very temporary. As soon as the plug is removed, there is a tendency for the resilient septum to resume its original position.

There are several other ways of overcoming septal deformity and the consequent nasal occlusion. One of the old methods is to cut out a piece of the septum at the point of deviation, if the deviation pertains to a limited area, so that breathing can go on through either nostril. An objection to this method is that sometimes there occurs necrosis of the cartilage along the edge of the opening. At other times there is a constant tendency to the deposition of crusts thereon. I, however, do not think that the method is as objectionable as some have thought it. The operation is

FIG. 5.

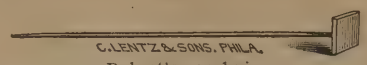
Roberts' nasal punch.

best done by the nasal-punch shown in the figure, which is a modification of that of Blandin's, and acts better than his device, because it divides the mucous membrane on both sides of the septum more readily and perfectly.

Here is a pair of forceps, variously known as Steele's or Sajous' forceps, which cuts a stellate incision in the septum. By this means the septum is weakened, and can be pushed into place. If the deviation is very great, you may have to cut the septum in many places with these stellate forceps, and make it quite flexible. It then becomes almost as soft as wet cardboard, and can be pushed into position and be kept there by plugs or pins until cicatrization takes place.

The method of which I am most fond is to make a long incision at the most prominent portion of the deviation, and supplement this by chopping the septum full of incisions with the stellate punch. If some small triangular pieces are removed by the interlacing of the incisions made with the forceps, it makes no difference, since the openings left are very small and will soon become closed. If there is an angular deviation close to the palatal process of the superior maxillary bone, I make an incision from front to back at the most prominent part, and do not chop the upper portion with the stellate punch. If the deviation is a curved one, I split the cartilage along the most prominent portion and then chop the rest of the septum until it has lost its resiliency. Afterward I cut away with the chisel or saw any horizontal bony edge that may remain at the bottom. To hold the septum in place I usually use steel pins, either those with spherical heads of glass or the flat-headed pins which I devised some years ago. When the head of the pin is to be within the nostril, those with the glass heads are better; when the head is to lie flat against the exterior of the nose, the flat heads are preferable.

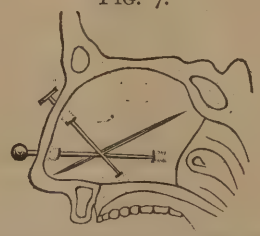
FIG. 6.



Robert's nasal pin.

This method, which I employ so frequently to hold the septum in position, is a device of my own, and is difficult to render clear by a mere description. After having divided the septum, with a knife, along the most prominent part of the deviation, and having made the cartilage flexible by multiple incision with the stellate punch, I introduce a pin into the more open nostril and thrust its point through the anterior part of that portion of the septum which I wish to control and keep in a new relation to the other portions. After I have displaced this part into the desired position, I thrust the point of the pin onward and bury its point deep in the tissues at the back part of the nasal chamber which was formally occluded. This holds the septum firmly in its new position. The head of this pin will be just inside of the anterior naris which was not obstructed, and will lie against

FIG. 7.



Robert's method of holding septum in correct position by means of pins. The upper part of the septum, immediately above the oblique incision, projected too far this way (*i. e.*, toward the reader). It is now pressed the other way (*i. e.*, from the reader), and is held there by the pins.

the columella. It should be allowed to remain about one week, for if left a longer time its head will probably cause ulceration of the columella, and may become deeply buried in the tissues of the columella. Its work is usually accomplished within a week. It is often well to introduce a second pin from the external surface of the front of the nose just below the nasal bones, which aids in keeping the septal cartilage pinned into proper place. If this pin has a flat head, it may be covered with a small square court-plaster. The patient can then go about the streets without attracting attention.

By this method there is no plug to obstruct the nostril, and the patient can snuff up any cleansing wash desired. It is the neatest and most satisfactory way of rectifying deviated septa which has ever been employed by me, or with which I am acquainted. Its employment for four or five years has given me increased confidence in its value, both in cases of simple deviation of the septum and in cases where more complicated operations have been simultaneously required to correct nasal distortion.

Some operators correct crooked septa and other deviations of the nose by seizing the septum between the two blades of an Adams' forceps, and fracturing the intra-nasal structures sufficiently to allow of their reposition in conformity with the natural outlines. A head-band with pads and screws, a mask with adjustable pads to produce pressure on various portions of the nose, or an intra-nasal truss or clamp, is then called into requisition to maintain the position

so obtained. This mode of operating seems to me less accurate, less scientific, and much more annoying to the patient than my method by incision and pins.

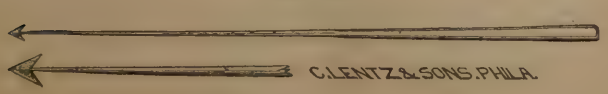
It is said that in some instances of deviated septum, the middle turbinated bone in the non occluded nasal cavity is greatly hypertrophied, and may, by reason of its bulk, interfere with the surgeon's efforts to push the septum into the median line. If such interference exists, the turbinated bone should be partially or entirely excised, in order that reposition of the septum may be effected.

In operations which are not very severe, local anæsthesia is readily obtained by placing a pledget of cotton, moistened with a four per cent. solution of cocaine, in the nostril and allowing it to remain for a few minutes. In operations which are prolonged, it is better to give ether. The disadvantages of anæsthesia are that the blood runs into the throat and the patient vomits; but, on the other hand, the surgeon is more apt to do a thorough and satisfactory operation if he has an anæsthetized person with which to deal. I do not like to plug the posterior nostrils, because the string coming out through the anterior nares may be cut during the operation and the plugs be thus allowed to fall into the pharynx. Occasional cleaning of the fauces, by turning the patient on his face, is all that is required when no plugs are used.

In order to get rid of horizontal ridges of bone and cartilaginous growths that may be present in either nostril, I use one of these small saws, or a chisel and mallet. If the growth is entirely cartilaginous, it may be removed with a bistoury or with this sickle-shaped cartilage knife, which is placed behind the growth and drawn forward.

The enchondromatous tumors found growing from the septum often have a bony center, and the surgeon may find it difficult to remove it with the ordinary knife, and be obliged to use a chisel or a saw. There is a little knack required in removing these cartilaginous masses neatly. If you undertake to use a knife, or a knife and saw, in the ordinary way, you readily cut through the mucous membrane on the upper surface of the tumor, and the tumor itself, but when you come to the mucous membrane underneath, which is very loose and flaccid, it does not offer sufficient resistance to be divided quickly and neatly. The tumor is perfectly detached above, but is attached below by a band of mucous membrane which is difficult to divide, because you cannot see where to apply the forceps or scissors on account of the blood in the nostril. To avoid this annoyance, it is best to cut through the mucous membrane below the tumor first, and afterward to cut down from above with the saw, chisel or knife, when the tumor at once falls out. Another device that is very satisfactory is, first to transfix the tumor with a barbed needle, which acts as a handle by which to hold the tumor steady while excising it.

FIG. 8.



Robert's barbed needle.

Of course, this is not available if the enchondroma has much bone in its interior.

Dr. Seiler has suggested that a grooved director be slipped under the cartilaginous ridge or tumor, with its groove presenting toward the mass to be removed, and that a triangular or ploughshare-shaped knife be then pushed along the groove so as to cut off the excrescence. He also employs for removing such growths chisels and gouges of varying shapes set at an angle in a detachable handle. These devices facilitate at times the neatness and rapidity of the operation.

The means to be employed in correcting the deformity in cases of bent and twisted nose vary with the characteristics of each case. Indeed, it often happens that the nasal distortion combines the peculiarities of more than one type of deformity. I recently saw a gentleman, for example, whose badly bent nose, due to injury sustained in a runaway accident, was made additionally ugly by a large and unshapely lobe or tip. It is necessary, as a rule, in remedying bent or twisted noses, to cut the cutaneous structures thoroughly loose from the septum and nasal arch by free subcutaneous incisions. This is done with a tenotome introduced usually, but not always, through the nostril, and then carried under the skin. I prefer this method, in order to make as few punctures on the cutaneous aspect of the nose as possible; though, as before stated, small incisions or punctures leave in the end very little scarring. After the external nose has been thus loosened by subcutaneous "undermining" with the tenotome, it is necessary to get rid of bony projections by means of the chisel, to cut away any bone or cartilage occluding the nostril, to divide and readjust the distorted septum which is usually present, and then to seize the nose with the fingers and twist or bend it into its normal position. When the desired position has been obtained the parts must be fixed there by pins or other means until union has occured. This requires about a week's time.

The errors likely to be permitted are insufficient division of the distorted structures, and the application of too little force when the attempt is being made to press the organ back into its normal relation with the face. If the surgeon will recollect what a great degree of force is required to produce the distortion found in accidental nasal deformity, he will better appreciate how much force he may use with impunity in endeavoring to correct these and similar disfigurements.

The tuberous nose and the angular nose are easily improved by simply cutting away the excess of tissue and uniting the resulting wound with fine sutures of catgut or silk. In these, as in all plastic operations, the ingenuity of the surgeon must be exercised to give the least scarring and the most perfect contour. The same shaped nose should not be repared in exactly the same way in every sort of face. The peculiar facial lines of the individual or the shape of his other features has a good deal to do with determining the variety of operative procedure best adapted to the requirements. The question involves not only manual dexterity on the part of the operator, but a con-

siderable degree of artistic training. This is equally true when portions of the nose have to be constructed from the cheeks, lip, or finger-tip. Such rhinoplastic operations, however, are rather beyond the scope of the present paper.

There is only one thing more of which to speak. It is the correction of those great deformities which occur from sinking of the whole upper portion of the nose as the result of syphilis. A woman came to my office a short time ago who was in the habit of wearing continually a thick black veil to hide a deformity due to such a loss of the cartilaginous nasal bridge. The point of the nose was turned up and there was a deep groove over the area of the sunken nasal bridge. What is required in these cases is the construction of a new bridge. This is difficult when there are no remains of the original bony structures. I accomplished it pretty well here, however, as the nasal bones remained. I first made a transverse incision across the nose in the deep groove at the line of junctiou of the deformed organ and the face, cutting thereby directly into the nasal chambers, and then pared everything loose inside. The nose was then only attached to the face by the columna and the alæ, and could be pulled downward and forward so as to give its tip a natural

FIG. 9.

Diagram of original deformity.

FIG. 10.

Diagram of flap.

FIG. 11.

Diagram of sutures.

prominence or elevation beyond the cheeks. This procedure left a large opening between the lower portion of the nose and the nasal arch and frontal bone, through which I could look directly into the nasal chambers; and which had to be covered with a flap. I laid over it a triangular flap of skin and superficial fascia, dissected from the space between the eyes and from the forehead. This was slipped downward and sutured in position. The raw surface left on the forehead and at the root of the nose was drawn together as much as possible by sutures, or allowed to heal by granulation. I thought it better to make a triangular incision on the forehead and slip this flap down to cover the opening below, than to turn in cheek flaps. The latter method would have caused more scarring. The soft parts so transplanted were held in place by sutures, and somewhat elevated like a normal nasal bridge by pins thrust across the nose from side to side, upon the points of which perforated shot were threaded and clamped. Pieces of rubber drainage-tube were thrust through the nostrils and upwards under the new bridge, to give greater support. These were not introduced to facilitate respiration, as I intended the patient to breathe entirely through her mouth. When the wound had healed the patient had a nose which was of a pretty good shape, but it was somewhat flabby in the region of the bridge. This is overcome by wearing a pair of spectacles which have little pads on each side of the nose like eyeglasses. These pads pinch up the soft bridge and give it a more natural appearance. This patient has a much better nose than before, although it is, of course, not as good as a normal nose. The other day she came into my office wearing a thin veil instead of the thick black one she had been accustomed to wear. This proved to me that she considered the deformity to have been greatly overcome.

Another way of relieving this sort of deformity is to take a large oval flap from the forehead and turn it down with the skin surface toward the interior of the nose. A flap can then be taken from each cheek and slipped over the corresponding half of this everted or turned-down frontal flap. These super-imposed flaps make a thick mass which simulates the nasal bridge.

Portions of periosteum and thin plates of bone may perhaps be chiseled from the forehead or superciliary ridges and successfully turned into the gap to give solidity to such newly constructed bridges; but I do not know how successfully such operations have terminated, if, indeed, they have ever been actually undertaken. Bone-grafts from lower animals may prove valuable. If there is absence of the ala as the result of ulceration or the removal of tumor, the surgeon should turn in a portion of the cheek or lip. In these plastic operations he can often bring together

FIG. 12.

Diagram of method of making ala of nose from upper lip (Levis).

the edges of the wound left by the transfer of tissue, so as to leave a mere linear scar. Under-cutting the skin before putting in the sutures permits the elastic skin to be drawn over the gap.

If the columella is gone, a portion of the upper lip, including its entire thickness, can be taken out of the centre of the lip and turned up to make a columna. It is then necessary to bring the divided upper lip together as in hare-lip. This manœuvre lessens the size of the lip, but that is rather an advantage, since in such nasal cases the lip usually appears to be relatively too large.

FIG. 13.

Appearance of patient after flap has become adherent in new site, but before the superabundant tissue has been removed (Levis).

You can see from what I have said that many persons having great deformity of the nose can be much relieved if you study the artistic bearings of the case. It is often only necessary to diminish what is too big in order to restore the proper relationship of the parts. If the bridge of the nose is too small, the surgeon can often give the nose a symmetrical appearance by getting rid of a portion of the tip which is relatively, though perhaps not actually, too large. When there is a disparity between the nose and the lips or chin, he may be able to alter the size of the tip of the nose, if he cannot change the other features. The operation which leaves the least scar and brings the parts in the best mutual relation, as to size and appearance, is that which should always be selected.

I have endeavored to show in this address the erroneous character of the teaching which advocates letting deformed noses alone, and which recommends surgeons to advise their patients to bear the affliction of an ugly nose with becoming grace and humility. In this, as in all surgical proceedings, the patient has a right to expect every effort consistent with safety to be made by the surgeon. Procedures such as I have described are practically devoid of danger, are efficient in relieving the mental and physical distress of the patient, and should be done when the patient is willing to assume the moderate temporary inconvenience coincident with the operation.

AT Elmira, a few days since, a man died whose weight was 640 pounds. For some time he gained flesh at the rate of five pounds a week.

AUTO-INFECTION—ILLUSTRATIVE CASES.

BY JOHN J. BERRY, M.D.,
PORTSMOUTH, N. H.

FROM the considerable number of cases observed, I select the following recent ones as being fair examples of this condition. Notes such as these would be unworthy the space accorded them did they not call our attention to the peculiar yet common phenomena of self-poisoning, and at the same time form a text for further comment.

CASE I.—An instance of fibroid phthisis of several years' standing, with daily febrile exacerbations reaching 102°. Night-sweats and attendant phenomena. General derangement of digestive organs, with all the symptoms of the same. Constipation; urine scanty and high-colored; sallow skin, and yellow conjunctiva. There are no physical signs of breaking down of the lung tissue. Under evacuant medication with administration of salol in small doses, and hyposulphite of soda, the evening rise of temperature was diminished to 99⅕° and 100°, while the night-sweats were also lessened markedly in degree. Under this kind of treatment the patient's condition is in every other way improved, but relapses occur whenever it is discontinued.

While some might attribute the results here attained to other causes, it seems clear to my mind that the high temperature was produced, as it generally is, by septic products retained within the system, and that the reduction of temperature was due to their removal by eliminative and antiseptic measures. Auto-infection is one of the pronounced features of phthisis. As soon as the lung becomes crippled and the process of oxidation impaired, the products of tissue waste begin to accumulate within the system, for they are not in such a shape as to permit of elimination. Self-poisoning thus occurs, both from the source above indicated and from the ptomaines of faulty digestion, which must necessarily coexist. It is not difficult to distinguish these symptoms of toxæmia, which occur in early and late phthisis, as well as in many other diseases. They are more or less constant, and their nature may be readily demonstrated by the course of treatment employed. It is not always possible to carry out the method in question without still further impairing the general condition of the patient. While removing the débris of tissue changes, we cannot at the same time stay that destructive process which is constantly in action, much less do anything to repair its ravages; yet many times have I noted a decided improvement in the condition of the consumptive patient under the use of eliminatives and antiseptics, and after I had succeeded in stimulating the glands of the gastro-intestinal tract and increasing the supply of oxygen to the tissues. Certain it is that there is no substance possessing more decided antiseptic and indirectly eliminative properties than oxygen. Without this important adjuvant iron and similar tonics fail, in my experience, to accomplish the work expected of them.

CASE II.—A man of middle age had been suffering for a week or more from malaise, headache, insomnia, anorexia, and at times nausea, feelings of "feverish-

ness," neuralgic pains, and latterly sore throat. Temperature 99°; pulse 70. Urine loaded with phosphates; no physical signs whatever to indicate organic disease, or even functional trouble of any particular organ. This case received several consecutive doses of blue mass and Rochelle salts, followed by muriate of ammonia, in fifteen-grain doses, three times daily. Relief was prompt and permanent.

Cases similar to the above are, I presume, of occasional occurrence in the practice of every physician. They have been often included under the comprehensive, but faulty, term of "billiousness," yet there is no reason for presuming that the liver is the sole organ at fault. As the result of suppressed or deranged secretion of all the glands of the alimentary canal, brought about either by improper food, deficient exudation, or other causes, there are turned back into the general circulation the imperfectly converted, and, hence, toxic products of tissue repair. The contents of the digestive tract, in the absence of the various antiseptic secretions, undergo fermentation, in one form or another, thereby generating many and varied poisons.

It has been shown that it is not the germ itself which is so dangerous, but the products of decomposition which it engenders. To such sources, I think, may be attributed, not only these functional disorders, but the various catarrhal conditions of the mucous membrane. The results of treatment seem to confirm such a theory. The simple evacuation of the gastro-intestinal tract by non-irritant drugs, together with the necessary diet and hygienic rules, are often in themselves sufficient to effect a cure of such disorders. I am becoming every year more firmly convinced of the great efficacy of elimination, and the thorough and persistent oxidation of the various tissues of the body, in the treatment of chronic catarrhal affections of whatever nature.

To secure the best results, the tissues should be flushed, as it were, not only with water, but with oxygen as well.

Case III.—A child, six years of age, came under treatment for the following condition: Had been ailing for a week or more, and from no apparent cause. Disinclined to go about, and complained constantly of feeling tired. No pain anywhere. No appetite. Bowels constipated. Sleeps a great deal during the day, but during the night is restlesss and cries out in his sleep. Temperature 100½°. Tongue coated. Urine scanty and high colored. No other indication of gastric or intestinal disorder, or of any organic disease.

Believing this case to be one of the disease under consideration rather than of catarrhal or other variety, it was treated with eight grains of calomel, repeated on the second day following. The child received no other treatment whatever. Three days from date of first visit the temperature was normal, and has remained so ever since.

Clinical experience has shown that many cases of fever may be aborted or overcome by drugs which possess antiseptic properties; especially is this the case in febrile conditions of intestinal origin. Whether these latter be due to microbes from without or from ptomaines generated within, the results of eliminative treatment are none the less of a most positive character, and have exercised a marked influence upon modern methods of medication. In typhoid and other fevers and inflammations of serous membranes—not excepting the peritoneum—we are to-day employing, to a greater or less extent, eliminative measures, and are relying much less than formerly upon opiates and the so-called antiphlogistic remedies.

Realizing the impossibility of diagnosticating the prodromic stages of any fever whatever, we cannot, of course, convince ourselves of the true value of abortive methods of treatment, yet, while we almost always note an alleviation of symptoms, we are at the same time, more or less confident of their power, at times, to cut short attacks of fever and inflammatory processes as well.

The eliminative treatment of disease has been practised to a great extent empirically and without special reference to the removal of effete matter from the system; yet while the effects of such drugs are not disputed, the proper appreciation of the real causes of disease may enable us to employ them more intelligently and with greater success.

PHTHISIS AND ITS NATURAL CURE.

By JOHN A. LANIGAN, M.D.,
HYDE PARK, MASS.

[Continued from the *Medical Register*, March 16, 1889.]

IN my last article on this subject I pointed out the manner in which I discovered an antagonism between rheumatism and tuberculosis; I now purpose to show more fully why such an antagonism must exist.

I incline to believe with most of the profession that the presence of lactic acid in the blood gives rise to those symptoms, the aggregate of which is known as rheumatism. At the first manifestation of the disease, examination of the blood of a rheumatic will disclose lactic acid; and whatever may have given rise to this state of the system is of little moment, for the rheumatism does not appear until this state is reached. Up to this time there may or may not have been a general malaise, but for that matter most diseases, if not all, must have an exciting cause, and the state of the system must be slightly below normal before disease can manifest itself. Nature is such a persistent and deadly enemy of disease that it will resist to the last any attack made upon its integrity, unless its efforts are rendered ineffectual by insufficient support.

For this reason I shall consider rheumatism as the result of the existence in the blood of lactic acid arising from some peculiar state of the system favoring its production. In like manner I would designate tuberculosis to be a nerve disease due to the spontaneous generation in the system of a bacillus from a preëxisting state favoring its development. The rheumatic state causes in some persons a deposit of some of the salts of the blood, particularly in the joints affected. Whether this be the process by which nature sometimes spontaneously effects a cure in tuberculosis, I am unable to say; but, if it is not

the exact, it certainly must be an analogous manner. Numerous cases are on record in which the tubercles have been changed into calcareous deposits by nature itself, and I know of no more rational explanation of the phenomenon than by presuming that nature had in some way generated the rheumatic poison, which in its turn destroyed the bacilli and deposited some of the salts of the blood where the tubercle previously existed.

It may seem here that I somewhat contradict a previous article to the effect that a tuberculous subject cannot have rheumatism; but I there meant to say that he cannot have rheumatism without destroying the bacilli of tuberculosis and hence the disease. Nature may by some unknown means set up rheumatism in a patient suffering from tuberculosis, and so bring about what we term a spontaneous cure. Many such cures, as I have said before, are known to the profession, but the means by which they are accomplished seem to remain a mystery. I think, however, that my explanation is a most rational one and certainly in accord with science. We read of many cases of consumption benefited and even cured by the use of koomiss and other such remedies, but upon close examination we shall find that all remedies which have ever been successful in tuberculosis have either contained, or could be readily converted into, lactic acid, the poison of rheumatism; and this, I believe, is the manner in which they prove beneficial. And even though lactic acid be a result of fermentation as some hold, this would in no way militate against my theory; for such fermentation may and very likely does take place in all the spontaneous cures which nature has effected, or art has brought about.

Moreover, lactic acid is known to be a decided solvent of tuberculous sputa, and so may act partly in this manner upon the mucous membrane of the diseased lungs. Of course it will be perceived that I am trying to give merely a satisfactory theoretical explanation of the manner cures are effected in this fell disease; for although it is positively known that such cures have taken place, yet how they were brought about no one that I have ever read has attempted to explain. One thing is certain, however, no cure of consumption can ever be effected unless the tubercle bacilli are destroyed.

"*Sublata causa tollitur effectur*" is an old maxim, never of truer application than in the present instance, and if we could imitate the remedy that nature has plainly pointed out to us, I say without hesitancy that we should soon be able to destroy the cause, and this disease would no more be formidable. One thing more which strikes me as peculiar is that the remedies advised in phthisis by the most eminent physicians: liquors, wines, milk, saccharine foods, syrups, malt, etc., are held to be decidedly prejudicial in rheumatism.

Thus when we consider fully the two states or diatheses we cannot help being struck by their total dissimilarity.

In the consumptive we have most frequently alkalinity of the blood; in the rheumatic there is acidity. The consumptive is always hopeful, the rheumatic despondent; there is nervous prostration or debility in the consumptive, in the rheumatic the reverse of this. In nearly every particular we find an opposite condition in the two diseases and everything pointing to a direct antagonism between them.

I am making some further investigations and experiments in this direction, which I shall be pleased to make known later.

The Polyclinic.

UNIVERSITY HOSPITAL.

THE first case I wish to show you this morning is this man, who met with a fall some time ago, but soon recovered sufficiently to return to his work as foreman in a steel works. While there he had symptoms of irregular fever. To-day he comes with a slight elevation of temperature—not marked; enormous spleen, which is undulating on its surface, hard, not painful, no fluctuation, and evidently a solid hypertrophy. He has had malaria. The spleen is often enlarged in malaria; in leukæmia in which the white cells of the blood are enormously increased and the red decreased. If associated with an enlarged spleen only, it is known as splenic leukæmia. In this case we have extreme anæmia, pallor, irregular fever, debility, and, on examination of the blood, an enormous increase in the white cells and decrease in the red. As to treatment, I will have him rest quietly in bed until fever is broken. I don't know what to do in his case—splenic leukæmia—for I do not know any remedy in the world that will cause it to run any other than its own regular course. Careful diet; avoidance of anything that will irritate the stomach; sodii salicylas to relieve fever and pains. He will not recover, unfortunately, as it is too far advanced.

PHTHISIS TUBERCULOSIS.

This woman, married, has a family which is perfectly healthy and has no history of tuberculosis. She has had malaria. Has been troubled with a cough, has night-sweats, pale, is wasted some, has a circumscribed catarrhal phenomena in upper lobe of left side; bulbous enlargement of balls of fingers. Four months ago she developed a laryngitis, with loss of voice. Both upper lobes of the lungs are diseased; large moist râles; almost cavernous respiration. Her laryngitis is associated with tubercular ulceration of the vocal cords and epiglottis. Sometimes food passes into the windpipe when she swallows. First of all, this woman must be spared all fatigue and have plenty of rest; meals should be prepared for her; extreme care that she will not catch cold. Her general health should be built up and promoted by rest and palatable food, and not by medicine, as she has a weak stomach. The great trouble is that physicians try to do too much and overdose their patients without considering the harm they are causing to the alimentary canal. Unless a patient like this can take and assimilate food the wasting is bound to go on; and let me say that in chronic diseases of all kinds tone up the stomach, for it is the citadel of life. She vomits after eating, and especially after coughing. Give her a diet of liquids at short intervals. Pepto-

nized milk, broth, gruel, soft boiled egg, expressed juice of meat every three hours or so, so that the stomach will not be full. Give oxalate of cerium, gr. j, in pill, four times a day after taking food. If this does not answer, give argenti nitratis., gr. ⅙; opii, gr. ½.—M. If still obstinate, give creasote with bismuth and soda. Once the stomach is in good order we will treat the lungs. I will have the following insufflating powder used for the laryngitis:

℞.—Iodoform . . . . . ʒij.
Acaciæ gum. pulv . . . . . ʒvi.
Morphinæ sulph . . . . . gr. ½.—M.

In this case you must treat it simply as a functional derangement. Give her plenty of good fresh air.

HYPOCHONDRIASIS.

This young man began complaining over one year ago of a pain that came in his back over the loins, and has, since then, consulted three or four doctors, but now is brought here by his original doctor. I find his heart's action sharp, but no valvular murmur, some tenderness over the abdomen. This is rather an anomalous case, for this man is very sensitive, much depressed in mind, and thinks entirely too much of himself. His attention has also been drawn to the fact that his left testicle hangs lower than the right, but every one of you knows this to be natural to all men. When this train of thought is started, without any knowledge to keep it straight, no telling how it may end—usually in an insane asylum, if they live long enough. A man came over six hundred miles for the purpose of asking me if his genitals were as large as normal, and was perfectly satisfied when assured that they were. These patients become cranky, crazy, or, as this man, go from one doctor to another and conjure up all sorts of imaginary symptoms.

This man has a certain amount of lithæmia, with a tendency to myalgic pains, and it is in this class of patients that you find hypochondriasis most common. They never believe what you tell them. Good advice is the best for this class of cases and not medicine. Carefully regulate diet and hygiene, and give them absolute assurance or proof of their soundness; stimulate the skin by friction. Nux vomica and nitro-muriatic acid will be of benefit. Get at the primary cause of the trouble and treat systematically.

—*Pepper.*

JEFFERSON COLLEGE.

HIP-JOINT DISEASE—A POINT IN DIAGNOSIS.

A CASE like the following will sometimes present itself to you. A young lady calls to inquire about her hip. She confesses to having had hip disease in childhood, to an abscess being lanced, and to final recovery. Could play as well as any of the girls, jump hoop, dance, go up and down stairs like other girls, and without lameness. Is sure both limbs move alike and are of equal length.

Now, in a case like this in which hip disease has not apparently been followed with all its dreaded sequelæ, it is well to convince the patient that she is in error about the relative movements of her two limbs before exposing her to the unpleasantness of an examination, and this can easily be done by asking her *how she puts on her shoes.* At this she will smile and confess that she does this in a manner wholly unlike other girls: that she sits down on the floor or turns her foot backward. The reason is manifest. The ordinary manœuvre in putting on a shoe is to rest the foot on the knee of the opposite limb. Now this requires flexion and rotation, and is impossible in a hip that has suffered from coxalgia. The confession that she puts her shoes on in a manner unlike that of other girls, disproves also the statement that she goes up and down stairs like other girls. There is in this, however, a qualification.—*Allis.*

HIP DISEASE ENFORCED—RECUMBENCY.

You will occasionally have a child brought to you with coxalgia in which horizontal rest with extension is the most rational treatment, but when you suggest it you will be met with the statement of the mother in the presence of the child: "It is impossible doctor, the child will not lie down, and cannot be made to do so." Now it is worse than worthless to argue with such a mother, and it is folly to prescribe. The child has grown to enjoy the mastery, and the mother does not propose to dispute it. Now I have found by experience an easy way to accomplish my purpose in such cases. I let the little fellow stand before me, strip him to his undershirt, and apply a plaster-of-Paris bandage about his waist, letting it come down well upon his pelvis. The little fellow will not object to this. He is now dressed and goes home, but he no sooner gets there than he finds it *impossible to sit up* with his plaster-of-Paris jacket on, and he succumbs to the only alternative. A few days horizontal rest in bed is sufficient to convince him of the advantage it affords, and now the plaster-of-Paris can be removed.—*Allis.*

COOPER HOSPITAL.

PARALYSIS FOLLOWING INJURIES TO THE SPINE.

ON account of the inaccessibility of the bodies of the vertebræ, it is difficult to determine at once the nature and extent of an injury to the spinal column. It is only by means of certain symptoms, of which paralysis and deformity are the most important, that a definite conclusion can be arrived at.

If, following a given injury to the spinal column, paralysis (both motor and sensory) of the limbs and portions of the body lying below the seat of injury is immediate, sharply defined at its upper border and constant, it is safe to infer that a fracture of one or more of the bodies of the vertebræ exist; especially is the diagnosis warranted if the paralysis is associated with a localized deformity of the spinal column.

If paralysis supervenes within a few hours after a given injury to the spine, without deformity or irregularity in the line of the spine, it is probably due to compression of the cord from an effusion of blood within the spinal canal. The blood-clot may have resulted from a rupture of the vessels on the inside or outside of the sheath of the cord. But suspended as the cord is within the dura mater, which is loosely connected with the bones by plexus of veins, the clot is perhaps more often on the outside of the theca of he cord.—*Godfrey.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, June 29, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

THE VIRGINIA EXAMINING BOARD.

WE have before us a pamphlet of sixteen pages, containing an account of the proceedings of this Board. Although there is no signature appended, nor anything to show by what authority the document is issued, we presume it is the official report of the Board, and will treat it as such. It states that the chief feature of the amended law is, that candidates must now appear before the Examining Board in regular session, instead of before three individual members at their homes. In cases of emergency, the President may appoint three members who can hold an examination, as a committee in session. This is certainly a commendable change; and substitutes a dignified method for one which was rather unconventional.

The applicant is required to answer at least three-fourths of all the questions satisfactorily, and he is to be rejected if he fails to answer satisfactorily one-third of the questions on any one branch.

This is a curious piece of bungling. Does it mean that if he reaches an average of 33⅓ per cent., it is sufficient, or is it 66⅔ he must attain?

The lists of questions are given; and appear to be well chosen. Certainly, we should not expect any man to receive a license who is not qualified to answer properly the eminently practical questions on therapeutics and practice.

The President's Address is mainly taken up with a discussion of the strictures upon the Board made by the medical journals, especially THE REGISTER and THE TIMES. The key is at last supplied by which the previous reports of the Board may be deciphered, and we can now ascertain just how many candidates have been before it from each college. The method is to subtract from the number of applicants the number of second applications, leaving the number of *first* examinations made. That this is an awkward way of putting the matter is evidenced by the fact that not one of the medical journals in the country solved it. Every one that quoted these reports, even wide-awake journals like the New York *Medical Record*, the *Association Journal*, the *Pittsburgh Review*, and others, gave the report literally, as it was printed. We are very glad, however, to relieve the Board of one of the strictures made upon it by the TIMES—that of having registered the Medico-Chirurgical College by another method than that used for other colleges. Until the present explanation was given, it was not possible to avoid the conclusion reached in our former remarks. It is now evident that in this particular we did the Board an injustice. We are sorry that we must add that in all other respects our objections to their actions were well-founded. Those advanced by Dr. Bryce in the *Southern Clinic* are practically admitted to be true, though a very lame attempt is made to gloss over the matter, by claiming that the President was deceived. In the discharge of an official duty, one is expected to use such due diligence as to avoid being deceived. Between carelessness and intentional error the difference is small.

The report goes on to state that no notification of the error regarding the Medico-Chirurgical College was received. The matter was noticed in THE TIMES, and a copy sent to the President of the Board. The receipt of Dr. Montgomery's letter calling attention to the same fact is acknowledged. It seems hardly possible that any one should want any further notification than this, even if the authorities of the Board could be ignorant that the medical press throughout the country was quoting their report, as showing that three candidates of the Philadelphia College had been rejected; two of them even after a second trial.

The remainder of this report is occupied by a malicious and wholly uncalled for attempt to find motives for the action of the Philadelphia journals which attacked the action of the Board. In a publication made some months ago, the action of the *Times* was attributed to its possessing a full page advertisement of the college in question. Age increases knowledge; and Dr. Nelson has now discovered that the *Times* is edited by a member of the Medico-Chirurgical Faculty. Truth and justice appear to be unknown quantities with the worthy President, who seems unable to comprehend that such motives could influence men to defend the object of an unjust attack. Those who are acquainted with the editor of the *Times* will not need to be told that his course would have been the same if the attack had been made upon the Jefferson or the University. His colleagues upon the committee appointed by the State Medical Society to urge the passage of the proposed bill creating a State Board of Medical Examiners, will not accuse him of lukewarmness in urging the passage of that act. The *Times* spent nearly $800 in furthering that measure, twice sending out special editions of 7000 copies to the Pennsylvania physicians, with editorials, etc., urging the passage of the Act. In fact, its defeat was probably due to the failure of the committee to

act upon the advice of this member, and urge the bill personally upon the members of the Legislature. This course was adopted by the irregulars, and by it they defeated the measure.

The charge that Dr. Shoemaker attacked the Virginia Board in order to defeat the Pennsylvania Act is a gross falsehood. At first, Dr. Shoemaker did not favor the bill; but after it had been fully discussed, he turned in and worked faithfully for its passage. No member of the Medico-Chirurgical Faculty labored more earnestly than Dr. Shoemaker to secure the united influence of the Faculty in favor of the bill. This statement can easily be verified by reference to those members who, like Dr. Garretson, opposed the bill throughout.

As to Dr. Keyser, that gentleman's course in regard to the creation of an Examining Board, from the time he first proposed it, has been so consistent that an attempt to rank him among its opponents merits no answer.

Out of this controversy this much good has come: that the Board has been forced to publish a correct report, showing the standing of the candidates from the various colleges in an intelligible manner.

DR. Dabney, in the Virginia *Medical Monthly* for April, contributes his answer to the charges of unfair dealing made against the Board by the Times. Laying aside the gross abuse and coarse insinuations in the article, which do not interest our readers and have no bearing upon the question in dispute, the only answer made by the champion of the Board is that the charge is not true. We have never called in question the action of the Board in rejecting the graduate of the Medico-Chirurgical College. No medical college in America is prepared to guarantee to all its graduates success in winning the endorsement of any Examining Board they may encounter. The special points to which we objected were that the Board announced *three* candidates as rejected on the *first* examination and two on the second; whereas there was but *one* candidate before the Board, who appeared and was rejected three times. Furthermore, we called attention to the fact that this very remarkable method of registration appeared to be employed only in the case of this college, while others were registered in another manner.

Take, for instance, the record of the College of Physicians and Surgeons, of Baltimore: 34 applicants, 10 rejections, 24 successful; 6 second applications, 2 successful, 4 rejected. How many candidates appeared from this school? According to the system adopted with the Philadelphia school, there were really only 28; of whom 24 succeeded and 4 failed; of whom 6 appeared a second time! Or, 28 candidates presented themselves, of whom 20 succeeded at the first trial and 4 at the second; leaving 8 rejections the first time and 2 at the second; the final result being 2 rejections after two trials, and 2 at the first which did not appear for a second.

Then take the Vanderbilt University: Record, 3 applicants, 1 rejection, 2 successes; 1 made second trial and succeeded. We have been puzzling over this for a long time, and do not see through the problem. There were three, or two, of whom one failed and two succeeded; and, perhaps, the one who failed was the one who succeeded at the second trial, and, perhaps, he was one of the two who succeeded. It's bewildering. The net result is that no mortal man can tell how many candidates have been before the Board, how many failed or anything whatever of the standing of the various colleges. We suppose that it will be admitted that failure means failure, and success stands for success; and that in comparing the various colleges, the percentage of their graduates who received the approval of the Board shows the degree of success attained. By the tables published, the University of Virginia suffered the rejection of 1 out of 33; Jefferson, 3 out of 12; Bellevue, 1 out of 6; University of New York, 2 out of 7; Vanderbilt, 1 out of 3; and the Medico-Chirurgical, 3 out of 3. Applying to this cipher the key furnished by the facts in regard to the latter, these figures resolve themselves into the following: University of Virginia, 1 out of 33; Jefferson, 1 out of 10; Bellevue, 0 out of 5; University of New York, 1 out of 6; Vanderbilt, 0 out of 2; Medico-Chirurgical, 1 out of 1. This, however, puts Bellevue and Vanderbilt above the Virginia school, and greatly lessens the percentage by which that village institution excels the city colleges, where medical teaching is rendered inefficient by their great clinical opportunities. The medical art is best learned by rote, like the multiplication table, and the superior advantages of a school which teaches from the book, without the drawbacks of clinical demonstrations, must be shown, at all hazzards.

But now that an intelligible record has been published, it will be seen that with all the advantages of a Board in sympathy with the Virginia University, that Institution really has made a poorer record than Vanderbilt; although this fact was completely covered up in the former report.

Annotations.

MISTAKEN ECONOMY.

ON account of the Governor's action in vetoing the appropriation for Will's Hospital, that institution has been compelled to reduce the number of its beds. This is a pity, for we know of no more deserving charity than that of Will's Hospital. Probably more patients from the State outside the city come to this hospital than to any other in the city, and no discrimination is practiced.

Only a day or two since we saw a poor woman from Reading, nearly blind, but whose eyes could be greatly benefited under proper care, refused admission for the simple reason that the hospital could not afford to take more patients.

When we consider what an incalculable blessing is

that of sight, and what untold misery is theirs who have lost that blessing. It seems to us that neither the Governor nor the State ought to begrudge the little money whereby the poor of Pennsylvania would be enabled to command that skill for which they cannot pay.

PRESS PROTECTION.

THE French medical journals have formed a Medical Press Association; the object of which is the protection of their common interests. The annual dues are thirty francs; or one-half for provincial members; and out of this sum are defrayed the expenses of the banquets at the quarterly meetings. The executive powers are lodged in the hands of three syndies, one of whom is elected annually to serve three years. The first syndies are M. M. Cézilly, Cornil, and de Rause; the representatives of the *Concours Médical*, *Journal de Connaissances Médicales praliques et de Pharmacologie*, and *Gazette Médicale de Paris*.

Society Notes.

SALPINGO-OVARITIS.

SALPINGO-OVARITIS was the subject of a paper before the American Medical Association at Newport, June 25, by DR. GEORGES APOSTOLI, of Paris, France. The following are his résumé and conclusions:

1. My electrical treatment of salpingo-ovaritis reaches back as far as the year 1882, and has been heretofore described under the name of treatment of perimetritis.

2. It comprises the methods of application, which, mentioned in the order of their increasing efficacy are: the faradic current of tension, the simple galvanic intra-uterine application, and the vaginal galvano-puncture.

3. Every electrical treatment always ought to be rigorously preceded by an antiseptic vaginal irrigation (of sublimate, carbolic acid, or naphthol). It will besides be most advantageous to keep the vagina closed between the treatments with gauze saturated with iodoform, sublimate or salol, for the purpose of maintaining perfect antisepsis, and to prevent, as far as possible, all sexual relations.

4. Confinement to bed, not obligatory in the light forms, will always aid the efficacy of the treatment. A rest of from one to several hours will be obligatory after every galvano-cauterization, and especially after every galvano-puncture.

5. Of the two localizations of the faradic current, which I advise, the vaginal and uterine—the uterine, with the aid of the bipolar sound, is the more efficient.

6. The faradic current of tension is only tolerable, and indicated in the acute and subacute forms, and the faradic current of quantity, which is less efficient and less tolerable, ought to be excluded, except in certain rare chronic cases, which are very old, in which it will be able to render some service.

7. The faradic current of tension is an excellent and rapid sedative, which calms the acute condition, diminishes the pain and nervous excitability, but remains powerless against the development of the inflammatory process.

8. The current of quantity will be able in certain chronic forms to aid in the absorption of exudates by stimulating the intestinal circulation.

9. Faradization ought here always to be applied in moderate doses, without shock and with a gentleness which increases in proportion as the condition is more acute.

10. The faradic treatment ought from the beginning generally to last from five to fifteen minutes daily, with a dose which increases gradually, and which ought not usually pass the limit of the individuals toleration.

11. Intra-uterine galvanization, or more properly chemical galvano-cauterization, will succeed often in itself in curing certain catarrhal salpingo-ovarites. It constitutes an excellent method of progressive and total destruction of the mucous membrane, which is always diseased in this case: of rendering heaithy the uterine cavity, aud of peripheric deviation.

12. It presents the following advantages over the use of the curette: it is absolutely harmless; it can be localized in the whole or in part of the uterine cavity; it is progressive, not violent, and never instantaneous; it is mathematically doseable and thus acts as may be desired; it is acid or alkaline at will; it is generally tolerable and requires no anæsthetic; it is easy of application and does not require an assistant; it does not condemn the patient to an enforced confinement to bed; it is not contra-indicated by any acute condition; it unites to a local superficial action, a trophic, general antiseptic and interpolar action.

13. The positive pole always causes less congestion than the negative, the latter bringing about resolution more rapidly; therefore the positive pole should usually be applied in the beginning, later giving place to the negative pole.

14. Every galvano-cauterization ought to be given in a small dose at first, also gently, in order to test the uterine and especially the peri-uterine susceptibility. The intensity will afterward increase with the tolerance of the patient and the clinical indications: beginning with twenty to forty milliampères, it will reach progressively the figure of one hundred to one hundred and fifty.

15. The treatment will take place once or twice a week, and the duration will vary from three to eight minutes, according to the circumstances.

16. Every salpingo-ovaritis which is not rapidly modified by the intra-uterine galvano-cauterization ought to be treated by the vaginal galvano-puncture.

17. The efficacy of the galvano-punctures is generally much greater than that of the galvano-cauterizations, as is affirmed by the patients and proved by my daily experience.

18. Every galvano-puncture should be scrupulously after the following general rules: To use a very small and sharp steel trocar. Never to bury it deeper than one centimeter at most. To avoid the anterior cul-de-sac and to make the puncture behind or at the

sides, upon the point of the inflammatory tumor which is most prominent in the vagina. Anæsthesia will be often necessary in galvano-punctures of high doses. To avoid the use of the speculum and to plunge the trocar through a long isulating cylinder of celluloid, after having previously explored the region with the index finger, in order to avoid any arterial pulsations. One or two weeks will intervene between the treatments by the galvano-puncture, and they should not usually be repeated until the reaction from the preceding has entirely disappeared.

The indication for galvano-punctures should be reserved for those cases alone in which the uterine appendages are near the vaginal wall. The average intensity of each sitting should vary between fifty and two hundred and fifty milliampères, and their respective duration should be from five to eight minutes.

19. The positive puncture will be generally indicated in the beginning as less dangerous and causing less congestion than the negative, and it will establish better the adhesions between the uterine appendages and the vaginal wall. The negative punctures, which generally produce more resolution in high doses, will aid in creating a vaginal fistula from the tumor in case of pyo-salpingitis.

20. Almost every salpingo-ovaritis will be amenable to an appropriate electrical treatment, which will be, above all, the conservative method of choice. This is sovereign in most of the catarrhal salpingites, calming, in the tuberculous salpingo-ovaritis, and capable of curing certain purulent salpingo-ovarites, because of the establishment of a vaginal drainage.

21. All electrical treatment followed by an intense or prolonged febrile reaction should be immediately suspended, or at least very much lessened, and this will sometimes decide the diagnosis of pyo-salpingitis. Pyo-salpingitis will only be amenable to treatment when it projects sufficiently into the vagina to permit evacuation with safety.

22. Every course of electrical treatment, whatever may be its duration, ought not cease until the patient declares herself symptomatically cured, and examination shows a considerable anatomical resolution.

23. All salpingo-ovarites will come under the domain of surgery, only when all the preceding electrical methods applied for a sufficiently long time, have been attended with failure.

24. Castration, which irretrievably mutilates women both physically and morally, which sometimes kills them, and which only cures permanently and definitely in about 20 or 25 per cent. of cases, ought to be an operation of necessity, never of choice, and should be considered as the last resource of therapeutics for the uterine appendages.

25. The electrical therapeutics, which I advise, are conservative, inoffensive, easy of application by every one, but do not pretend to produce a constant and radical cure of salpingo-ovaritis, and their best justification is found in the fact that a subsequent normal pregnancy is possible, which fact has been demonstrated in several of my patients.

Paris Letter.

THE EUPNŒTIC POWER OF MORPHINE.

FOR the laity and even for many doctors morphine is merely a calmant, acting by its analgesic power only; but it has also a respiratory action called eupnœtic (from eu, well, and pnœa, I breathe) that is most remarkable. Dr. Huchard, for years back, has insisted that morphine makes a person breathe, and some physicians use hypodermic injections of it in cases where they meet with intense dyspnœa. But, as a rule, this action of morphine is lost sight of in its all-powerful effect on pain; so that M. Fourrier does well, in a late article, to speak of this action of the drug. He cites a number of striking cases where the anti-dyspnœic action was seen.

One was an antero-selerosis case that could not find a moment of repose. Seated on a chair and his arms pressed against the back of it, the poor patient tried to breathe, but with little success. The face was in a state of cyanosis, and considerable œdema was present in the lower limbs. The important indication was, of course, to calm the dyspnœa. An injection of morphine did this rapidly, and digitalis in a few days afterwards completed the relief of the case. Another case was one of nervous asthma in a woman, who had a violent attack that was calmed in ten minutes by an injection of one centigramme of morphine. We simply call attention to this not-always-thought-of-power of morphine, which is applicable to a large number of cases. Another action of this important drug is *the elective power it has on the uterine organs*, and its therapeutical indications in this particular direction are given by Dr. Luteaud. According to this observer, morphine will diminish or even stop the menstrual function, and he gives some interesting cases taken from his experience. We all know the large use made of morphine in gynecological affections. There is hardly any inflammatory trouble of the pelvis that is not treated with it, and it is a common thing to see women becoming accustomed to its use, and ending, unfortunately, often in absolute morphiamaniacs. M. Luteaud having had under observation a number of such cases, was struck with the fact that the morphine they used stopped the courses. He found in eighteen cases that a minimum dose of twenty-five centigrammes would cause a cessation of the menses. He also found that it caused a suppression of all venereal desire. This same action has been shown by Dr. Jennings in men who were addicted to morphine, in some cases going so far as to cause complete incapacity for the sexual act. M. Luteaud concludes that there is in these facts an important therapeutical indication. As morphine suppresses menstruation, why not use it in cases of women who have some serious affection that calls for its suppression? Uterine fibroids are aggravated by the menses and cancer of the uterus as well; so that the indication seems to be to use morphine and suppress all hemorrhages in such cases, and in all painful affections of the womb.

Syphilitic Arthritis.—M. Kermisson, in an excellent clinic, shows that we should not class an articular

chronic arthritis until we know just what it is. The prevalent idea at present is to make all articular swellings into tubercular lesions, but this is an error, as there are other inflammations of the joints of a different nature; just as we have alongside of tubercular coxalgia, rheumatic coxalgia. There is first of all chronic arthritis from traumatism, others again from a propagation of some inflammation near by, and finally there is syphilitic arthritis. It is well then to search out what is the origin of every chronic joint trouble we see, so that we can separate the tubercular from other lesions. The patient presented by M. Kermisson was a woman of thirty-three, who came in for a chronic arthritis of the left knee. It had begun four years ago by a small movable tumor on the external side of the articulation. At first this did not trouble her, as she continued to go about; and it was only in December last that she saw a doctor, who prescribed vesication and afterwards cautery points, but without any good result. She then entered a hospital, where tincture iodine was used externally and sulphur baths given. On her entry into the Hôtel Dieu she presented the following signs: A swelling on the left knee from an effusion that was intra-synovial. There was no tension, only the soft consistence of a partly filled sack, so that it was quite possible to feel the epiphyses, which had kept their normal size. The tumor was found at the supero-external part of the knee, and was about the size of a walnut. It was movable, and the joint could be put through the usual movements without great pain. M. Kermisson at once said it was a syphilitic arthritis, as this is the only one of these lesions that presents so well-defined an induration with a localized seat, and with such an insidious method of growth. The patient, however, refused to admit any specific disease, but the application of Vigo's plaster and administration of Gibert's syrup caused a rapid cure. Immobilization is not needed, though some compression may be used to bring about resorption of the hydarthrosis that accompanies the trouble, but specific treatment with mercury will alone bring a cure in such cases. If there should be any muscular atrophy later, then massage, sulphur baths, and electricity may be called into play. The prognosis is favorable also, so that this affection is different in every way from the ordinary chronic articular troubles. The clinical points of difference are: The existence of one or more painful points on the joint, and at the same time a tumor which is limited in extent. This is often continuous with the bone, or it may be a subsynovial gumma. There is but little, if any, functional trouble here, no fixed attitude, no muscular contractions, and the hydarthrosis will be more or less pronounced. The knee is the joint most often attacked by syphilitic arthritis.

The General Action of Tobacco on the Organism.—Dr. Huchard, in his new volume of "Clinical Lectures," has a good deal to say on this subject. First of all in regard to the poisonous principles contained in the plant. Heubel has shown that the nicotine exists in the form of malate and citrate of nicotine, and Drysdale claimed that tobacco smoke contains as much as 30 grammes of nicotine for 4500 grammes of smoke. Le Bon follows by saying that Turkish tobacco contains prussic acid, and that Havana has another alkaloid called *collidine*, of which one-twentieth of a drop will kill a frog with symptoms of paralysis. The half-liquid matter that accumulates in the bowl of a pipe will kill a small animal in three-drop doses. The action of tobacco is upon the nervous centers and the pneumogastric nerves, and also on the vessels and the muscular system. As to the first: A few drops of nicotine instilled under the conjunctiva of an animal will kill at once. Eight drops will kill a horse with frightful general convulsions, and the muscles are found in such a state of tetanus that they seem to have lost all contractility. There is a remarkable action of habit in tobacco poisoning; an animal that is thrown into convulsions by one-half a drop one day, will require twice as much the next day; and so on in four or five days, four or five times as much. M. Huchard thinks that the action of tobacco poison is mostly on the medulla oblongata, as he saw two cases of bulbar paralysis from its use. It was Claude Bernard, who first showed the effects of tobacco on the vagus nerves. There is a sort of antagonism between the effects of tobacco and digitalis. The last diminishes the frequency of the heart's beats and increases their energy, and the first does the contrary, as under nicotine the pulse increases and loses its fulness and tension. The physiological action of nicotine explains the phenomena seen in man after abuse of tobacco. First, there is a dyspnœa called *nicotic asthma* with hiccough, and a sensation of thoracic constriction, and, in serious cases, stertorous respiration. There follows on this a sensation of anguish about the precordial region, and palpitation. This state Dr. Huchard proposes to call "*irritable heart.*" The action is not all on the nervous system as some would have it, for the muscular and vascular action is quite as important, if it is not more so. There is a vaso-constrictive action or retraction of the arterial system, consecutive to the augmentation of the arterial tension which is produced, and which is followed by a depletion of the arterial system. The effects of tobacco are similar to a galvanization of the great symphetetic nerve, and it is probable that nicotine acts on these vessels. The symptoms of tobacco intolerance are frequent in mitral disease, and they cause an angina that Dr. Huchard divides into several classes. He admits, however, that moderate use of tobacco in most persons is inoffensive, as the system readily takes on the habit of being poisoned; but at the same time a certain number of patients, such as those who are suffering from insufficient nutrition, alcoholism, intellectual and moral fatigue, anæmia, and above all the anæmic people who have some abnormal excitation of the vascular system; also the lymphatic and those who are obese, and, finally, those who have heart diseases, are all liable to have the anginas when they use tobacco to any great extent.

Glycosuria in the Normal State.—A considerable interest is now taken in diabetes, from the fact that a certain quantity of glucose is excreted in the physiological state. M. Quinquaud, who has studied the matter, says that the question has been much in dis-

pute, but after having made careful experiments he finds that the normal human organism really eliminates by the kidneys eighty centigrammes of a substance which is reducable and fermentable. This figure changes a little in some persons, but it does not very much, so that it can be stated as the mean quantity of glucose that is eliminated daily in human beings.

Medical Treatment of Uterine Fibroids.—Dr. Lucas Championmière, though a surgeon to the St. Louis Hospital, does not neglect medical treatment, and has tried ergotine with many other drugs recommended in the above trouble; but never had any good results until he used the *juniperus sabina.* This he gives for a long time in a fifty-centigramme dose per day, divided in several doses at intervals of three hours.

The treatment should extend for months, in some cases for years, giving a rest of one month after two months' use of the drug, and advising complete rest at the menstrual period. A good result was always obtained. The fibroid diminishes, constipation ceases, the pain goes away, the menses become regular. Even the bladder function is restored; patients that needed to urinate every two hours, doing so only twice or three times a day, under the sabina.

THOMAS LINN, M.D.

PARIS.

The Inquirer.

THE MORPHINE HABIT.

SOME four years since I suffered such tortures from neuralgia that I could gain relief only by morphine. To my alarm and surprise, I found after a time that I was unable to stop taking the drug.

Although I most earnestly wish again to be a free man, and have used every means in my power, yet I am still a victim. If it were not for my wife and children who are dependent for bread on my daily exertions, I should go to some institution; but as it is, I can afford neither the time nor the money. I take hypodermically from three to four drachms a week. To add to all the rest of my trouble, I am in constant dread that my patients and others will find it out, and that the discovery will hurt my practice. Now cannot somebody suggest some medicine or plan of treatment that will be likely to help me out of this gulf of despair?

Anxiously, M.D.

ALL THE WAY FROM TEXAS COMES THIS CREDIBLE STORY.—A child was bitten in the jugular vein by a rat and quickly bled to death. Some months after a rat was caught which cried like a baby, and had a strikingly human face. These peculiarities were easily explained by a local naturalist, who said that this rat was doubtless the offspring of the one that killed the baby, and that the phenomenon was due to the alteration in her milk, caused by the child's blood which she had sucked!

Book Reviews.

AMERICAN RESORTS: WITH NOTES UPON THEIR CLIMATE. By BUSHROD W. JAMES, A.M., M.D. Philadelphia and London: F. A. Davis, 1889. Octavo pp. 300, cloth. Price, $2.00.

The scope of medicine has become so extensive in late years that under the healing art is included everything ever known that may conduce to either the curing or the preventing of disease. The mass of knowledge is far too great for "one small head" to contain, so that the doctor must have at hand his books of reference.

Dr. James's work is, we think, both important and valuable, mentioning as it does, all known seaside and fresh water resorts, mountain resorts, summer and winter resorts. There is a chapter on "Mineral Springs," and one on "Trips upon Ocean, Lake, and River." In the first part of the book "Medical Climatology" and "Benefits and Dangers of Health Resorts" are treated of, and in the last, "Therapeutics. Dr. James concludes by giving a translation of that portion of Dr. Woeikof's "Die Klimate der Erde" relating to North and South America and the Atlantic Ocean. A large map of the United States accompanies the book.

TRANSACTIONS OF THE AMERICAN ORTHOPŒDIC ASSOCIATION. Vol. I. Published by the Association, 1889.

This is an interesting and neatly printed volume of some three hundred pages, embodying the Association's Constitution and By-laws, and the proceedings of its first and second annual meetings. The Association is composed of the leading orthopœdic surgeons of the country, and we should, therefore, expect the papers to be what they are—full of interest and value. Many of the articles are illustrated with plates showing the various apparatus, and deformities with their corrections. The edition is limited to five hundred copies.

AN ELEMENTARY TEXT-BOOK OF CHEMISTRY. By WILLIAM G. MIXTER, Professor of Chemistry in the Sheffield Scientific School of Yale University. New York: John Wiley & Sons, 15 Astor Place, 1889. Pp. 439. Price, $2.50.

In the general rage for making books, that for making text-books is well to the front. The number that have been written on every teachable branch within the last few years, is simply enormous, yet we do not decry the movement. We consider them all valuable; though each one may not be in itself, nevertheless it is of use as a guide-post to some other author. Comparing for a moment the absurd and inefficient text-books of our grandfathers with the modern works of art from which our children study, we are convinced of the improvement.

The present work seems to be commendable, both in matter and in form, for the purpose for which it is written—a text-book.

LECTURES ON BRIGHT'S DISEASE. By ROBERT SAUNDBY, M.D., Edin. New York: E. B. Treat, 1889. Pp. 290.

The chapters which this book contains were in the first place lectures, but these were rewritten and

elaborated, so as to be more suitable for book form. Although there is nothing particularly new brought forward, yet the work forms an addition to our knowledge of this important disease, by reason of the fact that a number of new cases are related and experiments described.

The subject is divided into three sections: 1. General pathology. 2. Clinical examination of the urine. 3. Bright's disease.

Just as physicians of the present day know that it is not necessary to predict an early grave for a patient afflicted with any and every heart lesion, so we are beginning to discover that albuminuria does not necessarily mean Bright's disease—it may be and frequently is of no moment. Dr. Saundby's work tends to make this fact more clear. We are pleased to see him recommend that tapping should not be done until it is absolutely necessary. The fluid is usually soon replaced, and the patient a loser by just that amount of an important constituent of his blood.

A commendable feature of the book is the author's custom of placing at the end of each chapter a summary, so that at a glance the reader may see what has there been set forth or maintained.

HANDBOOK OF MATERIA MEDICA, PHARMACY, AND THERAPEUTICS. By CUTHBERT BOWEN, A.B., M.D. Philadelphia and London: F. A. Davis. Pp. 366. Price, $1.40.

In these days of severe competition and hard study, when the medical student is compelled to devote from ten to twelve hours of his time to laboratory work, dissection, lectures, and clinics, he has so small a margin of the day left for actual study, that he is utterly unable to find the time to devote to the perusal of the larger text-books on the various branches of medicine and surgery, but is compelled to make use of smaller ones; and this need has given rise in late years to a multitude of manuals, aids, epitomes, and handbooks. They are a necessity, and have come to stay.

The present one is arranged in the form of questions and answers, so as to make it of still greater aid to the student in that trying moment of his life-examination, and seems to be so complete as to cover every contingency that may possibly arise during that ordeal.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By JOSEPH LEIDY, M.D., L.L.D., Professor of Human and Comparative Anatomy and Zoology in the University of Pennsylvania, President of the Academy of Natural Sciences, and of the Faculty of the Wagner Free Institute of Sciences, Philadelphia. Second edition rewritten. Philadelphia: J. B. Lippincott Company, 1889. Price, $6.

It is now twenty-eight years since Prof. Leidy's "Treatise on Human Anatomy" was first presented to the professional world. The then already widespread reputation of the professor, in conjunction with the acknowledged merits of the work created a large and imperative demand for the book which soon exhausted the edition, and for years a copy could only be procured at a high premium, but now, after the lapse of over a quarter of a century, at the earnest solicitation of many of his admirers and students, Dr. Leidy has prepared this new edition, which is entirely rewritten, and in all respects worthy of the highest commendation.

A lifetime devoted to the study of human and comparative anatomy has rendered the distinguished author eminently fitted for the production of a work of this magnitude. With an eye single to the needs of the medical student he has rejected all superfluous material, and thus, together with the conciseness and precision which is characteristic of all of his writings, he has produced a volume which cannot fail to be recognized as a most systematic study of this conplex subject.

While, as a whole, the work is one of superior merit, there are several features in connection with it which are especially commendable and noteworthy. The most striking of these is the adoption of an anatomical nomenclature of the extremest simplicity with the view of facilitating the memorizing of the often difficult and bewildering technical terms. This is accomplished by substituting wherever it can be done, the English name for the Latin, by replacing the names of individuals when given to structures by more appropriate descriptive terms, by avoiding a multiplicity of terms when two or more are applied to a part. However, in order to overcome any confusion, and for assistance in reference, all the synonyms of the various tissues and organs, as they are studied, are retained and printed at the foot of each page. To this system of nomenclature does the work owe much of its inherent value.

Another interesting and valuable feature is the large proportion of original illustrations which abound throughout the work. Out of a total of four hundred and ninety-four, two hundred and one are original, either by the author or by Dr. Schmidt. While these are not as large nor as well adapted to the purpose of dissection as those in some of the larger and more comprehensive anatomies, they are still distinct and to the purpose, and it must be borne in mind that the work in hand is eminently a text-book and not a dissector.

Dr. Leidy is distinguished throughout the world as an original and untiring investigator, and in the present edition he has incorporated the result of his earnest, careful work of the past twenty-five years. All that will be necessary to prove the incalculable value of this feature of his book is to call attention to the light he has thrown upon that hitherto but dimly illuminated part of the human anatomy, the tympanum. Through his efforts the middle ear may now be studied with as great ease and clearness of apprehension as the other simpler portions of the body.

In conclusion we would recommend Dr. Leidy's book as one not only of inestimable value to the student, but as worthy of a place in the library of the oldest and most experienced practitioner.

ELECTRO-THERAPEUTICS OR ELECTRICITY IN ITS RELATION TO MEDICINE AND SURGERY. By WILLIAM HARVEY KING, M.D. A. L. Chatterton & Co., 78 Maiden Lane, N. Y.

This little work of 148 pages will prove of value to

the busy practitioner, who has not the time to study the complications of the more exhaustive works on this subject, but who wishes to know merely what to apply electricity for, when to apply it, what kind to make use of, and how to use it. These are the points Dr. King has had in view. The book is copiously illustrated.

Pamphlets.

Scarlatina Otitis, by Charles H. May, M.D., New York.

Medical Department of the Tulane University of Louisiana. Catalogue of 1889–90.

Therapeutics of the Gouty Diathesis, by Solomon Solis-Cohen, A.M., M.D., Philadelphia.

Fourth Annual Report of the Board of Managers of the Chinese American Union of Philahelphia.

A Résumé of Experience at the Aural Clinic of Prof. Herman Schwartze, in Halle, Germany, by Charles H. May, M.D., New York.

University of the City of New York, Medical Department. Forty-ninth Annual Announcement of Lectures and Catalogue, 1889–90.

A Clinical Study on Alopecia Areata and its Treatment, by L. Duncan Bulkley, A.M., M.D., New York.

Dr. Bulkley believes this disease not to be of local or parasitic origin, but that it is constitutional, and he has had the best results when he so treated it. Curiously enough it seems to be found to a greater extent, relatively speaking, among the better classes than among the lower; this fact is also opposed to its being of parasitical origin.

Horrors of Modern Matrimony: a Lecture. The lecture with this startling title is said to have been delivered before a certain Philosophical Society of Chicago, but if it was, we pity the society. The writer after wandering aimlessly about over a number of pages, finally concludes that matters are not as they should be, and that we are all going to the dogs, but he fails to suggest a remedy; unless it may be those pills of his, advertised on the back pages as competent to cure any ill or ailment known to any age, sex, clime or race.

On Unusual Methods of Acquiring Syphilis, with Reports of Cases, by L. Duncan Bulkley, A.M., M.D., New York.

In the course of this interesting paper Dr. Bulkley remarks that in spite of the common belief to the contrary, he has not been able to find an authenticated case where syphilis was contracted from a privy seat, and again he knows of only one instance in which the disease was gotten from holding a coin in the mouth, though one wonld think such a method not uncommon, on account of the frequent and filthy habit many women have of holding money in the mouth while making change.

Disease: Its cause. By G. M. Dewey, M.D., Detroit, Mich.

This title belongs to an effusion written in the form of verse, and probably intended for poetry. The humor in some parts of it is much broader than deep, and the vagaries of the rhythm are equalled only by the singularities in rhyme.

For instance, speaking of our mother Eve:

> On her own head the judgment brung,
> Of sorrow when she bore her young.

And:

> Far more respect of old was given,
> To the cadaver than the liven.

"Dyspepsia" and "catalepsy" are also forced to rhyme, as is also "Koch" with "mock."

THE new cigarette law is said to be a dead letter in this city.

Gleanings.

DEATH FOLLOWING THE SUSPENSION METHOD.—Dr. Gorecki reports the following case:

A man, forty years of age, suffering from ataxia for five years, having read an article in the daily papers about the suspension method, sent out and bought the apparatus and resolved to follow the treatment. His malady had made rapid progress, as he suffered from almost total paraplegia, but his intellect was unimpaired. He caused himself to be suspended by his servant two or three minutes each day, and as the first seven occasions were followed by the usual benefit, he congratulated himself on his progress.

At the end of the eighth *séance* he had lost speech and hearing, but preserved sight, intelligence, and movement. Dr. Callamand was sent for, and tried stimulation, subcutaneous injections of ether, etc. Deglutition was impossible, and notwithstanding every care the condition of the patient became more grave. The same night as the accident the power of sight was lost, and the paralysis extended rapidly to the arms and thoracic muscles, death following in twenty-four hours from suffocation. This, we believe, is the first fatal accident following this treatment, which, in this case, was instituted without medical supervision.—*La France Médicale.*

TREATMENT OF OBSTINATE VOMITING.—

(1) ℞.—Tincture of iodine . . . . . 16 drops.
Distilled water . . . . . 60 grammes.—M.
Sig.—A tablespoonful every half hour.

(2) RANDOLPH'S MIXTURE:
℞.—Creasote . . . . . 20 drops.
Acetic acid . . . . . 40 "
Sulphate of morphine . . 0 gr. ½.
Distilled water . . . . . 60 grammes.—M.
Sig.—Two or three tablespoonfuls every half hour.

(3) ℞.—Phenic acid . . . . . 1 drop.
Chloroform . . . . . 3 drops.
Alcohol . . . . . 20 "
Distilled water . . . . . 15 grammes.—M.
Sig.—For one dose; to be repeated one-half hour late if necessary. Especially useful in Asiatic cholera.

(4) CHOLERA INFANTUM:
℞.—Phenic acid . . . . . 25 drops.
Alcohol . . . . . 25 "
Peppermint water . . . . 45 grammes.
Mucilage of gum arabic,
Syrup of poppy . . . . āā 15 drops.—M.
Sig.—A tablespoonful every two hours.

(5) ASIATIC CHOLERA:
℞.—Chlorohydrate of morphine . 0 gr. 15.
Subcutaneous injection.

(6) VOMITING OF PREGNANCY:
(*a*) ℞.—Elixir of opium . . . . . 30 drops.
Bromide of potassium . . . 1 gr. 8.
Water . . . . . 60 grammes.
Sig.—For rectal injection.

(*b*) DUJARDIN BEAUMETZ:
℞.—Chlorohydrate of cocaine . . 0 gr. 42.
Distilled Water . . . . . 300 grammes.—M.
Sig.—Take a teaspoonful every hour. To avoid the vertigo remain in the recumbent position.

(*c*) ℞.—Fluid extract of viburnum . 3 gr. 75.
Sig.—To be taken at successive times

—*La France Médicale.*

ANTISEPTIC TREATMENT OF TYPHOID FEVER.—Prof. Bruchard commences his treatment by the use of calomel, two centigrammes a day for four days.

As soon as the rectal temperature passes 40° C. cold baths are employed, 2° less than the body temperature. Every ten minutes the temperature of the bath is to be reduced until it reaches 30°. Not more than eight are to be given in twenty-four hours.

These baths are to maintain the temperature of the body from 37° to 37.5°.

If the baths are not sufficient to reduce the temperature, we employ the sulphate of quinine, which is an excellent microbicide.

We commence with two grammes in the twenty-four hours, and gradually reduce the dose until the temperature is 37° in the morning and 38° at night.

Dr. Bruchard uses the following internal treatment:

℞.—Naphthol,
Salicylate of bismuth . . . . . āā 5 grammes.
Sig.—Divide in ten parts; one to be taken every hour.

The result of this mixed treatment is most satisfactory. It responds to all indications.

—*La Tribune Médicale.*

FOR THE AGREEABLE ADMINISTRATION OF COD-LIVER OIL (Seig.).—

℞.—Cod-liver oil . . . . . 2000 grammes.
Creasote . . . . . 2 gr. 50.
Saccharine . . . . . 0 gr. 16.

The odor of this solution resembles that of smoked meat.—*Revue de Thérapeutique.*

ANTIDYSPEPTIC POTION (Bucquoy).—

℞.—Fowler's solution . . . . . 1 gramme.
Tincture of nux vomica . . . . . 2 grammes.
Syrup of tar . . . . . 300 "
Sig.—A tablespoonful before meals.

—*Revue de Thérapeutique.*

EXPECTORANT PILLS (Lépine).—

℞.—Terpine . . . . . 3 grammes.
White sugar,
Gum arabic . . . . . āā q. s.
Sig.—For thirty pills; three a day.

—*Revue de Thérapeutique.*

FOR DIFFICULT DENTITION.—

℞.—Hydrochlorate of cocaine . . . . 0.05 centigram.
Bromide of potassium . . . . . 0.50 "
Distilled water,
Glycerin . . . . . āā 10 grammes.
Sig.—To be applied with the finger.

—*La Tribune Médicale.*

TREATMENT OF LEG ULCERS.—Dr. Appenroah mentions a new method for the treatment of leg ulcers. After having washed the leg, light friction is used from the knee downward. This massage has the effect of producing an exudation of lymph in the ulcer. Granulations soon appear and a cure follows this process. The Doctor recommends pure lanoline as a dressing, as antiseptic substances are apt to produce irritation.—*L'Année Médicale de Caen.*

XERODERMA PIGMENTOSUM.—Anderson (*British Med. Jour.*) reports a case of this rare skin disease. A colored plate accompanies the note.

EXCISION OF CLAVICLE.—Jessett (London *Lancet*) reports a case of excision of this entire bone for a sarcoma. This is the sixteenth time the operation has been performed.

UTERINE MEDICINES.—Davies (London *Lancet*) considers uterines, so-called, as eminently unreliable in their effects, but he says that for an efficient emmenogogue nothing has yielded, in his hands, results so good as a combination of canlophyllin and pulsatilla.

SUPPRESSION OF RABIES.—The *Brit. Med. Jour.* believes that if the ideas advanced by the Society for the Prevention of Hydrophobia were carried out, cases of this disease could be reduced to zero, and shows that hydrophobia has been rare or frequent just in proportion to the precautions taken against rabies.

TYPHOID FEVER AND MILK.—The London *Lancet* mentions a sudden outbreak of typhoid fever, the cause of which was supposedly traced back to a dairy where the proprietor's son was convalescing from that disease. At any rate, when the distribution of the milk was stopped, the disease came to an end.

WATER IN THE LUNGS.—Bowles (London *Lancet*) says that contrary to the general belief that water does not enter the lungs of those drowned, on account of closure of the epiglottis, he has found water a number of times in the lungs of both animals and human beings who died by drowning, and therefore holds that the Sylvester method of resuscitation is not to be relied on.

IMPOTENTIA VIRILIS.—Prof. Fuerbringer, before the Congress for Internal Medicine, held at Wiesbaden April 15—18, 1889, remarked as follows: As is well known, *impotentia generandi* must be distinguished from *impotentia cœundi*, and it is the latter form, denominated by Rockwell and Hammond as *sexual neurasthenia*, which is now under consideration. Aside from mechanical interference with erection due to abnormalities of the corpus cavenosum and corpus spongiosum of various causation, we have to do in most cases with nervous impotency accompanied by seminal loss, where the genitalia themselves are intact; and here belong the cases of purely psychical or moral impotency, which impotency often constitutes the sole symptom of the neurasthenia. 200 cases of *impotentia cœundi*, and during the same time 100 cases of *impotentia generandi* have been observed—all in private practice. Of 15,000 hospital patients (Friedrichshain) only 2 complained of this functional disturbance, which is by no means to be referred to a variety of this disease among the class of people frequenting the hospital, but rather to their ignorance and indolence as to several affairs. The youngest of the 200 patients was eighteen, the oldest fifty-two years of age, about half of them being in their fourth

decade. As to occupation the majority of them were merchants, officers and physicians, the merchants notably Russians and Jews; and the minority were theologians and teachers, though, as is well known, these form the largest contingent for masturbation and spermatorrhœa.

As to ætiology the anamnesis shows 28 per cent. to be caused by onanism, 38 by gonorrhœa, 13 by onanism and gonorrhœa, 10 by excessive venery, 11 by hereditary debility. *Coitus interruptus* or *reservatus* are without influence. The neurasthenic phenomena accompanying inpotency are headache, dyspepsia, palpitation of the heart, depression, more rarely hyperasthesia of the genitals, frequently varicocele. In general it is not the *unnatural* gratification of the sexual desire so much as the *excessive* venery which leads to impotence.

Corresponding with the four factors of cohabitation (*libido*, *erectio*, *ejaculatio* and *orgasmus*) four forms of impotentia cœundi are distinguished.

1. All the four factors are diminished, particularly the second. This, a state parallel with senile involution, can the more easily be endured by the patient, unless the wife, possessing a strong sexual appetite, drives him to the physician. Sometimes, however, it is just the *indifference* of the wife which produces this form of impotence. Under such conditions it is more proper to speak of *impotentia* or *impudentia muliebris* than of impotentia virilis.

2. The first factor remains normal or is increased, while the other three are impaired. The prognosis of this form is bad; for besides the severe headache, etc., the patient suffers the tortures of Tantalus in having lost the capacity for gratifying his sexual desires.

3. This form is characterized by normal erections, but at the same time by precipitated ejaculations without orgasm, thus bordering on diurnal pollutions.

4. The first and third factors remain, but erection can be brought about only by intense peripheral and mechanical, not by cerebral, stimuli, reminding one of that form of impotence caused by intellectual overwork.

The *diagnosis* of impotentia cœundi must be differentiated from the impotence conditioned by various general affections. In each case therefore the urine must be examined, for albumen and sugar, and symptoms of tabes dorsalis, brain tumors, syphilitic gummata, etc., must be rigidly excluded.

The *prognosis* depends upon the degree of neurasthenia, and in general is not very favorable. One-third of the cases were cured, one-third improved, and one-third were discharged unimproved, or worse.

The *treatment* must be chiefly a general one; local treatment, in the purely neurasthenic cases is unconditionally to be rejected. Above all things physical and psychical rest and total sexual abstinence must be insisted on. Travelling, electricity, massage, hydro-therapeutics, and general hygiene, particularly according to the *Mitchell-Playfair* method, is recommended. Marriage cannot be unconditionally prohibited, but its propriety should in each individual case be decided by the physician.

—*Wiener Med. Presse.*

Medical News and Miscellany.

VETERINARY surgeons and physicians must now register.

DR. BACHE MCKEE EMMET, of New York, summers at Newport.

DR. STEPHEN SMITH BURT goes up the Hudson during his outing.

DR. D. B. ST. JOHN ROOSA, New York, was to sail for Europe on June 26.

TWO sailors are reported at the Marine Hospital station sick of yellow fever.

DR. CLARENCE C. RICE, of New York, has arranged for a European trip, beginning July 10.

THE brain of Laura Bridgman has been preserved and will be subjected to careful microscopic examination.

RUSSIA will allow women to practice medicine, but their services must be confined to women and children.

DR. GEO. B. FOWLER, of New York, favors Bay Harbor, at the extreme eastern end of Long Island, this year.

DECREASING.—Strangely enough the number of medical men in France is on the decrease: 18,000 in 1848, 11,000 now.

DR. F. KAMMERER announces that he will operate at the German Hospital, New York, every day, but Wednesdays, at 2.30 P. M.

DR. JAMES W. MCLANE has been chosen to succeed the late Dr. Dalton as president of the College of Physicians and Surgeons, New York.

NAPLES is to be completely renovated with a view to proper sanitation. It is intended to demolish 17,000 houses in the course of the work.

DR. MORRIS, in making sanitary investigations along the Philadelphia docks, found so many stenches that he was twice prostrated with colic.

ONE Watson Goodspeed who desired to emulate Dr. Tanner's fasting exploit, has made such good speed that he nevermore will eat an earthly bite.

SMALLPOX extends over so much of one of the rural districts of England, that a wooden hospital has been built which can be moved from place to place.

DR. WM. OLIVER MOORE is becoming a confirmed Long Islander, and favors Bayport on the Great South Bay, where he is learning to be very nautical.

DR. WALTER L. CARR is holding clinics in diseases of children this summer on Tuesdays, Thursdays and Saturdays at St. Mary's Hospital, 407 West Thirty-fourth Street, New York.

JOHN KENNEDY says that a needle, which five months ago he ran into his right foot, lately came out of the other foot after having made the round trip. This sounds plausible enough.

At the commencement of Rutger's College, N. J., held on June 18, the degree of A.M. was conferred on Dr. H. Genet Taylor, in virtue of his position as President of the New Jersey Medical Society.

According to a daily paper, two doctors at Columbia removed from a man's face the breech of a gun, which had entered in three pieces. Either the patient had a large face or the gun a small breech.

Apropos of lepers, a sympathetic reporter in one of our daily papers says that a lot of learned men met the other evening and "gloated" over two poor creatures who had been induced to make an exhibition of themselves.

English people knew nothing about leprosy, until some one offered to endow a leprosy ward in memory of Father Damien; then quite a shock was given them when they learned that there are some twenty lepers in England.

It is something of a blot on Philadelphia that it should have more cases of death from typhoid fever to the 1,000,000 than any other city. The cause of this fever and the manner of its prevention are so well known, that so large a mortality should not exist.

A physician in a small New Jersey town is likely to get into the courts, because patients belonging to his private insane asylum meander about the town blowing kisses at the ladies and occasionally manifesting a pardonable desire to hug the prettiest of them.

In spite of their care at the Philadelphia Almshouse, the mortality among foundling infants is great, 22 out of 36 having died during the last year.

It is now intended to send them out of the city during the summer to see what effect the country will have.

Politics, as sometimes happens, took a city's sanitary welfare in its grip last week, when a deadlock in the Long Island Civil Government rendered impossible the organization of the Health Board of that place at a time when diphtheria was threatening to become epidemic.

Drs. Crawford, of Wilkesbarre, Davidson, of Cambria, and Barret, of Pittston, form the new Pension Board for the Twelfth Congressional District. Corporal Tanner has done himself honor in the selection of this Board, which commands the respect of the entire community.

New Jersey Medical Society.—The one hundred and twenty-third annual meeting of the Medical Society of New Jersey was held at Asbury Park last week with about one hundred and fifty physicians in attendance. Dr. H. Genet Taylor, of Camden, president of the society, occupied the chair.

The adulteration of foods is so common that we are not surprised to learn that honey is affected by the practice. Combs made of paraffine are filled with glucose, and the combination sold as simon-pure honey; whilst the heretofore busy bee sits on his front steps with his hands in his pockets.

Dr. M. J. White, Superintendent of the Milwaukee Asylum for the Insane, announces that the position of second assistant physician at that institution will be vacant on August 1, when Dr. Scovel, who at present holds the office, retires. A German American is especially desired.

The custom of drinking large quantities of ice water is certainly pernicious, but if those who persist in drinking it are advised to hold each mouthful in the mouth for a few moments, the temperature will be increased, the agreeable sensation not lost, and the stomach will receive much less of a shock.

The phlegmatic Germans look askance at the glowing reports of French medical successes by hypnotism. Dr. Moll, an advocate of hypnotism, delivered a lecture before the Berlin Medical Society, detailing a number of cases; but the reporter says: "the majority of Dr. Moll's hearers remained unconvinced."

A Descendant of Sindbad's.—A doctor in Colorado relates that two men who wished him to set a broken leg, took him blindfolded to a cave, the walls of which were "yellow like gold." After the operation he casually picked up a little piece of rock, which the assayers tell him will run $60,000 to the ton.

There will be a vacancy in the house staff of the Manhattan General Hospital at Tenth Avenue and One Hundred and Thirtieth Street, New York, on July 1. Candidates for its position were examined on June 12, but the choice of Dr. F. H. White, Secretary of the Medical Board, was not announced at the time this was written.

The New York Post-graduate Medical School and Hospital has just finished the most prosperous season of its career. Among the professors and instructors it has added to its *corps* this spring are Professor Ripley and Dr. H. J. Baldt. Dr. Emerson, the attending physician to the Manhatten Eye and Ear Hospital, was appointed to a professorship at the Post-graduate a few weeks ago.

Medico-Military Society.—At a meeting held at Asbury Park, N. J., June 18, a society of medical officers was organized to include in its membership those who have served and those who are now serving in the military service, under commissions issued by the Governors of New Jersey; and, also, those medical officers who served in the late war under commissions of a corresponding rank issued by the War and Navy Departments of the General Government.

The following officers of the Society were elected: President, Surgeon-General J. D. McGill; First Vice-President, Dr. J. H. H. Love, Surgeon 13th Reg. N. J. V.; Second Vice-President, Dr. H. Genet Taylor, Assistant-Surgeon 8th Reg. N. J. V.; Secretary, Dr. E. L. B. Godfrey, Surgeon 6th Reg. N. G. N. J.; Treasurer, Dr. J. D. Osborn, Surgeon 4th Reg. N. J. V.

A meeting to complete the organization will be held at the State Encampment, Sea Girt, in July.

Dr. D. Strock presided at the last meeting of the Camden City Medical Society. Dr. W. A. Davis read a paper on "Typhlitis and Peri-typhlitis," which was discussed by Drs. A. M. Mecray, D. Benjamin, G. T. Robinson and others. Dr. George T. Robinson made a report of his experiments with "oleite," which was generally discussed. Dr. Harry Jarrett was unanimously elected a member.

At the 123d Annual Meeting of the Medical Society of New Jersey the following officers were elected:

President, B. A. Watson, M.D., Jersey City; First Vice-President, James S. Green, M.D., Elizabeth; Second Vice-President, E. J. Marsh, M.D., Patterson; Third Vice-President, George T. Welch, M.D., Keyport; Corresponding Secretary, William Elmer, M.D., Trenton; Recording Secretary, William Pierson, M.D., Orange; Treasurer, W. W. L. Philips, M.D., Trenton; Standing Committee, T. J. Smith, M.D., Bridgeton; D. C. English, M.D., New Brunswick, and J. G. Ryerson, M.D., Boonton.

Essayest for the next meeting, E. L. B. Godfrey, M.D., Camden.

The Society will hold its next meeting at Schooley's Mountain.

The members of the New York Academy of Medicine are much elated over the fact that the plans for their proposed new building are assuming definite shape. Their future home will be located on the north side of West Forty-third Street, near Fifth Avenue, it will be 75 feet wide by 100 feet and 5 inches deep. The plans have been submitted and approved, and the work of excavating has already begun. The building will have four-and-one-half stories, and will be practically fire-proof. Besides the library and the large assembly room, the most important feature of a home for the Academy of Medicine, there will be a dining room, where the members will occasionally meet for dietetic experiments, purely in the interests of science. These experiments will undoubtedly be conducted in a comprehensive and exhaustive manner. There are to be rooms elaborately equipped for photographic and laboratory purposes, an elevator, and all other desirable modern conveniences. The ground cost the Academy $90,000, and the building, without fixtures, will cost $130,000 more. The sale of the present building of the Academy, at a fair valuation, will nearly free the Academy from the indebtedness of its new venture.

Army, Navy & Marine Hospital Service.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ended June 24, 1889.

Hartcuff, Albart, Major and Surgeon. Is relieved from duty at Fort Hamilton, N. Y., by direction of the Acting Secretary of War, and ordered to Fort Omaha, Neb.

Brown, J. M., Major and Surgeon. Relieved from duty at Fort Omaha, Neb., and ordered to Fort Meade, Dak.

Shannon, W. C., Captain and Assistaut-Surgeon. Relieved from Fort Meade, Dak., and ordered to Fort Yates, Dak.

Ives, Francis J., First Lieutenant and Assistant-Surgeon. Relieved from duty at Fort D. A. Russell, Wyo., and ordered to Fort Lyon, Cal.

Philips, J. L., Captain and Assistant-Surgeon. Relieved from duty at Fort Lyon, Cal., and ordered to Fort Crawford, Colo.

McCaw, Walter D., First Lieutenant and Assistant-Surgeon. Relieved from duty at Fort Crawford, Colo, and ordered to Fort McPherson, Atlanta, Ga. Par. 9, S. O. 136, A. G. O., Washington, D. C., June 13, 1889.

Gibson, Robert J., Captain and Assistant-Surgeon (Fort Trumbull, Conn.), is designated as Medical Officer for the encampment, at Fisher's Island, N. Y., and he will proceed to Fisher's Island, N. Y., August 1, 1889, and report to the commanding officer for duty at that post. Par. 5, S. O. 133, Headquarters Division of the Atlantic, June 13, 1889.

Gandy, Charles M., Captain and Assistant-Surgeon. Upon the abandonment of the post of Fort Concho, Tex., will report in person to the commanding officer, Fort Clark, Tex., for duty at that station, to relieve First Lieutenant Ogden Rafferty, Assistant-Surgeon, reporting also by letter to the commanding general, Department of Texas. Par. 7, S. O. 133, A. G. O., Washington, June 10, 1889.

Raferty, Ogden, First Lieutenant and Assistant-Surgeon. On being relieved by Captain Gandy, will report for duty to the commanding officer, San Antonio, Tex., reporting also by letter to the commanding general, Department of Texas. Par. 7, S. O. 133, A. G. O., Washington, June 10, 1889.

Wales, Philip G., First Lieutenant and Assistant-Surgeon (recently appointed). Will proceed from this city to the Presidio of San Francisco, Cal., by direction of the Acting Secretary of War, and report for duty to the commanding officer of that post, reporting also by letter to the commanding general, Division of the Pacific and Department of California. Par. 3, S. O. 132, A. G. O., June 8, 1889.

Ten Eyck, Benjamin L., First Lieutenant and Assistant-Surgeon (recently appointed). Will proceed from New York City to Fort Leavenworth, Kan., by direction of the Acting Secretary of War, and report for duty to the commanding officer of that post. Par. 2, S. O. 138, A. G. O., Washington, D. C., June 15, 1889.

Forwood, William H., Major and Surgeon. The extension of leave of absence on Surgeon's certificate of disability, by direction of the Secretary of War, granted in S. O. 118, May 22, 1889, from this office, is further extended four months. Par. 14, S. O. 142, A. G. O., Washington, June 20, 1889.

Carson, J. K., Major and Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month. Par. 2, S. O. 65, Headquarters Department of the Columbia.

Fisher, Walter W. R., Captain and Assistant-Surgeon. The leave of absence for one month granted by S. O. 30, c. s., Department of California, and extended fifteen days by par. 3, S. O. 37, c. s., from these headquarters, is further extended fifteen days. Par. 1, S. O. 41, Headquarters Division of the Pacific, San Francisco, Cal., June 12, 1889.

Gardiner, Jno. de B. W., Captain and Assistant-Surgeon. Relieved from duty at Fort Leavenworth, Kan., by direction of the Acting Secretary of War, and ordered to Fort Reno, Ind. Ty.

Wales, P. G., First Lieutenant and Assistant-Surgeon. Is directed, par. 3, S. O. 132, June 8, 1889, A. G. O., to report to Fort Huachuca, Ariz., for duty in place of Presidio of San Francisco, Cal.

Wyeth, M. C., Captain and Assistant-Surgeon. Relieved from duty at Fort Huachuca, Ariz., and ordered to Fort McDowell, Ariz.

Wood, Leonard, First Lieutenant and Assistant-Surgeon. Relieved from duty at Fort McDowell, Ariz., and ordered to Post of San Francisco, Cal. Par. 2, S. O. 138, A. G. O., June 15, 1889.

Harris, Henry S. T., First Lieutenant and Assistant-Surgeon. Is granted leave of absence for two months, by direction of the Acting Secretary of War. Par. 13, S. O. 140, A. G. O., June 18, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending June 22, 1889.

Beardsley, Grove S., Medical Inspector. Granted a year's leave of absence, with permission to leave the United States.

Ferebee, N. M., Surgeon. Detached from special duty at Naval Academy, and wait orders.

Rothgauger, George, Assistant-Surgeon. Ordered to the Naval Hospital at Mare Island, Cal.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 565.

NEW YORK AND PHILADELPHIA, JULY 6, 1889.

The Medical Register. Vol. VI, No. 131.

PAGE

ORIGINAL ARTICLES.

SODIUM SILICO-FLUORIDE By John W. Croskey, M.D., Philadelphia - - - - - 217

REPORT ON CASES OF THE ALEXANDER OPERATION. By D. Tod Gilliam, M.D. - 222

THE POLYCLINIC.

COOPER HOSPITAL: Concussion of the Spine. *Godfrey* - - - 223

MEDICO-CHIRURGICAL COLLEGE: Enterectomy for Strangulated Hernia. *Goodman* - - - - - - - - - - - - 223

POLYCLINIC NOTES.

Endo-auscultation. *Bianchi* - - - - - - 224
Relation of Malarial and Typhoid Fevers to Phthisis. *Seaverus* - - - - - - - - - 224
Deaths in London Streets - - - - - - - 224
Disease of the Nipple. *Darier* - - - - - 224
Post-mortem Sweating. *Cones* - - - - - 224
Arterial Murmurs. *Phillips* - - - - - - 224

LONDON LETTER.

Neurology in England *Mettler* - - - - - 225

PAGE

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION - - 228

ANNOTATIONS.

Aural Examinations for Railway Employes, 229
Quack Advertisements - - - - - - - - 229

LETTERS TO THE EDITOR.

A Sample. *Davison* - - - - - - - - - 229
Positivism in Medicine. *Snyder* - - - - - 230
How Chloroform Reduces Temperature. *Poole* - - - - - - - - - - - - - - - 230

THE INQUIRER.

A Case for Diagnosis. *V. S. M.* - - - - - 231

SOCIETY NOTES.

The Mortality of Acute Lobar Pneumonia. *Townshend and Coolidge* - - - - - - - 231
Concussion of the Spine. *Smith* - - - - - 232
Fractures of the Spine. *Dandridge* - - - 232
Extroversion of the Bladder. *Porter* - - - 232
What Dressing shall Lie Next the Wound. *Morris* - - - - - - - - - - - - - 232

BOOK REVIEWS.

Diphtheria. *Billington* - - - - - - - - 233

PAGE

Kirkes' Handbook of Physiology. *Baker* - 233
Cyclopædia of the Diseases of Children, Medical and Surgical. *Keating* - - - - - - 234

GLEANINGS.

Prevention of Migraine. *Hammerschlag* - 235
Fromentine. *Beaumetz* - - - - - - - - 235
Enuresis as a Habit - - - - - - - - - 235
Water in the Lungs. *Bowles* - - - - - - 235
Alcoholic Paralysis. *Ross* - - - - - - - 235
Danger of Giving Chloroform by Gas-light. *Ball* - - - - - - - - - - - - - - - 235
Prenvetive Inoculation. *Roux* - - - - - 235
Extraordinary Experiment and Its Results. *Brown-Sèquard* - - - - - - - - - - - 236
Interesting Chart. *Maritime Medical News* - 236

MEDICAL NEWS AND MISCELLANY, 237

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 240

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Original Articles.

SODIUM SILICO-FLUORIDE.

(Prize Thesis, presented to the Medico-Chirurgical College of Philadelphia, 1889.)

BY JOHN W. CROSKEY, M.D.,
PHILADELPHIA.

SODIUM SILICO-FLUORIDE was introduced to the medical profession in this country by Mr. Frank Rosengarten of the firm of Messrs. Rosengarten & Sons, his attention having been called to this drug by the experiments of Mr. William Thomson, F.B.S.C., F.C.S., of the Royal Institution, Manchester, England, he having experimented with a number of chemicals to demonstrate their antiseptic properties.

The ones he found possessing the most remarkable antiseptic properties were the compounds of fluorine, hydro-fluoric acid and the acid and neutral fluorides of sodium, potassium and ammonium, and the fluosilicates of these bases. Of the compounds, he found fluosilicate of sodium the one which, for the general purposes of an antiseptic, was perhaps the best suited.

He claims that this salt is not poisonous, has no smell, and is sparingly soluble in water. Having obtained some of this salt from Messrs. Rosengarten & Sons, I found upon examination that it is a fine, white powder, of slightly saline acid taste, perfectly inodorous, seven grains of the salt dissolving in each fluidounce of water.

To test the solubility, thirty grains of the salt were taken and added to two fluid-ounces of distilled water, the temperature of which was 64° F. After shaking for five minutes, which raised the temperature of the water 2°, I emptied the solution upon a piece of filter-paper, the weight of which was twenty-three grains. After all the solution had passed through the filter, I evaporated the residue to dryness. I then set the paper and powder aside, so that it might resume its normal hygroscopic condition. Upon weighing the filter and residuum, I found the combined weight to be thirty-nine grains. Deducting the weight of the filter, twenty-three grains, left of the salt remaining undissolved, sixteen grains. As I originally had thirty grains, the two ounces of water appear to have absorbed fourteen grains, or seven grains of the salt to each fluid-ounce of distilled water, at a temperature of 64° F. In this experiment only one-half drachm of the original water was lost by evaporation. So, I think it is safe to say that the solubility of sodium silico-fluoride is seven grains to the fluid-ounce of distilled water, or 1.4 per cent. To ascertain if the salt would be more soluble at a higher temperature, the above experiment was repeated, heating the solution to the boiling-point, 212° F. The solution was then allowed to cool to a temperature of 64° F., and was then placed upon a piece of filter-paper weighing twenty grains. After allowing the solution to pass through the filter, after being dried it was again weighed and found to weigh thirty-

two grains. Taking the weight of the filter, at twenty grains, I would have undissolved twelve grains of the salt. This would make the amount taken up by the two ounces of water, at a temperature of 212° F., eighteen grains, or nine grains to the ounce. This solution did not remain clear like the former for in about four hours' time it threw down a flocculent white precipitate. These solutions gave me an acid reaction to blue litmus paper; but while giving an acid reaction, it could not be considered chemically an acid salt, the composition being Na_2SiF_6.

Sodium silico-fluoride is formed by the simultaneous production of hydro-fluoric acid and hydro-silicic acid. A mixture of sand and fluor spar is treated with concentrated sulphuric acid in a suitable vessel, whereupon the acid combines with the bases with which the alloys are combined, forming sulphates and silicic acid in the form of gas. This gas is passed into a vessel containing water. As the saturation is complete, and after standing the precipitate has settled, the clear supernatant solution is decanted into another vessel. After assaying to determine the quantity of hydro-fluosilicic acid in solution, the chemical equivalent of soda bicarbonate in solution is added, when a copious precipitate of sodium silico-fluoride ensues. If an effort be made to neutralize, by adding soda bicarbonate till litmus paper turns blue, the equivalent of silica would be thrown out of the combination and a salt result that would not be the one sought for.

To test its antiseptic properties, I performed the following experiments: (*a*) Animal infusion. (*b*) Vegetable infusion.

(*a*) Chopping into fine pieces some fresh beef that had been slaughtered two days previously, I placed an equal portion in two vessels and covered the same with two fluid-ounces of water. To one I added one grain of the sodium silico-fluoride. In eight days' time the plain infusion showed signs of putrefaction, and bacteria could be demonstrated in large numbers. The infusion containing the sodium silico-fluoride remained perfectly sweet and without odor for a period of three weeks, and at that time no bacteria could be demonstrated.

(*b*) I took some ordinary timothy hay, chopped it into small pieces, and boiled it with some distilled water in a flask for fifteen minutes. I then filtered it and set it aside, in two test-tubes, in a warm place. Into one I dropped one grain of the sodium silico-fluoride, which made a solution equivalent to one part sodium silico-fluoride in one thousand parts of water. In three days' time the plain liquid was swarming with bacilli. After allowing the other tube to stand for one month no sign of life or of putrefaction could be demonstrated.

To test the pharmacological action of sodium silico-fluoride the following experiments were performed:

1. Two rabbits of about equal size and weight were obtained. To one whose weight was thirty ounces, eight and one-half grains of sodium silico-fluoride, enclosed in a gelatin capsule, was given *via* the gastro-intestinal route; at ten minutes after 11 o'clock A.M., January 6, 1889. Both rabbits were allowed to run around the room so that their actions could be compared. Twenty minutes after the administration of the salt, the rabbit became quiet, lying at full length on the floor, showing no inclination to move. 11.35 A.M. Still lying full length, decidedly unwilling to be disturbed; respirations hurried and about 125 per minute; eye reflexes prompt; ear reflexes prompt; anterior skin reflexes prompt; posterior reflexes diminished. 11.40 A.M. Respirations still more hurried, 160 per minute; when aroused decidedly weak in posterior extremities. 11.50. Becoming restless; respirations about the same. 12 M. Seems to have regained its strength, running about as the other rabbit. 12. 40 P.M. Beginning again to show signs of weakness; hard to arouse. 12.50 P.M. Sensation posteriorly diminished. 1 P.M. Lying at full length; posterior reflexes entirely abolished; ear reflexes abolished; impossible to make rabbit move by poking. 1.10 P.M. Rabbit falls upon its side violently trembling; spasmodic contractions of the posterior extremities; respiration very slow. 1.12 P.M. Spasmodic contraction of anterior extremities. 1.13 P. M. General convulsions with collapse; all reflexes abolished; respiration hardly perceptible. 1.16 P.M. Respirations apparently cease; relaxation of all the muscles, with relaxation of vesical sphincter, and a voiding of a small quantity of urine; only sign of life was a slight trembling in the carotid region; pupils dilated. 1 20 P.M. Opened thorax; heart beating 80 per minute. 1.23 P.M. Opened thorax; heart beating 68 per minute. 1.26 P.M. Opened thorax; heart being 52 per minute. 1.30 P.M. Opened thorax; heart beating 40 per minute. 1.44 P.M. Opened thorax; heart beating 32 per minute. 1.50 P.M. Rigor mortis. 1.55 P.M. Heart beating 24 per minute. 2 P.M. Heart beating 10 per minute. 2.05 P.M. Heart beating 3 per minute. 2.06 P.M. Heart ceased beating.

Upon necroscopical examination the heart was found arrested in strong systole; the right auricle was full of blood, with no clotting; the ventricles were entirely bloodless, having been squeezed perfectly dry by the strong svstole; the lungs were found to be slightly injected and entirely collapsed; the stomach was greatly distended with food, although the rabbit had not been fed for twelve hours previous to the experiment; the mucous coat readily peeled off in large pieces, leaving the muscular tissue entirely bare; the large intestines were distended; the abdominal aorta was full of dark fluid blood; the kidneys were pale and bloodless; the bladder was empty.

2. Administered hypodermically into the posterior lymph spaces of a frog, fifteen minims of a 6 per cent. solution of sodium silico-fluoride at 8.30 P.M. This seemed to make little or no impression, excepting to hurry the respirations. At 10.15 P.M., again administered fifteen minims of the same solution; again had hurried respirations. 11.05 P.M. Showed motor paralysis of anterior extremities; pinching of anterior extremities caused contraction of the posterior extremities. Placed again upon its abdomen, it draws up its posterior extremities, but has no control of the anterior. The superficial veins in posterior extremities appear very much distended, the web show-

ing marked congestion; eye reflexes very sluggish. 11.40 P.M., showed marked paralysis of entire body; no movements perceptible except those of respiration. 11.57 P.M. Respirations very slow. 12.01 A.M. Respirations apparently cease. 2 A.M. Heart still beating.

3. In order to demonstrate if the salt had any action on the reflex functions of the spinal cord, the method of Türck was employed. Its principle consists in comparative measurements of the time required, before and after poisoning, for a given stimulus to the skin to evoke a reflex muscular contraction in a frog, from which the cerebral hemispheres have been removed. To accomplish this, a frog was taken, and an incision made through the occipito-atlantal membrane, thus exposing the medulla oblongata. This portion of the cord was divided, and the brain destroyed with a needle. After the spinal ganglia had regained their tone, indicated by the frog assuming the normal position, it was suspended by a hook passing through its nose. A test liquid was then made of a very weak aqueous solution of sulphuric acid. This solution was brought under the frog, just so the tip of his toes entered the liquid, and the length of time required before the frog withdrew its foot was determined by counting the beats of a metronome. As soon as the reflex movement occurred the frog was immersed in some fresh water, to remove the excess of acid and prevent corrosion of the skin. The metronome was set at sixty beats to the minute.

8.45 P.M.	Withdrew	at	four	beats	of	metronome.
8.47	"	"	"	five	"	"	"
8.50	"	"	"	"	"	"	"
8.53	"	"	"	"	"	"	"
8.55	"	"	"	"	"	"	"
8.58	"	"	"	"	"	"	"
9.01	"	"	"	"	"	"	"

Injected fifteen minims of a 6 per cent. solution of sodium silico-fluoride.

9.04 P.M.	Withdrew	at	five	beats	of	metronome.
9.07	"	"	"	"	"	"	"
9.10	"	"	"	four	"	"	"
9.13	"	"	"	"	"	"	"
9.17	"	"	"	"	"	"	"
9.22	"	"	"	"	"	"	"
9.28	"	"	"	five	"	"	"
9.31	"	"	"	seven	"	"	"
9.34	"	"	"	"	"	"	"
9.37	"	"	"	eight	"	"	"
9.40	"	"	"	nine	"	"	"
9.43	"	"	"	seven	"	"	"
9.46	"	"	"	eight	"	"	"
9.49	"	"	"	"	"	"	"
9.52	"	"	"	"	"	"	"
9.55	"	"	"	"	"	"	"
9.58	"	"	"	"	"	"	"
10.01	"	"	"	nine	"	"	"
10.07	"	"	"	ten	"	"	"
10.10	"	"	"	eleven	"	"	"
10.13	"	"	"	fourteen	"	"	"
10.16	"	"	"	sixteen	"	"	"
10.22	"	"	"	sevent'n	"	"	"
10.25	"	"	"	nineteen	"	"	"
10.28 P.M.	Withdrew	at	twenty	beats	of	metronome.
10.31	"	"	"	24	"	"	"

10.34 " No reflex action. Very hard pinching of posterior extremities caused reflex in the anterior extremities. No reflex action to actual flame.

4. A frog was taken, and after the femoral artery in the left leg was ligated thirty minims of a 6 per cent. solution were injected into the posterior lymph sacs at 9 P.M. 9.30 P.M. The recti abdominis were very stiff and hard, and gave no response to electrical stimuli. 9.15 P.M. Both posterior extremities respond to electrical stimuli. 9.21 P.M. Both respond. 9.26 P.M. Muscular trembling of right leg. 9.33 P.M. Stimulation of nerve equally prompt; reflex stimulation almost abolished in right posterior extremity.

5. 9.20 P.M. Immersed some fresh muscle in a 6 per cent. solution, and the blood coagulates at once. 9.21 P.M. Prompt response to electrical stimuli. 9.30 P.M. Prompt response to electrical stimuli. 9.50 P.M. No response to electrical stimuli. Muscle very hard and white.

6. Took a frog's heart, beating twenty-eight to the minute, and immersed it in a 6 per cent. solution. The first half minute the heart made ten beats, then stopped for one minute, after which it gradually diminished in force, stopping in systole.

7. Took some egg albumen and dropped it into a 6 per cent. solution of sodium silico-fluoride, and it immediately coagulated.

These experiments were repeated a sufficient number of times to guarantee the accuracy of the observations. Lack of laboratory facilities prevented the making of more extended pharmacological investigations. My attempt to determine the action of sodium silico-fluoride on blood pressure failed, for want of instruments to properly indicate the result of the administration of the drug. However, the foregoing experiments give us an idea of the general action of the drug, and indicate the probable paths of this action. Sodium silico-fluoride administered to either warm- or cold-blooded animals, as has been demonstrated, exhibits its action by marked stimulation of respiration. This stimulation passes gradually into paralysis of the respiratory function. Now, in case of paralysis, it is readily determined whether the case is peripheral or central. In experiment No. 4, it has been demonstrated that both muscle and nerve retain their power of transmitting the electrical stimuli. This at once excludes the probability of the drug acting through the terminal filaments of the respiratory nerves. Moreover, if convulsions are produced their nature also will give a clear geueral idea as to their origin. As convulsions of central origin throw the entire, muscles or entire groups of muscles, into coördinated contraction, so, on the other hand, convulsions originating in the nerves, or in the intra-muscular fibers, at different muscular fibres, at different times, and with different degrees of vigor, produce the so-called fibrillar contractions. The above experiments show that convulsions are a marked symptom of poisoning by sodium silico-fluoride, and also show that these convulsions are general, rather than fibrillar or local, thus indicating that the action of the poison is upon

the central rather than upon the peripheral nervous system.

These experiments also show that sodium silico-fluoride causes a condition closely allied to that known as rigor mortis, by an ultimate direct action on the muscular tissues. As the drug coagulates albumen even in weak solutions, quickly causing coagula to form in warm blood, it also probably coagulates myosin in the muscular tissues. These experiments also show that the automatic functions generally ascribed to the medulla oblongata, regulation of the heart, and vaso-motor tonus, and pupil mechanism are seriously disturbed. The venous system is greatly dilated, the heart beating after cessation of respiration, and the pupils are dilated at the moment of death.

In regard to reflex action, the experiments showing no loss of the power of coördination, that both the muscle and nerve retain their power of transmitting electrical stimuli, and, finally, that the spinal cord itself retains this power, we can conclude that the loss of reflex action after the administration of sodium silico-fluoride is probably due to paralysis of Setschenow's center. Finally, in regard to the action on the circulation, these experiments indicate that sodium silico-fluoride first increases the heart's action by stimulation of the vaso-motor centers, and finally lowers and destroys the heart's action by a direct influence on the heart's contained ganglia.

CLINICAL EXPERIMENTS WITH SODIUM SILICI-FLUORIDE IN THE CLINIC OF PROF. GOODMAN.

CASE I.—Ralph M., admitted to the hospital March 28, 1888. The patient was eight years old, born in Chester, Pa. The case presented the following interesting features: The anterior wall of the bladder was entirely wanting, and the posterior wall protruded like a hernia through a somewhat circular opening in the abdomen, just above the pubic arch. There was an absence of the umbilical cicatrix. The mucous surface exposed measured three-quarters of an inch, and was of a pale-red color, with brighter spots upon the surface. The right ureter was normal, the left appeared to be hypertrophied. The pubic bones were not entirely ossified, being fibrous for about an inch on each side of the symphysis pubis. There was only a very rudimentary penis, showing the partially formed urethra upon the dorsal surface. The scrotum was not developed. The testes appeared normal and were located under the skin on the inner side of each thigh. Their presence could be demonstrated by the cremaster reflex. There was also an oblique inguinal hernia of the right side. When admitted there was much excoriation of the surrounding parts, caused by the constant dribbling of the urine. These parts were washed frequently with a 1 to 1000 solution of the sodium silico-fluoride and the urine collected upon absorbent cotton. Various devices were suggested and tried to remedy the deformity. All these devices having failed, it was thought best to attempt the formation of an artificial bladder, by turning down a flap of skin, brought from the abdomen, and covering the same with flaps from the inguinal region. The patient being anæsthetised, an incision was carried from Poupart's ligament through the skin and superficial fascia, one and one-quarter inches from the median line to about nine inches up the abdomen on each side, and united at the top by a curved incision. The upper part was dissected down for four and one-half inches, being two and one-half inches in width. The edges of the flap were carefully stitched with catgut to the edges of the lower part, and the raw surface covered by flaps brought from the groin on either side. A drainage-tube was inserted into the newly formed bladder, a subsequent operation being necessary to form a urethra and modify the penis. In dissecting and handling the flaps, great care was exercised, and a solution of sodium silico-fluoride, one to one thousand, was constantly used during the operation. The patient was bandaged in a sitting posture with thighs well flexed. He rallied and the prospects were good for a recovery, but in about twenty-four hours suppression of the urine set in, and about thirty-six hours after this event he succumbed to uræmia. At the time of his death the wound was examined and it was found that primary union had taken place.

CASE II. *Amputation at lower third of Forearm, for Epithelioma of Dorsal Surface of Hand.*—Joseph L., aged fifty-three. He first noticed a small sore spot appear nine years previously, and did everything anybody told him, but the sore did not improve, and finally reached a large size, as shown by the accompanying photograph. He was admitted into the hospital, and the day previous to operation the arm was washed, shaved, and dressed with gauze wet with the sodium silico-fluoride, one to one thousand. The day following, the arm was amputated, making an antero-posterior flap with a circular of the muscles. The bones were at first sawn about half an inch longer than necessary, after which the periosteum was split and stripped from the bones. The bones were again sawn and the periosteum united with catgut ligature, and a small bundle of fine catgut was introduced for drainage. During the operation the arm was kept sprayed with a one to one thousand solution of sodium silico-fluoride. The arm was dressed with iodoform and the bandages were not removed for one week. At the end of that time complete union had taken place, and the patient was allowed to depart for his home the day following. Since that time the patient has been seen twice, and he reports that within one month after the operation he was in his fields ploughing with the lines hung over his stump.

CASE III.—In a case of gonorrhœa, which the patient claimed was his first attack, injections of sodium silico-fluoride, half a grain to the ounce of water, were used, and upon the fourth day of the treatment the patient showed no signs of any discharge.

In cases of conjunctivitis and conjunctivitis neonatorum, a one to one thousand solution works very nicely, affecting a cure in a few days.

Dr. Ziegler, resident physician at the Wills' Eye Hospital, reports that after cataract operations the continued use of sodium silico-fluoride did not answer very well, as in very nearly every case it set up a slight amount of conjunctivitis.

As a solution in which to keep instruments during an operation it does not answer very well, owing to the fact that the instruments are tarnished and spotted, no doubt from the effect of oxidation. This action can be diminished by adding sodium bicarbonate to the solution in quantities sufficient to render the solution strongly alkaline.

Since writing the foregoing, I have received a communication from Mr. William Thomson, of Manchester, and he was also kind enough to send me a sample of sodium silico-fluoride, which salt he has had registered under the name of salufer (probably from the two Latin words *salus* and *fero*, meaning safety bearer). Quoting from his letter received as above, he says: "In reply to your favor of the 24th ultimo, I don't know whether the preparation you have is perfectly satisfactory. The hydro-fluoric should be carefully combined with silica, and the resulting compound carefully neutralized with soda. If this is not done, the salt is liable to prove fatal to rabbits or guinea-pigs in large doses, much more so than if not so prepared. In human beings vomiting would be produced at once. A solution of salufer (sodium silico-fluoride), same as sample sent, does not coagulate albumen. It is probable that Rosengarten & Son's sample may not be prepared, as it is only possible to dissolve 2.68 grains of that salt in one ounce of water. The formula is Na_2SiF_6."

After a careful analysis, I found that the sample of salufer received from Mr. William Thomson contains 98.9 per cent. sodium silico-fluoride (Na_2SiF_6); 1.1 per cent. free silicic acid. It has an acid reaction to litmus paper. The aqueous solution coagulates egg albumen to a small extent, but not less than the American sodium silico-fluoride experimented with. In this attribute the two preparations are exactly alike. One part of salufer dissolves at 50°F. in one hundred and fifty parts of water, except the 1.1 per cent. of silicic acid, and in this attribute is similar to the American, the latter being, however, completely soluble and free from silicic acid.

Salufer contains 24.2 per cent. of sodium, Rosengarten & Son's sodium silico-fluoride contains 24.4 per cent., and Na_2SiF_6 contains, theoretically, 24.5 per cent.

The acid reaction in salufer is destroyed by the addition of carbonate of sodium in excess, as follows: Na_2SiF_6 $3Na_2SiO_3$ $3CO_2NaSiO_3$ 6NaFl, and in this reaction it acts precisely the same as the silico-fluoride of sodium of Messrs. Rosengarten & Sons.

No further chemical or physiological difference than the 1.1 per cent. of free silicic acid in the salufer was found in the two preparations, and this 1.1 per cent. is an impurity of no medical use.

We may sum up in conclusion that sodium silico-fluoride is:

1. An efficient antiseptic.

2. That a solution of one grain to an ounce of water is quite strong enough for ordinary purposes; in that strength being apparently unirritating.

3. That the solution is unirritating to the hands, which is no small advantage to those operators whose fingers are easily irritated by ordinary antiseptic solutions.

4. That a solution of one grain to the ounce may safely be used to syringe out closed cavities, even where the operator cannot be certain of all the fluid returning.

5. That it acts very efficiently as a deodorizer of the hands, after examining carcinoma of the uterus or rectum, by steeping the hands in a saturated solution. The odor is removed more efficiently than it is by any solution with which I am acquainted.

6. That a very convenient and comfortable antiseptic poultice may be made by soaking gauze or absorbent wool in a hot solution (ten grains to the pint), wringing it freely of excessive moisture, applying it to the wound and covering with gutta percha tissue.

Note taken from the British Medical Journal, May 19, 1889. Mr. A. W. Mays Robson, F.R.C.S., Honorary Surgeon Leeds General Infirmary, and Lecturer on Practical Surgery at the Yorkshire College:

"It is chiefly to find a safe and efficient antiseptic that I have, during the past few months, been using salufer almost exclusively in my surgical work. Before describing details of critical cases which incontestably try the value of any antiseptic, it might be well to mention a few of the uses to which I have put salufer, and unless otherwise stated, a solution of twenty grains to the pint of water is always understood, which proportion seems to be at the same time unirritating and efficiently antiseptic. They are as follows:

"In washing out the peritoneal cavity after laparotomy, here using ten grains to the pint; in the case of strangulated hernia; in the radical cure of hernia; in excision of joints; in amputations of the arm, leg, or thigh; in washing out the pleural cavity in the removal of tumors; in excision of veins; in ligation of bloodvessels in compound fractures; in osteotomies; in washing out the bladder; in washing out the uterus after curetting the interior; and after the removal of septic retained membranes; as a vaginal douche before and after Apostoli's operation for fibroid; in the irrigation of extensive ulceration in the rectum, where a poisonous antiseptic could not be used; in washing out the stomach; as an injection in gonorrhœa; in syringing out large pelvic abscesses; as a gargle in hospital and in diphtheritic sore throat; as a nasal douche after removing polypi; for syringing out empyema of antrum, and in many other cases."

"[1] Salufer (sodium silico-fluoride) appears to have a highly solvent effect on exposed dentine, and cannot be used as a devitalizer, being irritant and not caustic in its effects. In pulpless molars, where there is a mass of dentine to be removed, it can be safely used, if sealed in the cavity for two days before excavating. After extracting it assists in the arrest of bleeding, and used afterwards as a mouth wash has a hardening effect on the gums.

"After the removal of tartar and the sulphate of copper treatment for pyorrhœa alveolaris, a single daily application of the powder has kept the gums healthy."

[1] Taken from the Transactions of the Odontological Society of Great Britain, Vol. XX, No. 2, page 92.

REPORT ON CASES OF THE ALEXANDER OPERATION.

(Read before the Ohio State Medical Society, May 23, 1889.)

By D. TOD GILLIAM, M.D.,
Professor of Obstetrics and Diseases of Women, Starling Medical College, Columbus, Ohio.

IT is not the purpose of this paper to discuss the Alexander operation, either to advocate or deny it, nor yet to marshal an array of cases to swell the statistics, but simply and briefly to report a few cases, the chief interest of which lies in the fact that ultimate good followed in several such as were stamped as failures at the time of operation. I may here say, that in all cases operated on the ligaments were found, but in many there was a marked disparity in size and strength on opposite sides.

The operative failures were due to rupture of ligaments, either by inherent fragility or because of the inordinate force necessary to overcome the adhesions. In a certain proportion of cases the breaking of ligaments is not to be obviated, and, therefore, this is to be classed as one of the unavoidable accidents of the operation. Neither can the accident be foreseen nor guarded against, as it occurs in patients of every type of constitution and every phase of physical condition. This, it must be admitted, constitutes a serious drawback to the operation, and if (as in my own experience), several cases occur in succession, is calculated to discourage the operator. Should such a number of misfortunes attend the early efforts of an operator, it is easy to see how it might lead to the abandonment of the operation. Munde, than whom, probably, no man in this country has had a larger experience in this line, writes me that his experience coincides with mine in this particular, and while he deplores the unavoidable nature of the difficulty, reaffirms his faith in the operation as expressed in his writings.

It is hardly necessary at this day to describe the operation *in extenso*, but inasmuch as many of the text-books make no allusion to it, a brief description may not be amiss. As a preliminary, it is absolutely essential that all adhesions be broken up and the uterus be placed in the normal position. It is a good plan to hold it so during the operation by a well-adjusted pessary, especially in the absence of a trained assistant, as this obviates the necessity of introducing the fingers into the vagina during the act of operating. The patient being laid flat on the table, and the pubis shaved, the operator takes his position on the side opposite to that to be operated on. First, locate with the finger the spine of the pubis, and cut boldly down on it, extending the incision one and a half to two inches in the direction of the anterior superior spinous process of the ileum. In this way the external ring of the inguinal canal is reached, and a knuckle of fat protrudes. This being carefully divested of its investing membrane is seized with broad tissue forceps and lifted up, when it is grasped by the thumb and forefinger of the left hand. By spreading it over the end of the finger the ligament is recognized. It is now separated and drawn out, the redundant fat cleared away, the hemorrhage staunched, and the wound thoroughly cleansed by antiseptic irrigation. The ligament is now stretched to the pillars of the external ring, preferably by silkworm gut suture, the frayed ends cut off, and the remainder tucked away in the wound. A drainage-tube is introduced into the canal, extending outward along the bottom of the wound, and the latter is then closed by interrupted silk sutures. A fold of iodoform gauze, held in place by adhesive strips, completes the dressing. The patient is put to bed with the knees flexed. In all, these two precautions are always observed: First, to abstain from any act or manœuvre by which the knuckle of fat will be disturbed in its relations or pushed back into the canal, and, second, to preserve the moorings of the ligament at the pubic bone until it shall have been secured, drawn out, and made fast by suture to the pillars of the ring. I hereunto append a brief history of three cases, which, through rupture of the ligaments, were at the time classed as failures, but which unexpectedly gave gratifying results:

CASE I.—Catharine G., aged twenty-seven, married; has had two living children, the youngest being three years of age. Attributes her trouble to a miscarriage at seventh month five years ago. Complains of pain in the head, stomach, and back, and radiating pains extending down right side. Menstruation regular but painful. On examination, find retroversion of uterus and prolapsus of right ovary, the latter being somewhat enlarged and very tender; uterus adherent. The adhesions were broken up by the Schultze method, and the fundus brought forward to the abdominal walls. Operation, Saturday, January 12, 1889. The ligament of the right side was about the size of a chicken's quill, that of the left being not larger than a knitting needle. Both were quite firmly adherent, and required much tact in separating them, the left breaking in the act. An injudicious attempt to bring the uterus farther forward caused the right ligament to break also. In this case an erysipelatous inflammation ensued, with suppuration, extending between the muscular layers as far up as the hypochondriac region. An examination, made ten days after the operation, revealed the uterus in a normal position, which it continued to maintain up to the time of the discharge, which, owing to a tedious convalescence, was several months after. The patient improved greatly, and was sent home feeling quite herself again.

CASE II.—Mrs. Martha B., aged twenty-seven, has had two miscarriages; suffers from pelvic pains and dragging. Found uterus completely retroverted with adhesions. Adhesions broken up, under ether, by Schultze's method, Saturday, March 8, and uterus replaced. Monday, March 10, there being no reaction from Saturday's work, cut down first upon left ligament, which was found without much difficulty, and of fair size. Traction to overcome adhesions resulted in its breaking high up in the canal. The right ligament was now gone after and found to be very slender. Could not make it run, though it was brought out one and a half inches. The wounds were closed in the ordinary manner and the patient put to bed. Operation a failure. March 17, examination reveals uterus in normal position, and as it

never before remained so, even for a few hours, it is possible that the result may be better than anticipated. Six weeks later the uterus remained in its normal position, and the patient was discharged after adjusting an Albert Smith pessary.

CASE III.—Rebecca M., aged thirty-two. Four years ago fell on the ice, since which has been confined to bed most of the time. On examination, I found the uterus retroverted, which being replaced, and a pessary introduced, gave marked relief. Not wishing to be dependent on the pessary, she chose the more radical relief by the Alexander operation. Accordingly, on March 25, the operation was performed at St. Francis' Hospital. Both ligaments gave way after being drawn out about two inches. Suppuration ensued, and she was kept in bed about five weeks. Repeated examinations showed the uterus firmly in place, and any attempt at retroversion was accompanied by dragging and pain in the hypogastrium. Before being sent home a pessary was adjusted.

These patients have all passed from under observation, and with one exception, the last, I have been unable to communicate with any of them. I will not presume to say that the results are permanent, but, to say the least, they are striking and suggestive, and should lead to further investigation. Neither do I know how to explain the phenomena except on the ground of spastic contraction of the ligaments under the influence of peripheral irritation incident to operative interference. This, of course, presupposes that the ligaments have maintained adhesion or contracted new ones within the canal. We have analogous conditions in the spastic contractions of the extremities and in the condition of both cells, but more especially in the temporary contractions of the spermatic cord in urethritis, when the cord is shortened and the testicle drawn well up independently of the dartos. Should future observation prove these conditions lasting and their induction practicable, a suggestion for the use of electricity or other form of local irritation is clearly patent.

The Polyclinic.

COOPER HOSPITAL.

CONCUSSION OF THE SPINE.

IN structural changes in the spinal cord following injuries, whether the injury results from a fracture of the vertebræ, laceration of the spinal cord, hemorrhage into the spinal canal, or inflammation of the cord and its membranes, certain well-defined and easily recognized symptoms are developed. But that hyperæmia or anæmia of the cord may follow an injury, at an indefinite period, as a result of the shock of the injury, is questionable. Several years' experience as a railway surgeon has *not* shown me that such conditions exist independently of structural changes in the cord. In suits for damages against railway companies such conditions are generally built by experts from subjective symptoms.

Unlike the brain, the spinal cord is particularly protected against shock. It does not fill the canal in which it is contained. Its investing membrane does not form a periosteum to the bones, but is separated from the spinal column, and protected from it by areolar tissue and plexuses of veins. Neither does the membrane, like that of the brain, send partitions into the fissures of the cord. It loosely surrounds the cord, and is separated from the walls of the spinal canal, only sending from its sides prolongations to protect the spinal nerves in their exit through the intervertebral foramina.

If the conditions named above are brought about through the medium of the sympathetic nervous system, they must, if functional, be transitory; if organic, they must give rise to the well-known symptoms of structural disease of the cord.

The result of a suit for damages against a railway company for the condition known as a "railway spine" often produces a speedy cure.—*Godfrey.*

MEDICO-CHIRURGICAL HOSPITAL.

CASE OF ENTERECTOMY FOR STRANGULATED HERNIA.

Reported by John W. Croskey, M.D., Chief of Clinic.

JNO. BURNET, aged twenty-nine, American born. Was admitted to the Medico-Chirurgical Hospital, May 15, 1889, suffering from a tumor in the left inguinal region. He presented the following history: Five years ago he had an attack of gonorrhœa, about one year later he had a second attack which left him with a stricture of the urethra. This was cut by the late Prof. Gross about two years ago. Following this he had two more attacks of gonorrhœa and recently he was able to urinate only after the greatest straining, which would cause a spasm of the entire body. On Thursday, May 14, 1889, while following his vocation, that of a fish monger, he was seized with a desire to urinate. He got off of his wagon and after making an effort which failed, he was taken sick at his stomach, and while vomiting was seized with an intense pain in his groin, which prevented him from assuming the erect posture. He was taken home and a doctor was sent for, who diagnosed an indirect inguinal hernia. He was given ether and an effort was made to reduce it but with no result. It was then decided to send him to the hospital; and on Thursday, May 17, forty-eight hours after the occurrence, he was operated upon by Prof. H. Earnest Goodman with the assistance of Prof. Montgomery.

The operation consisted of an incision made over the tumor in the right inguinal region, by pinching up a fold of the integument and by one cut dividing the skin, after which the tissues were successively divided down to the peritoneum, this was then picked up with a pair of forceps and nicked, after which five inches of the bowel and about nine inches of the omentum were disclosed as being strangulated. Mortification had already begun, the intestines and omentum being quite black and softened. It was decided to resect the bowel, and after compressing both ends of the intestines five inches of the ilium were removed and nine inches of the omentum ligated and cut off. The two ends of the intestines were brought together

with the Czerny-Lembert suture. To make the union more secure some fine black silk sutures were passed through the peritoneal covering about one-quarter inch back from the inside line of sutures on each side and drawn together. The mesentery was united by the uninterrupted catgut suture. The parts were then washed with some silico-fluoride of sodium (1–1000) and afterwards with some hot water, when the parts were returned. The wound was united with silk-worm gut, leaving in a glass drainage tube. The wound was dressed with iodoform and cotton and a spica bandage of the groin was put on. After the operation the patient rallied nicely. To allay thirst injections of hot water were used and the patient was given nothing until the next day. The day following, May 18, the temperature was normal, pulse 100. Bovinine was ordered every two hours and warm injections every three hours.

May 19.—Morning temperature 103° F.; evening temperature 100.1; bowels moved twice.

May 20.—Morning temperature normal; evening temperature 100.2°.

May 21.—Morning temperature 99.3°; evening temperature 99.4°; one movement of bowels; drainage tube removed.

May 22.—Morning temperature 99.3°; evening temperature 98.2°; four movements of bowels.

May 23.—Morning temperature 99.3°; evening temperature 98°; one movement of bowels.

May 24—Morning temperature 100°; evening temperature 101°; one movement of bowels.

Cream and bicarbonate of soda added to the diet.

May 25.—Morning temperature normal; evening temperature 100.$\frac{2}{5}$°; one movement of bowels.

Cream toast and milk punch added to diet.

May 26.—Morning temperature 99.$\frac{8}{5}$°; evening temperature 99°; one movement of bowels.

May 27.—Morning temperature 99°; evening temperature 98°; one movement of bowels.

Meat juice added to diet, two grains of quinine three times daily.

May 28.—Morning temperature normal; evening temperature 98°; one movement of the bowels.

May 29.—Morning temperature 98.$\frac{3}{5}$°; evening temperature normal; two movements of bowels.

May 30.—Morning temperature normal; evening temperature 99.$\frac{3}{5}$°.

June 18.—Patient is up and doing well, functions appear perfectly normal.

POLYCLINIC NOTES.

Contributed by Dr. George M. Gould.

ENDO-AUSCULTATION.

A NEW method of physical examination has been devised by Bianchi, which consists in making use of the common œsophageal tube passed into the stomach to auscult the gullet and stomach, and through them the heart and lungs. The tube is bifurcated at the upper end and with ear-pieces, as in a binaural stethoscope, and the inventor says sounds may thereby be detected indicative of a smooth or rough condition of the mucous surfaces over which it travels, the presence of foreign bodies, diverticula, tumors, etc. From the weakness or absence of the cardiac and respiratory sounds conclusions may be drawn as to the thoracic organs, the walls of the stomach, etc.

THE RELATION OF MALARIAL AND TYPHOID FEVERS TO PHTHISIS.

In the last most admirable report of Dr. Seaverus, the Medical Examiner-in-chief of the Royal Arcanum, he finds that the records of the order seem to show an exceptional tendency to the development of phthisis in those who have previously had typhoid or malarial fever. No definite statistics are offered, but the suggestive question is asked if there be such a causal relation, or if examiners do not disregard incipient consumption under the mistake that it is only a simple malarial affection?

DEATHS IN LONDON STREETS.

In 1869, the number of deaths from accidents in the streets of London was 192, and in 1888, 237. This is an increase of 23 per cent. It is of interest to note that during this time the population increased 34 per cent., and that the deaths increased from 1869 to 1882, when the number was 271, decreasing steadily since despite the increase of population.

DISEASE OF THE NIPPLE.

Dr. Darier claims to have proved that Paget's disease of the nipple is of parasitic origin, and suggests that this discovery may be the first step towards the elucidation of the nature and mode of origin of some epitheliomata.

POST-MORTEM SWEATING.

Cones (*Lancet*) cites a case believed to be unique, in which a large amount of sweat was poured out after death. Pilocarpin injections had been given before death, but not later than three days prior to death. The sweating was first noticed some sixteen hours after death, and continued profuse for eight hours thereafter.

ARTERIAL MURMURS.

Dr. Phillips (*Lancet*) thus summarizes his conclusions upon this subject:

1. A murmur is sometimes audible in the subclavian artery immediately below the clavicle, which is not the result of organic disease or of pressure upon the artery, and is most common in anæmia and other conditions where there is defective adaptation of the arterial wall to the blood-current. 2. The various circumstances influencing the production and rhythm of the subclavian murmur are dependent upon its anatomical position and the respiratory movements. 3. Murmurs may be often heard in anæmia in the large branches of the aorta within the chest. 4. The respiratory movements have a marked influence on the character of anæmic murmurs in arteries arising within the thorax. 5. The murmurs heard in the subclavian and pulmonary regions in some cases of phthisis, inasmuch as they may exist without phthisis, must not be regarded as diagnostic of that disease, and are not produced by pressure of consolidated lung, in most of the cases where they co-exist with phthisis. 6. Murmurs may be originated in intra-thoracic arteries from traction upon them by the displacement of the heart in pleuritic effusion.

London Letter.

NEUROLOGY IN ENGLAND.

By L. HARRISON METTLER, AM., M.D.,
Lecturer on Mental and Nervous Diseases and Electro-therapeutics in the Medico-Chirurgical College of Philadelphia.

IF there be anything in the disposition of a Briton for which he is more famous than anything else it is his *sang froid* and abundance of nerve. It was that which made him stand firm before the avalanche of steel at Waterloo, and gave him the victory over the barbarous hordes of the scorching Soudan. Paradoxical as it sounds, nervousness really means a lack of nerve; and yet it is equally true of all the other organs of the body, that the less their owner knows subjectively about them, so much are they in the better state of health. Individuals and nations of a neurotic type are not so because they are more abundantly supplied with a nervous system, but because that nervous system has less of the *power of resistance*, which in its integrity is one of the prime requisites of health. To *act* and to *resist* are the special functions of nervous matter, and when one or the other predominates as the result of climatic and hereditary influences in the races and of degenerative and inflammatory diseases in the individual, we have an abnormal neurotic manifestation. In regard to race-types it is an extremely difficult matter to draw any precise lines; but if equilibrium, as manifested by the amount and quality of work done, with the minimum of suffering and decay, be the measure of popular health, then one must *à priori* award the palm, in regard to nervous health, at least, to the English speaking races. And so the facts prove; for with these races there are, comparatively speaking, less of the so-called *functional* diseases, when counted side by side with the *organic*, than there are in others. The Latin nations, for instance, being of a decidedly neurotic type, offer the most splendid opportunities for the study of the functional diseases; on the other hand, the Saxon races, being of a less neurotic type, present the best and most numerous examples of the organic variety.

Hence, neurology in England is of a more practical character; has, if I may be permitted the expression, more of a mechanical ring about it than it has in France or Germany. And this is also shown by some of the more prominent views held by English physicians in regard to many of the debatable functional diseases. Doubtless the rheumatic origin of the choreas is so strenuously urged by the London men because of their dislike to believe in any abstract reasonings about *balance of function*, etc., and because their experience with chorea of organic origin is the more extensive. Note, in regard to the epilepsies, how many of the views here are based upon its organic origin, and, doubtless, because here the type of the race causes a preponderance of the really organic epilepsies over those of the non-organic type about which the French authors write so much. The belief of Dr. Ranney, which he has acquired from experience, that nearly all epilepsies are dependent upon eye-strain, would find much quicker favor among these English physicians than among the French or German. In regard to the *localizations*, both of the cerebral areas and spinal tracts, one can clearly distinguish the practical, almost mechanical, line of thought common to the English race. The unitarian views of Goltz in regard to the workings of the brain and the close intercommunication of the various transmissions, so strenuously urged by Brown-Sèquard, do not please so well the Anglo-Saxon intellect as the more bald statements of Turner, with regard to the marked limitation of the cerebral areas, making the brain, with its various hemispheres and lobes, truly a *composite* organ.

And yet, though not psychologically inclined, Great Britain has done wonders towards advancing our knowledge of the nervous system, as all the world knows, and as I have had the opportunity to witness, after some weeks sojourn in Scotland and England.

But, after all, neurology, as a distinct science, may be said to be confined to London, for outside of this great metropolis there is not within the whole United Kingdom a single large hospital solely devoted to this specialty. But though The Nation of London, as De Quincey so aptly calls it, is quite adequate to supply material for the study of all phases of neurotic diseases, it is not dependent upon its own resources, for the hospitals, and one in particular, of which I will speak shortly (because of its superior appointments), receive cases from all the provinces, and not a few from other parts of the world.

This scarcity of hospitals for the special treatment of nervous diseases is not a little singular, when it is remembered how cold a welcome these unfortunate patients receive at the general hospitals, firstly, because of the long time their treatment usually requires, and, secondly, because of the extreme attention which must be given to most of them, two things which a busy general hospital finds itself unable to afford. Specialism is, undoubtedly, the evil of the day, and yet if one would want a conclusive argument in favor of the better results obtained by the specialists in neurology, he has but to watch for a time the workings of such hospitals as the Orthopædic and Infirmary of our own city, and the National Hospital for the Paralyzed and Epileptic of London. The latter is a richly endowed institution, and had we the time and space we could write a paper itself on the artistic beauty of its building and the systematic regularity of its regime, all being for the best interests and comfort of the inmates. When I mention that on its staff we find such men as Radcliffe, Hughlings-Jackson, Bastian, Gowers, Ferrier, Adams, and Horsley, the reader will understand why I have selected this Hospital for the expose of British neurology. And here I must express my indebtedness to several of these gentlemen for the courtesy which they extended to me while in London.

Sir Crichton Browne says: "True, just two diseases stand prominent in the title of the Hospital, but each covers a whole multitude of maladies. We have epileptics ranging from such 'weird seizures' as the laureate has described up to convulsive explosions, sudden and terrible, as if the brain were made of dynamite. . . . And we have paralysis rang-

ing from weakness in a finger up to death-in-life of the whole body."

Furthermore, a special hospital that averages five hundred cases a year will, of necessity, present all phases of its special diseases, though here, as elsewhere, most of the cases may be grouped under one of the two classifications of *degenerations* and *inflammations*. Degenerated tissues, of course, cannot be replaced, but under special and usually prolonged care the progressive destruction may be checked and the patient permitted to pass the rest of his life with what powers he has still left to him. And in so delicately organized a structure as the nervous system an inflammation needs more, both of time and attention, for its cure than can usually be given in a general hospital. As is well known, a large amount of surgery is associated with neurology, and this hospital has a large service of this sort as well.

As soon as one enters the building he is impressed with its artistic beauty, for the vestibule, large and airy and into which open the various corridors, is floored with marble mosaic, has its walls decorated with attractive colors, brightened by the bright rays of the sun streaming in through the stained windows, and its ceiling supported by beautiful Parisian columns. This first agreeable impression is not lost in passing on through the rest of the hospital, for the rooms and wards are all as bright and cheerful as they can be made. These are not trifles that we are dwelling upon, for I soon learned that in their treatment the London neurologists laid unusual stress upon the environments of their patients, insisting that they should always be of a bright and sunny character, and thus many a hopeless melancholia and obstinate hysteria has been made to disappear when the patient was removed from the wretched surroundings of his own poor hovel to the homelike rooms of the hospital. It is found that epileptics escape many of their usual attacks as long as they are kept engaged at something; so in some of the wards these poor sufferers, happier now than they were formerly, are seen sewing and constructing various articles, and are encouraged to various sorts of mental and muscular amusements. Watching them at their meals one will note how systematically they are drilled to follow the nurse at the head of the table. This is done to keep their attention from themselves as much as possible; at any rate it certainly favors the treatment that may be in the course of application by keeping off many attacks.

In the out-patient's room are comfortable benches for 200 or more persons. At one end of the room a certain Samaritan Society has arranged a refreshment counter, where a cup of tea or coffee with a piece of bread and butter is supplied for a penny. What a boon this would be to some of the patients of one of our hospitals, who are kept waiting for hours hungry and tired!

The wards, distempered in French grey and surrounded by large windows, admitting plenty of sunlight and capable of affording ventilation without draughts, consist of two apartments, a day room and a dormitory. Each ward has its own kitchen, bathroom, and offices. From twelve to eighteen occupants fill a ward. There are also smaller wards and private rooms for those who can and are able to pay for the privilege.

Electricity receives considerable attention here, both for its medicinal properties and aid in making diagnosis. About one-sixth of the whole number of patients undergo some form of electrical treatment. Though the electrical room contains a formidable array of apparatuses, galvanic, static, and faradic, the principal one used is quite unobtrusive, being only a table supporting a few insulated wires connected with a resistance coil and a galvanometer. The electricity is generated by a dynamo run by steam in a room below.

Most of the cooking is done by steam and gas, thus saving labor and preserving cleanliness. Steam is the mode of heating the rooms. There were many other details that I noticed about this comparatively new though well-known hospital, but I have only mentioned some of the more particular ones to show the practical determination of the London neurologist to try and secure for the long neglected class of nervous affections a better history of cures. And they are doing it, with some of the most obstinate cases. Excisions for neuralgia, suspensions for ataxia, trephining for traumatic epilepsies, electrical treatment for aphasics and paralytics, have afforded a notable percentage of happy results. Even the dreaded operations upon the brain and cord, usually so fatal, have here met with decided success. But in addition to all this, the wonderful strides taken in our knowledge of the nervous system and its disorders, with the advantages of comparison afforded by such a hospital as this must necessarily be of the greatest advantage to the outside general practitioner. Whatever may be one individual's opinion about the extreme views of some of the more advanced neurologists we must admit that they have opened up for us new methods of investigation and new facts.

As examples of the kind of work done at the National Hospital for the Paralyzed and Epileptic I may cite such cases as:

A girl of seventeen years of age, who had completely lost the use of both legs and one arm when she entered. The other arm was weak and there was loss of sensation in the lower part of the body and legs. Exhaustion and bed-sores had brought her almost to a dying condition. It took fifteen months to give her a perfectly healthy look and to restore the full use of both her arms. The power to walk had not yet been fully attained, though it had been wonderfully improved.

A hemiplegic, aged forty-one, who had been ill some fifteen months, with fits once a week and oftener, remained in the hospital about four months. There was a marked diminution in the number of fits, and nearly a complete restoration in regard to the hemiplegia when he left.

Obstinate neuralgias are usually treated by excision with the happiest results. In one case of a cranial nerve neuralgia of twenty years standing, the excision has so far given complete relief.

It is a medical treat to watch Mr. Victor Horsley in one of his private operations. The bright and

well-ventilated room, with its cases so clean and orderly, the extreme tidiness and ready attention of the "sisters" in waiting, the instruments on the table all so bright, of such large variety and so completely immersed in the antiseptic solution, the particular care to avoid any spattering of blood, all indicate the careful surgeon who recognizes the fact that success in his department is dependent upon attention to details. The spray is employed, and for the anæsthetic, chloroform. We were charmed with the perfect coolness and ready knowledge which this operator displayed in one of his excisions of the infra-orbital nerve, trephining the antrum and severing the nerve immediately after its emergence from the cranial cavity. A little electric light fastened by a strap to the forehead and furnished with a condensing lens enabled him to completely illuminate the antrum. The bromides are the mainstay here in the medical treatment of epilepsy. The general regimen and eye-defects always receive special attention in this affection, and as we have intimated before, there is something novel in giving special occupations and regular drills to epileptics. But the results seem to favor the adjuvants to the regular treatment.

An interesting case was that of a lad, seventeen years of age. He had had fits for three years, sometimes seven or eight a day. The third day after his admission he had two severe and two slight fits. During the next fourteen days he had only two slight ones. During the succeeding eighty-seven days no fits, and he was finally discharged cured.

A woman, twenty-nine years of age, had been subject to epileptic fits for ten years. The severe fits occurred every two or three weeks; slight ones, many every day. After her admission to the hospital she had no severe fits. During the first month they were slight, ranging from six to fifty a day. She remained in the hospital three months, during the last of which she only had five of the "petit" variety altogether, and so on. Of course, failures in the cure or even relief of these intractable nervous affections occur here as elsewhere, but the percentage of cures balances by far in favor of the special treatment of these diseases as it is afforded in the special hospital.

Not only in this treatment do we see the practical, almost mechanical, turn of mind of the British neurologists, but even in the forming of their diagnosis as well. Unlike the Germans, who revel in their abstruse reasonings, or the French who pore over their tomes of accumulated cases and inexhaustible varieties of nervous diseases, the English physicians only care for theories and classifications so far as they enable them to comprehend the nature of the trouble for its more complete and radical cure. Anyone can see this for himself by a glance through Gowers' work on "Nervous Diseases," which is an admirable portrayal of the author's method in the hospital: exact, minute, and looking always to the appropriate and available treatment.

Dr. Ferrier told me that he had now employed many times Charcot's suspension treatment in ataxia with always more or less favorable results. Of course, the question as to the permanency of the relief is still *sub judice*.

A large proportion of the out-patients which I saw at this hospital were cases of ataxia of specific origin, to whom the iodides were administered as usual.

In a remarkable case of ataxic aphasia, the frequently extreme emotional character of these patients was shown by the man crying out like an infant almost every time he was spoken to and attempted to answer. Nothing outside of general treatment was instituted in this case, as it was to be admitted to the wards later on.

Another out-patient illustrated in a marvelously clear manner how often tapping of the head and the corresponding sensation of pain, will localize a lesion. When tapped with the finger over a small area in the region of the occiput, the lad suffered such pain as to grasp the hand of the physician, while over the rest of the head he could be struck quite vigorously without feeling pain. The real interesting point of the case, however, was in showing how closely the other and more distant symptoms of localization tallied with this simple one. There was doubtless a certain amount of circumscribed meningitis along with the tumor in this case, and in all probability it was the meningitis that caused the pain.

Such are a few of the class of cases met with in the routine work of one of the largest and most elegant of the London hospitals, and while I could relate more, and even these in greater detail, I fear that the reader is already weary, and particularly if he be one of those who bear a little opposition to the "specialties." For his benefit then I will end by quoting what a certain doctor once said in answer to an inquiring layman about the special hospitals. "Why one would think it needed as many hands to cure a patient as it takes, we are told, to turn out a pin. Stuff and nonsense, sir! This minute subdivision of medicine and surgery into a multitude of specialties is ruinous to the best work, and both science and patients suffer when the physician or surgeon sees nothing beyond the limited field of vision upon which his whole professional attention is riveted. At the same time the area of knowledge is so vast now and the problems of our later day life are become so complex, that no man's sight can penetrate everywhere alike, and there are, and it is well there should be, specialists of the right type—that is, whose specialism is not the root and branch of their knowledge, but its blossom and fruit." If I wanted to be dogmatic I should say that special hospitals are only wanted for maladies not readily treated in general hospitals, and that the only right kind of special hospitals for treating such maladies are those which possess the services of men who can bring to bear the microscopic powers of a single eye when it is necessary so to adjust it, but are equally capable of using both eyes and can sweep the whole landscape. Our own sentiments precisely.

LONDON, May, 1889.

THE children of Dr. William T. Lusk, of New York, have benefited by the death of Mr. Chittenden, the Brooklyn millionaire, to the extent of nearly one million dollars each. Dr. Lusk has his summer residence at Newport.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, July 6, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 24 West 23d Street, New York.

THE AMERICAN MEDICAL ASSOCIATION.

THE meeting at Newport differed widely from its immediate predecessors. There was a small attendance; not over seven hundred and fifty registering at the outside. This was due to several causes combining. The Old Colony Railroad refused to make special rates, and the other roads consequently withdrew their offers to do so. Then, at the last moment, the Old Colony announced the reduction, when it was too late to take advantage of it, or to get the other roads to do likewise. The road ought to be boycotted by every friend of the Association.

The second element determining the small attendance was the absence of anything like a fight. We are very scientific, especially in the East, but we still take interest in a struggle for superiority.

Finally, the town of Newport presents no attractions to the physician, such as are to be found in the great medical centers—colleges, hospitals, clinics, and the great teachers of the day. In all respects our predictions in regard to Newport were fulfilled. The one hotel was crowded to repletion; so that many were unable to obtain even one of the antediluvian beds which almost completely filled up the cells in which we were to spend the nights. The cooking department broke down: so that guests were compelled to wait in front of the dining-room door for over an hour after the Sections opened their meetings before they could be served. For this, Newport could hardly be blamed, as she never made any pretense of being a city of hotels. It is to be hoped that things will be better in Nashville next year.

The Address of President Dawson dealt with medical education, medical literature, and the achievements of modern surgery. He discussed at some length the question of legislation upon medical matters, and opposed the creation of Examining Boards composed in part of irregulars.

The Address in Surgery was a feature of the meeting. Dr. Conner had certainly an abundance of material in the surgical work of the present generation, and he used it judiciously. He protested against the extravagant hopes which see in failure only an evidence of neglect on the surgeon's part, and recommended a collective investigation upon the subject of carcinoma.

The Address in Medicine was a disappointment. Those who had heard the brilliant clinical teacher of the University of Pennsylvania, looked for something in this Address which would in itself repay them for the journey and the inconveniences of the sojourn at Newport. Instead of this, they heard a stale biography of Rush. Dr. Rush was a very worthy gentleman, and we sincerely hope Dr. Gihon will succeed in raising a monument to his memory; but that is no reason why he should be foisted upon an audience which had collected from all parts of the country to hear Dr. William Pepper's views upon modern medicine.

In the selection of Dr. E. M. Moore, of Rochester, as the next President, the Association honored itself and testified its appreciation of his work, his services to the profession, and his devotion to the welfare of of the Association. We have been credibly informed that the candidate put forward in opposition to Dr. Moore failed to get a single vote outside of his own State; but whether this arose from the popularity of the one or the dislike of the other we are unable to say. The direction of the Journal is left in the same capable hands as during the past few months; the trustees being strengthened by the addition of Drs. Hooper, Garcelon, Love and Dawson. If the only question in this connection were the efficient management of the publication, there would be little to object to in this arrangement. But as long as there is no ostensible head to the Journal there will be intriguing and wire-pulling by persons who desire the post of managing editor. Some of these parties will do all in their power to embarrass the present management in order that their own selfish interests may be subserved. Factions will endeavor to thrust into the seat men who have been their tools in times past. These annoyances would have been prevented by the selection of a strong man to fill the chair. One cannot but admire the effrontery with which some of these men urge their alleged claims. Editors who have been persistent enemies to the Association, or who have been the most egregious failures in every sense, consider themselves fit to fill N. S. Davis' shoes!

The social features were not so elaborate as on former occasions. By far the most enjoyable was the excursion of the Medical Editors' Association, which was in all respects a success, and will long be remembered by the participants. But one unpleasant incident marred the harmony of the occasion. By some mischance, the last toast was assigned to a person who represented a pharmaceutical journal's advertising interests; and this man had so little conception of the amenities of civilized life that he em-

braced this opportunity, at a social gathering, to make a bitter attack upon an enterprise recently launched by one of the guests present, for which he freely predicted bankruptcy. The address was heard with surprise, which would have assumed the form of active indignation, were it not that the insinuations were couched in such obscure terms that few understood what the speaker was driving at. It is to be hoped that in future pharmacy will be somewhat more worthily represented. As the *Druggists' Circular* is in no way affected by the success or failure of the scheme referred to, it is evident that its advertising agent was simply put forward by some parties whose interests are more directly influenced; and who chose as their representative a man who was the only one connected with a pharmaceutical journal who could be induced to do their dirty work. That this was done with the deliberate intention of doing an injury to the project in question is shown by the fact that several slips containing the remarks in question were printed and mailed to the medical journals on the Saturday following. It is evident that somebody is pretty badly scared at the favor with which the consolidation journal has been received.

The clam-bake tendered to the Association by the Rhode Island Medical Society was a very elaborate affair, and was enjoyed by the guests.

Annotations.

AURAL EXAMINATIONS FOR RAILWAY EMPLOYES.

IN occupations that have to do with human life it is of the utmost importance that every possible safeguard be erected for the protection of life.

There is no other occupation in the country of such magnitude and danger, or with which the whole population is so intimately concerned, as that of railroading. Even though a man may never ride in a railway coach, he can hardly go a few miles from his home without having to cross a railroad track. And every day thousands upon thousands trust their bodies and their lives to the carefulness and abilities of a comparatively few of their fellow beings.

Railroad employés, then, having in their charge such valuable freight, should be picked men, whose common senses are as nearly perfect as possible.

Since the discovery of color blindness the cause of many former railroad accidents has been found out, and that menace to human life has now, in great measure, been removed. But there is danger through another sense, heretofore little spoken of—that of hearing.

At the late meeting of the National Association of Railway Surgeons of America, held at St. Louis, Dr. Robert Barclay read an interesting paper bearing on this subject, and holding that all those who apply for railway positions where hearing is of any moment, should be carefully examined by an aural surgeon, and that those also who are in service should be periodically examined, in order to discover if their hearing is degenerating.

These views we heartily endorse, and trust that railroad employers will give the matter the attention it deserves.

QUACK ADVERTISEMENTS.

QUACK advertisements must be found as frequently in the religious press of England as they are here, for the *Hospital Gazette* lately contained a strong condemnatory article on this subject.

When physicians write or speak against the evils of this practice there are none more ready to charge them with interested motives than the religious press. But these very papers, which ought to be as nearly as possible patterns of purity, advertise patent medicines for which the most absurd and unreasonable claims are put forth, such as consumption cures, cancer, and tumor cures, and the like. One may notice that a reverend gentleman, whose present address is some Bible house, while acting as a foreign missionary, had his attention called to a combination that is a specific for "nervousness, weakness, the indiscretions of youth," etc.; and although he is no longer a missionary, his philanthropic spirit is just as large as ever, so he will send this recipe, securely sealed, free. Cures for the opium habit are advertised, that have been proven by competent chemists to contain opium; cures for the slave to drink, that are known to contain alcohol. But it is needless to particularize; these abominations every medical man knows.

The columns in nine religious papers were examined a few days since, with the result of finding seventy-three quack advertisements. One of these papers contained as many as eighteen; but another, again, had only one. A religious newspaper with eighteen advertisements representing consumption cures, asthma cures, rupture, skin disease, blood disease cures, kidney and liver disease cures, opium and alcohol cures, does not impress us as exhibiting a high state of either intellectual, moral, or religious culture in its proprietors or its readers.

Letters to the Editor.

A SAMPLE.

I HAVE this to say—viewing the combination or "trust" from a busy practitioner's standpoint—the union of the two journals has detracted nothing from the value of either. On the contrary both are improved in the one.

THE TIMES AND REGISTER stands, to-day, the best medical weekly published for the busy general practitioner, and equals in every respect any of the five-dollar weeklies.

While I am a free trade democrat, and opposed to "trusts" generally, I verily wish there were more of the sort represented by the blending of such agencies for the propagation of elevated medical thought.

Wishing your enterprise much success.

SHARON GA. ARTHUR C. DAVISON.

POSITIVISM IN MEDICINE.

ALL the physical sciences are positive sciences with the exception of medicine. It is a complex science, and some of its parts are positive enough. Its general anatomy, physiology and chemistry are, as far as they have been developed, decidedly positive. Histology and pathology will go on enlarging as long as the microscope will be susceptible of improvement. But take its ætiology: what fluctuations does it not experience? what circles is it not made to travel? At one time it attributes disease to contagium; at another to infection; at one time to an organic morbific germ; at another to a chemical alkaloid, and at another still to molecular disturbance. The germ theory has run riot. Yet, notwithstanding its popularity, the theory of molecular disturbance, as causative of inflammatory processes, is more rational than that of an organic germ. Accepting, as we do, the doctrine of the cellular structure of all organized bodies, and the constant activity of those constituent cells, it is conceivable that that activity might become so disturbed as to amount to any degree of abnormality.

The "schoolmen" of the middle ages used to dispute as to how many angels could stand upon the point of a needle, and now physicians are speculating as to how many morbific germs can occupy a microscopic point of the human body.

This germ theory has been over-done, and sooner or later will experience a reaction that will establish its proper pathological position. According to its tenets now, the soil, water and atmosphere are but the abodes of infection and death. Suppose two germs should individually, but simultaneously, invade an organism and set up distinct morbid processes therein, say of scarlet fever and diphtheria, who has the positive diagnostic skill to decide that fact, and where and how would we draw the line of demarcation? Why does the physician, in his daily rounds, see in the same neighborhood, and perhaps in the same family, one case of typhoid fever, another of pneumonia, another of diphtheria, and so on, and all having about the same environments? The germ theory alone will not explain the phenomena. There must be some internal, idiosyncratic condition that particularizes each case, but a positive understanding thereof is yet to be evolved. Why does the same exciting circumstance set up in one case mere simple ulcerations, in another benign growths, and in another cancer?

There is no rule of reasoning yet known that can give a demonstrable solution to that extraordinary differential pathogenesis. The argument of heredity will not alone answer. There was a time, however remote, when the ancestors of the present generation of cancer subjects did not have cancer. We can only accept the philosophy of agnosticism and say: "we do not know."

Yet, notwithstanding that this subject of primo-pathogenesis is as yet impenetrable, the recognition of disease when once upon us, has been reduced to a positive science—diagnosis. With the present facilities for physical investigation; with a full armamentarium of examining instruments; with the urinary tests; with auscultation and percussion, a fatal error in diagnosis is inexcusable. The negative process of diagnostication—reasoning by exclusion—often confirms the positive one. In no department of science is positive reasoning more demonstrable than in disturbance in the cerebral function. With a solid bony structure between the seat of disturbance and the physician, he can yet trepan the exact spot. That is an achievement of the intellect alone and marks the positive possibilities of anatomico-physiological science.

The most deplorable circumstance in medicine is the evanescence of the systems of treatment. In it there is no permanence, no stability. Scarcely is one method accepted till another displaces it. New agents, whose active principles are unknown, and whose physiological action has never been tested, are constantly substituted for known and tried ones. Take, for instance, the antipyretics—and they are as the leaves of the forest in number. Physicians go wild over every new one that is announced, as if lowering temperature were curing disease. Take, if you please, typhoid fever, with the germ theory of its causation, and antipyretics can only modify the combustion; and modifying the combustion is only prolonging the stay of the intruder. If the so-called antipyretics at all benefit infectious diseases they do so by virtue of their germicidal properties. The cardiac inhibitors, such as aconite, invaluable in sthenic inflammations, are now largely displaced in country practice by mere heat reducers. They are given empirically, irrespective of their action in heat production, heat distribution, or heat radiation. Just contemplate the late craze on intestinal insufflation of gases in pulmonary tuberculosis. It was not only offensive to the senses, but disgusting to the understanding. Again, look at blood-letting, a most positive adjuvant in the treatment of inflammatory conditions in plethoric subjects. It has passed into almost entire desuetude in favor of the expectant plan of treatment, but more properly called the negative plan. All the mechanical ingenuity of the mind is strained in devising instruments, and all nature is searched for curative agents, but whether the science of medicine, as a unit, will ever be reduced to a positive science remains for yet distant ages to see.

U. M. SNYDER, M.D.

DELMONT, PA.

HOW CHLOROFORM REDUCES TEMPERATURE.

IN Dr. H. Culbertson's interesting article, in a recent issue of the TIMES AND REGISTER, p. 149, I find the following:

"When after death, in a chloroformed subject, the skin is cut, its substance is pale and bloodless. I have never lost a patient from chloroform, but under the profound influence of this agent I have seen the human patient pale and cold. Why is this? Is it not due in part to the nerve of Cyon and Ludwig being paralyzed?"

It appears highly probable that this question ought to be answered in the negative. I gather from the "Physiological Lectures" of Prof. Kuss, of Stras-

burg (Duval, Amory, Amer. Ed. p. 168), that the nerve referred to has no direct influence on the heart at all, and only influences it indirectly through the peripheral circulation.

How chloroform, ether, chloral, alcohol, and agents of this series, lower temperature, will be understood by a perusal of Dr. Lyman's "Anæsthetics" (Wood's Library). It is there stated that this effect is due to a retardation of the process of oxidation normally taking place in the body, on which the generation of its heat depends. The lowering of the temperature in poisoning by chloral hydrate and by alcohol, is so marked that in attempting to recover the victim of these states, the application of artificial heat is a prime consideration.

The same diminution, or arrest, of oxidation, which lowers the temperature, causes also a loss of muscular contractile power; muscle force being the direct product of the oxidation taking place within the muscle. Hence, the relaxation or flaccidity found among the complete effects of the anæsthetic agents mentioned above.

I would like, in this connection, to invite the attention of the readers of the TIMES AND REGISTER to a paper, read by me before the Physiological Section of the Ninth International Congress, at Washington, in which this and cognate subjects are discussed at considerable length. The paper is, On the Necessity for a Modification of Certain Physiological Doctrines, etc.

Dr. Culbertson, in appealing to the modern inhibitory hypothesis, in elucidation of the phenomena to which he refers, appears to have overlooked the fact, that this hypothesis, has, of late, been seriously discredited, and an attempt even made to set it aside and supersede it, by no less an authority than Dr. Lauder Brunton, whose admirable "Pharmacology and Therapeutics" will amply repay perusal.

If the editor will kindly permit me, I may offer him, soon, a criticism on both the inhibitory hypothesis, and the new one of Nervous Interference, which has been suggested in its place.

THOMAS W. POOLE, M.D.

LINDSAY, ONT., CAN.

The Inquirer.

A CASE FOR DIAGNOSIS.

A LITTLE GIRL, aged about six, of healthy parents, was remarkably healthy until, say, six months ago, when she was suddenly taken with "cramps" in her bowels; since when the same attacks have returned at intervals of a week or less; cramps extending to the legs, so that she is unable to stand or walk; is taken suddenly *at play*, and falls all drawn up; cries out for her mother to rub her, but sometimes she is so sensitive over the whole skin that she cannot bear to be touched. Appetite good, no indication of worms, has been treated for worms; bowels regular, no pain at stool, urination free and easy, no trouble in passing water, no indication of stone, no tenderness over bowels or bladder, no tenderness along spine, no indication of hip disease. She is a stout, well made, well developed little girl.

This is all I can say of her case. I give you the negative eliminations; there is nothing positive that I can see. She is evidently a great sufferer.

V. S. M.

[The given history of this case is that of recurrent spasms confined to the lower extremities, with intervals in which no aberration from health can be found. The indication is consequently directed towards a reflex cause, acting intermittently, and probably originating below the diaphragm. The search for this cause should be first directed to the bowels; then the kidneys and bladder. This has apparently been done by our correspondent. Then the genital organs should be examined for evidences of ascarides, or of masturbation. In such cases it is well, if an ordinary examination fails to reveal the cause of the symptoms, to strip the child to the skin and go over the body with the utmost care; scanning every outline and examining every organ. There may be a curvature of the spine, or commencing caries. Should such an examination fail, we must look to the general causes, especially bearing in mind the possibility of hereditary syphilis, of malarial, paludal, saturnine, or rheumatic toxæmia. The possibility of poisoning from patent medicines, etc., should not be overlooked. The hygiene of the house should be examined into, not inquired into, as well as the diet. Should there still be no tangible cause for the seizures, we would put the child upon a diet of peptonized milk exclusively, and give $\frac{1}{50}$ grain of corrosive sublimate, four times daily, keeping the child in bed for three weeks; applying a thin strip of fly blister to the lumbar spine once every five days. W. F. W.]

Society Notes.

AT the American Climatological Association meeting at Boston, Drs. C. W. Townshend and A. Coolidge, Jr., Boston, presented a paper on

THE MORTALITY OF ACUTE LOBAR PNEUMONIA;

a study of all the cases treated at the Massachusetts General Hospital from the first case in 1822 to the present time.

SUMMARY.

1. In the one thousand cases of acute lobar-pneumonia treated at the Massachusetts General Hospital from 1822 to 1889 there was a mortality of 25 per cent.

2. The mortality has gradually increased from 10 per cent. in the first decade to 28 per cent. in the present.

3. This increase is deceptive from the following reasons, all of which were shown to be causes of a large mortality:

(*a*) The average age of the patients has been increasing from the first to the last decade.

(*b*) The relative number of complicated and delicate cases has increased.

(*c*) The relative number of intemperate cases has increased.

(*d*) The relative number of foreigners has increased.

4. These causes are sufficient to explain the entire rise in the mortality.

5. Treatment, which was heroic before 1850, transitional between 1850 and 1860, and expectant and sustaining since 1860, has not, therefore, influenced the mortality rate.

6. Treatment has not influenced the duration of the disease or of its convalescence.

CONCUSSION OF THE SPINE.

In his paper read at the American Medical Association the following conclusions were announced by Dr. H. H. Smith:

1. Concussion of the spine is no longer a matter of doubt, but may sometimes occur as the result of various forms of violence, there being nothing peculiar in the application of the force to the body, as the result of derailment or collision of railroad trains.

2. The pathological changes noted in the molecular structure of the cord as the result of shaking, jaring, or so-called concussion of the cord, when attended by paralytic symptoms, may be due to hemorrhagic effusion, or be shown post-mortem in softening or localized or limited atrophy. In cases due to hemorrhage the symptoms may be improved by judicious treatment, and permanent disability prevented.

3. The possibility of preëxisting neurasthenia, or hysteria, or fraud on the part of a claimant, should be carefully noted in forming a diagnosis in these cases.

4. As the question of permanent disability, justifying exemplary damages, is frequently raised in claims of the kind alluded to, it should be recollected in forming a prognosis that numerous cases are reported of recovery or marked improvement in a few weeks, and one in three years, even after the occurrence of paralysis.

5. No physician should go into court and swear that a plaintiff has had a concussion of the spinal cord or of its nerves, unless he has proved the disturbance of the normal function of the cord, as shown in sensation or motion, or both, and that the symptoms appeared *soon* after the injury.

FRACTURES OF THE SPINE.

Dandridge, in an able paper read before the surgical section of the American Medical Association, reached the following conclusions as to the treatment of these fractures:

1. In fractures of the cervical vertebræ, there is indicated immediate reduction of any displacement by extension and manipulation under an anæsthetic, followed by continuous extension and immobilization.

2. In all fractures of the lumbar or dorsal spine, involving the bodies or the arches, reduction is effected, with or without the plaster-jacket by the hammock suspension preceded, if there is evident displacement, by extension under an anæsthetic.

3. When symptoms indicating injury of the cord persist without improvement, resection is indicated.

4. Immediate operation would be indicated when there is marked depression of the arches with symptoms of paralysis.

5. Long continuance of the symptoms is not in itself a contra-indication to operation.

6. We have, in suspension, the means of alleviating some of the sequelæ of fracture of the spine.

EXTROVERSION OF THE BLADDER.

Porter gives the following rules, in operations for the relief of this condition:

1. All the general rules of plastic surgery hold in these operations. The flaps must be about one-third larger than the gap to be filled.

2. They must be arranged in such a manner as to furnish to the pedicles an abundant supply of blood.

3. During delays in the operation they should be covered with hot towels wet in an antiseptic solution.

4. They must be handled as little as possible, and rarely with forceps.

5. Any dragging on the pedicle endangers the vitality of the flap.

6. All bleeding must be arrested before the flaps are adjusted in position.

7. Light and gentle compression prevents any oozing between them.

8. The operation completed, they should be kept for many hours under moist, hot, antiseptic dressings.

9. Perfect antisepsis should be maintained throughout.

Dr. Robert T. Morris, of New York, read a paper entitled

WHAT DRESSING SHALL LIE NEXT THE WOUND?

Vaseline or oil spread upon any textile fabric represents the worst type of dressing, because the unguent mingles with the discharges and retards organization; because the textile fabric entangles new epithelium cells and connective-tissue cells, and because there is nothing in the dressing to prevent fermentation and wound infection. Lint and cotton are even worse than textile fabrics.

The cerates spread upon textile fabrics are one point better, in that new epithelium and connective-tissue cells are not entangled in the mesh.

Balsams spread upon textile fabrics, or upon lint or cotton, are better than vaseline or cerate, because they may limit fermentation.

There are only two perfect types of dressing. The iodoform covering for small wounds represents one of these. Iodoform forms a thin, firm coagulum with lymph, and this is not easily attacked by microörganisms. Beneath this coagulum the processes of repair go on smoothly in small wounds, even when a certain number of microbes are at work, because the iodoform neutralizes the ptomaines.

The other perfect dressing is the one suitable for larger wounds, and it possesses the following properties: First, smoothness, and impenetrability to new epithelium and connective-tissue cells (Lister's protective oiled silk). Second, a bulky mass which is highly absorptive, to draw serum away from the wound, and to make it too dry for microbe food; and this dressing is charged with antiseptics to destroy microörganisms (bichloride cotton or gauze).

We regret to announce that Dr. George M. Gould will be prevented by the pressure of private business from continuing his contributions.

Book Reviews.

DIPHTHERIA: its Nature and Treatment. By C. C. BILLINGTON, M.D., and INTUBATION IN CROUP, and other Acute and Chronic Forms of Stenosis of the Larynx. By JOSEPH O'DWYER, M.D. Octavo, 326 pages. Price, muslin, $2.20. New York: William Wood & Co.

The author does not claim to have written an exhaustive treatise on the subject he has chosen, yet he has added a valuable contribution to the bibliography of this grave disease. The etiology of diphtheria, in spite of the attention given, is still in doubt. In fact there seems to be but little certainly known of the disease. Some consider it first to be purely local, and afterwards, through absorption of the septic products, to become constitutional; others, again, consider diphtheria to be constitutional from the first, and to make the pharynx its "site of election."

All so-called membranous croup is held by some to be simply diphtheria of the larynx; whilst others scout such an idea as nonsense.

There are others, again, conservatives, who believe that there is such a disease as membranous croup, but that it is very rare, and that many cases so described are in reality diphtheria. To this latter class belongs our author. He says: "Simple membranous croup is a comparatively rare form of disease. In regions in which diphtheria is endemic or epidemic, the two affections are so likely to be inter-complicated or confounded that the distinction is practically worthless." Dr. Billington ranks himself also among those who believe that diphtheria is primarily a local affection, and cites a number of clinical facts to prove his point.

The article contributed by Dr. O'Dwyer on Intubation in Croup adds much to the interest and value of the book.

The technique of the operation and all the indications for and against it, are fully and plainly set forth.

KIRKE'S HANDBOOK OF PHYSIOLOGY. By W. MORRANT BAKER, F.R.C.S., ETC., ETC., and VINCENT DORMER HARRIS, M.D., ETC. New York: William Wood & Co. Twelfth edition. Revised and rewritten, making a presentable volume of about 750 pages, and with 500 illustrations.

This old friend comes to us with much of the freshness of a new book, having been largely rewritten. The object of the publishers seems to be to make, for a moderate price, a good and reliable assistant for the student during his college days, when time is precious and something is demanded to supplement the regular lectures. The book is of moderate size, and so arranged that the elementary portion is printed from larger type, thus facilitating the making of an expeditious review. It, in fact, has the advantages of a compendium without many of the objectionable features; it encourages and invites the student to drink deeper, and, at all times, tempts him by the proximity and piquancy of the draught.

The wood-cuts, with which the book is supplied liberally, are distinct and well chosen to illustrate the subjects; if not quite as fine as works of art might be, they answer the essential requirement of illustrating the text. The type and paper are fair.

The book in its opening chapter treats, by successive steps, of the general phenomena of life, beginning with those of protoplasm. Differentiation between plants and animals, always a stumbling block for the beginner, follows. The morphological development and the division of functions are treated of, commencing with the blastoderm and regularly passing to the elementary structures and the various forms of cells composing them, which are described and well illustrated, frequently by means of cuts from standard histologists.

The next portion is devoted to a description of the blood, its corpuscles, its physical and chemical characters, its development and uses. This is succeeded by the consideration of the circulation, and includes the study of the heart, arteries, veins, and capillaries, their distribution and functions. Respiration is very satisfactorily treated, its importance being acknowledged, but food and diet, which might be dwelt upon with great profit, have been allotted only a short and seemingly too brief space, although the matter is well chosen. Digestion, absorption, and secretion occupy about one hundred and twenty pages; in this the teeth, salivary glands, stomach, liver, pancreas, the intestines and their various glands, are described; the physiological functions and the relations of them and the organs to each other are completely and very tersely given. The skin, kidneys, vascular glands, and muscular system are then described in an able epitome.

The nervous system receives the principal attention, as its importance and the recent discoveries warrant, comprising nearly one-third of the book. The different motor centers of the cortex of the brain are described and illustrated with a view to facilitate the diagnosis of brain lesions and to guide in the surgical efforts for their cure, which are bidding for an exalted position in the treatment of many affections heretofore incurable and often frightfully painful. Indeed, the appalling sufferings, so long the reproach of the healing art, at one time embraced under the obscure general title of neuralgia, of late frequently are completely cured as a result of the skilful and thoroughly educated surgeons' abilities to discover the location of abnormal growths or deposits, which was only possible when guided, as they have been, by the science of physiology.

The generative organs are minutely studied, and many of the features of development are explained to the reader in a masterly manner.

A chapter "on the relation of life to other forces" is both interesting and instructive, in that it deals with some similarities of correlation of force or energy in machines and organized bodies. In this the task of persevering in the unfolding of the enigmas of life or vital action is bravely attempted, and although it seems to be acknowledged by the author as elusive, yet he holds to the conclusion that it is a duty to push onward without discouragement, evidently impressed with a belief that some day the problem will be solved.

Finally, an appendix furnishes much of the organic

chemistry that many writers weaken their works by attempting to introduce in the bodies of them, where it seems more likely to discourage the young student than to interest him.

In the method of arrangement of this book appears to lie one of the strongest recommendations for its publication. Indeed, the work may be most justly commended, and college students or busy practitioners will find in it *multum in parvo*. We doubt not that the book will find a ready sale, from the fact that its simplicity will make it popular; being comparatively free from the much involved, prolix and over-conscientious effort to explain physiological phenomena, which embarrass the general student.

T. C. S.

CYCLOPÆDIA OF THE DISEASES OF CHILDREN, MEDICAL AND SURGICAL. Edited by JOHN M. KEATING, M.D. Vol. I. J. B. Lippincott & Company.

The diseases of children are perhaps the most difficult of all human ills to rightly understand and properly characterize. Every new book which really sheds fresh light upon this now special department of medical science is to be encouraged and welcomed. The present work will be issued serially in four large volumes, the first of which has recently appeared. In its scope it is truly cyclopædic, a fact which will tend to diminish its usefulness so far as relates to the needs of the general practitioner, to whom a more concise statement of well-established facts would, for obvious reasons, be preferable. By the so-called specialist in children's diseases, however, the appearance of this work will be hailed with peculiar delight; for the latter, unlike the busy family doctor, seeks to regale himself with the foremost speculations of cotemporary medical literature bearing upon his favorite line of study, and to this end this book promises to provide for him abundantly. And from the hands of the student of pædiatrics this work will doubtless receive unlimited praise. The general practitioner, however, will frequently have occasion to employ this colossal work, referentially. It should not fail, therefore, to find a place in all of our leading American medical libraries.

The method pursued by the editor in selecting authors, many of whom are widely-known specialists, with sole regard to their peculiar fitness to discuss the subjects assigned to them, has its obvious advantages, and this is a pretty good guarantee that the book throughout will contain sound instruction. It is given to but very few, if any, writers, even though they be rarely gifted specialists in this broad domain, to become the satisfactory exponent of a product so comprehensive in all its elements as the book under discussion.

The present volume contains 990 pages. The introductory chapter is contributed by Prof. A. Jacobi, who points out clearly, in a general way, the differences in the behavior of the various organs of the body while the child is passing through the different stages of its development, and that these anatomical and physiological differences greatly affect the course and symptomatology of children's diseases as well as the frequency of their occurrence. He also calls attention to the important practical fact that certain malformations and maladies occur only in early childhood. But most of the points brought forward in the introductory are more fully presented in the first two articles under Part I, namely, "On the Anatomy of Children," by George McClellan, M.D., and "The Physiology of Infancy," by Angel Money, M.D. In discussing the anatomy of the abdomen, McClellan very properly describes fully the nerve supply, since the symptoms relating to the diseases of childhood can in numerous instances be interpreted only through a knowledge of the position of the nerves. In a work of this sort to devote a special chapter to diagnosis might be considered not entirely relevant, but the advice given on this head is for the most part excellent, particularly on the method of examining sick children. And Dr. Finlayson has also given prominence to a fact of prime importance, namely, that special tendencies to acute diseases are inherited just as certainly as that chronic disorders are transmitted from generation to generation.

Since the subject of the relation of bacteria to disease has come to occupy a foremost position, its presentation in a particular manner by Dr. Shakespeare, a zealous worker in this field of investigation, will be heartily received by the profession.

The popular belief in maternal impressions is fully supported by Dr. Wm. C. Dabney, who gives us some important conclusions, drawn from actual facts, which he subjoins in a large general table. Dr. Barton Cooke Hirst handles "Diseases of the Fœtus" with a masterly hand. There is much practical information contained in the chapter which treats of "The Child at Birth and Immediately Thereafter," contributed by Prof. R. A. F. Penrose.

Prof. Parvin furnishes a lucid statement of the "Injuries of the Newborn," in which he points out the too little known fact that in instrumental deliveries injuries are not only at times inflicted upon the head externally, but also upon the meningeal vessels, causing hemorrhage and death.

A large share of attention is quite befittingly devoted to infant feeding. Space would fail us were we to attempt to examine in detail Dr. Rotch's able exposition of this important theme. We feel constrained, however, to add that the reader will find in the author's division of artificial foods, and his discussion thereon, all that is needful to serve as a reliable guide in the employment of an indispensable class of preparations.

The following subjects, Wet-nurses, Diet after Weaning, Nursing of Sick Children, Nursery Hygiene, Dentition, and Puberty; its Pathology and Hygiene, are all cleverly, though briefly, examined by as many different writers.

Part II is dedicated chiefly to the consideration of fevers and miasmatic diseases, and among the many individual affections treated, and their well-known authors, respectively, are, Enteric Fever, by J. C. Wilson, M.D.; Typhus Fever, by Alexander Collie, M.D.; Relapsing Fever, by R. G. Curtin, M.D.; Cerebro-spinal Fever and Diphtheria, by J. Lewis

Smith, M.D.; Scarlet Fever, by S. Busey, M.D.; Measles, by Dr. Waxham; Rheumatism, by W. B. Cheadle, M.D., F.R.C.P.; Malaria, by T. Forchheimer, M.D.; and Yellow Fever, by John Guiteras, M.D. The majority of the special diseases are treated with a degree of fulness commensurate with their leading practical importance; a few, however, are not, notably, scarlet fever.

It is gratifying to see it recommended in doubtful cases of malaria to examine the blood for plasmodium. In describing the treatment of pertussis, Dr. Dolan does not mention the use of antifebrin, which has a peculiarly favorable influence upon the severity and the frequency of the paroxysms, in careful hands. In his chapter on Vaccination, Dr. W. T. Plant does not advise against the use of humanized virus, but tells us how, in his opinion, the danger from the transmission of disease can be avoided. In short, the truth is, however, that no precautionary measure can insure immunity in every instance, and the only adequate safeguard to society lies in the use of bovine virus. Dr. Wm. Wright Jaggard adds an article of great scientific interest on Joined Twins, and Dr. H. Y. Jayne one of equal merit, on Embryology. Prof. Roberts Bartholow concludes the present volume by a charming discourse upon the General Therapeutics of Children's Diseases, in which he, at the outset, takes occasion to direct attention to the fact that, "Whatever hold homœopathy has acquired, is due, for the most part, to the sugar pellets, tasteless solutions, and other contrivances for rendering the administration of medicines a pleasure rather than a pain." He continues: "Our efforts should be directed to the preparation of efficient remedies that shall be also without disagreeable qualities."

Many of the subjects treated in this volume are further elucidated by means of numerous good illustrations. The publishers, in issuing this work, have given us a creditable example of American book-making.

J. M. A.

Gleanings.

THE PREVENTION OF MIGRAINE.—Dr. Hammerschlag has never been disappointed in the use of the following combination for preventing sick headache:

℞.—Caffein citrat.	1.00 = gr. xv.
Phenacetin	2.00 = ʒss.
Sacchar. alb.	1.00 = gr. xv.

M.—Ft. pulv. div. in dos. æqual. No. X. Divid. in capsul. amylac.

Sig.—One capsule every two to three hours during the interval between the attacks.—*Allg. Med. Centrl. Ztg.*, No. 39.

FROMENTINE.—A French chemist named Beaumetz exhibited at a recent meeting of the Paris Academy of Medicine a new alimentary substance, which he names fromentine. It is obtained from wheat by the aid of special millstones, and is really the embryo of the wheat reduced to flour. It contains three times more nitrogenous substance than meat, and a large proportion of sugar. It is thought that it may advantageously replace powdered meat as a concentrated food. It may be employed for making soups, and even for making biscuits.—*Am. Anal.*

ENURESIS AS A HABIT.—When such is the case successes have been reported by closing the meatus urinarius with collodion at night.

WATER IN THE LUNGS.—Bowles (London *Lancet*) says that contrary to the general belief that water does not enter the lungs of those drowned, on account of closure of the epiglottis, he has found water a number of times in the lungs of both animals and human beings who died by drowning; and therefore holds that the Sylvester method of resuscitation is not to be relied on.

ALCOHOLIC PARALYSIS.—Ross (London *Lancet*), thinks that these three symptoms are generally to be found in a coming case of alcoholic paralysis, often long before any of the graver manifestations, and may thus be of much aid, especially in cases where no history of alcohol drinking is known. The first is numbness of the fingers and toes; second, vasomotor spasm of the extremities, Reynand's local asphyxia, giving rise to deadness and coldness of the fingers and toes; third, severe cramps, most frequent and severe in the muscles of the calf.

DANGER OF GIVING CHLOROFORM BY GAS-LIGHT.—Ball (*The Practitioner*), adds to the cases already reported a number of others showing the disagreeable and even dangerous symptoms that may arise, both to the patient and the bystanders, in using chloroform by gas-light. A strong irritant is produced under such circumstances, which has been found to be carbon oxychloride, or phosgene gas. The symptoms are paroxysms of coughing, a sense of choking and irritation in the throat, giddy feeling, and, after a time, a strangling and burning sensation over the larynx.

PREVENTIVE INOCULATION.—M. Roux, on behalf of M. Pasteur, gave the Croonian lecture on this subject. The lecture is an able *résumé* of Pasteur's work in this particular direction. With regard to inoculating for hydrophobia, M. Roux says that 6870 persons have undergone the treatment at the Paris Institute since July, 1885, and that of this number the mortality has been only 1 per cent., against that of 15 per cent. which usually follows the bites of rabid animals. He considers that the violent attacks which have been made against the practice are without any just foundation.

THE family of Dr. Chas. T. E. Ritter, of No. 188 Mercale Street, New York City, who was found dead in bed, 8 o'clock June 20, discredit the rumor that he committed suicide. The Doctor had suffered heart disease for some time. He attended the dinner at the opening of the Brooklyn Throat Hospital, Wednesday night and it is thought that the unusual excitement brought on an attack of his ailment. Coroner Lindsay thinks that death was due to natural causes.

AN EXTRAORDINARY EXPERIMENT AND ITS RESULTS.—At the Société de Biologie, M. Brown-Séquard made a very curious communication which will admit of very different interpretations. He said that he had been lately making experiments of a very interesting nature. Guided by certain theoretical ideas, he extracted the liquid from the testicles of animals and injected it into other animals, and finally *into himself*. The effect on the animals he was not able to fully understand, but he could give an account of what he himself experienced. As to the immediate effect of the injection he would not say more than that a certain amount of inflammation followed, which, however, never went on to suppuration. After some time he felt himself becoming a new man, constipation from which he suffered for several years disappeared as if by enchantment, urinary troubles which gave him for some time much uneasiness ceased almost immediately, and not only that, but strength returned to his legs, so that he can remain standing for hours together without fatigue. His intellectual powers were also greatly stimulated, and, in fact, he declared that he felt himself at least *thirty years younger*. He discreetly threw out a hint as to the other functions which were revived by these experiments! M. Brown-Sèquard concluded by saying, that it might be thought he was dreaming, or suffering under a delusion, but he assured them he was not, and he maintained exactly what he reported. A member mildly suggested that the fever produced by the irritating liquid injected may have produced in a certain sense the phenomena, but he was immediately sat on by the eminent physiologist. Perhaps, with all respect, the well-known words of Governor Felix to St. Paul might be used with more truth towards our learned friend.—*Med. Press.*

DR. L. B. BAKER, a prominent physician of Beebe, Arkansas, was recently married to Miss Mollie Hines, of Newport, Arkansas.

DR. LOUIS FRANK, resident graduate of the Louisville City Hospital has resigned that position and has been succeeded by Dr. Chas. B. Smith, of Millersberg. Dr. Frank and wife start at once for Strasburg, Germany, where the doctor will take a two years' course in medicine.

A meeting of Wyoming county physicians was held in Warsaw, Tuesday afternoon last week. A committee consisting of Drs. Palmer, of Pike, Rae of Portageville, and Lush of Warsaw, were appointed to make arrangements for the meeting to be held at the Cascade House, Portage, in September.

THE members of the Rochester Pathological Society held their annual election of officers at the Genessee Valley Club House, Rochester, New York, Thursday Evening last. Dr. Benjamin Wilson was elected President; Dr. E. T. Dow, Vice-President; Dr. Ogden Bachus, Secretary. Dr. E. W. Mullegan, the retiring president read a paper on Microscopy in Medicine.

THE *Maritime Medical News* gives an interesting chart, covering four generations of a family's history, and beautifully illustrating the heredity of a neurotic taint, and the interchangeability of neuroses.

Descendants of Amos M. No inf. rmation about parents.

A. M., one of six children, of whom two, A. M. and D. M., had progressive muscular atrophy.

A. M. had eleven children, of whom five had progressive muscular atrophy, and seven either had it or transmitted the disease. These considered *seriatim:*

H. M. had two children; M. E., progressive muscular atrophy, and she had one daughter (fourth generation) blind; and A. M., who died of epilepsy.

A. M., 2, had progressive muscular atrophy, but his family was exempted.

J. M. had a large family, but no information was obtained.

N. T., progressive muscular atrophy, and of her children, two had same disease, one died of epilepsy, one insane, two died suddenly, others healthy.

E. M., family exempted.

S. W., progressive muscular atrophy, had three children, of whom two had same disease, and the third insane. W. W.'s children, numbering four (fourth generation) all suffer from nervous troubles.

E. B., progressive muscular atrophy, but family exempt.

H. T., two children, both with progressive muscular atrophy. Mrs. H. has eight of a family (fourth generation), of whom two are idiotic.

C. H., family exempt.

I. H., family exempt.

D. B., progressive muscular atrophy, had one child with same disease, and she had a child (fourth generation) with it. Of other members: one died young, one of diabetes, seven of phthisis; three are in good health.

Descendants of David M.

D. M., progressive muscular atrophy, had eleven children, of whom three had same disease. Family considered *seriatim:*

R. M., family exempt.

R. C. died of tumor of stomach; family exempt.

R. M. died of dropsy.

J. M. died of liver disease. Nothing known of family.

T. M. died of old age. Nothing known of family.

S. H., progressive muscular atrophy, had seven children, of whom four had same disease.

N. H. has large family, one epileptic.

D. H., progressive muscular atrophy.

H. H., no family.

M. C., progressive muscular atrophy, had three children (fourth generation), of whom two had same disease.

R. S. had one idiotic; rest of family exempt.

J. H., progressive muscular atrophy, had one son with same disease.

W. H., progressive muscular atrophy.

D. M. died of old age. Nothing known of family.

A. M., living. Nothing known of family.

R. M., nothing known of family.

A. S., progressive muscular atrophy, family exempt.

M. W., progressive muscular atrophy; one son with same disease.

Medical News and Miscellany.

Dr. Mecklenburg Polk has a farm on Long Island.

The sanitary condition of Atlantic City is said to be good.

Dr. Joseph W. Howe, of New York, expects to sail for Europe in August.

Dr. A. R. Blair, one of York's oldest and most respected citizens, is seriously ill.

Dr. Hermann M. Biggs, of New York, who is in Europe, is expected back in August.

Dr. William H. Thompson, of New York, becomes a Connecticut farmer during the heated term.

Three men on the bark "Samar," from Tamatave, are reported to have died on the voyage, from beriberi.

The American Pharmaceutical Association lately met in San Francisco, with an attendance of 375 delegates.

Dr. Lewis A. Sayre is still at the Hot Springs, Virginia, where he has been recuperating for several months.

Dr. Ernest B. Sangree was lately appointed vaccine physician in the third district, *vice* Dr. Williams, deceased.

The Presbyterian Hospital is in luck; it has lately had $150,000 given it for the purpose of making certain additions.

Dr. Francis M. Perkins married Miss Franc Arnold Walker, June 19, 1889, in Plymouth Church, Brooklyn, N. Y.

There were 400 deaths in Philadelphia for the week ending June 24, against 389 for the corresponding week of last year.

Dr. Frederic S. Dennis, of New York, has a cottage at Elberon, Long Branch, where he usually spends his summers.

If our city street contractors were made to live on some of the little back streets, these by ways would be less odorous than at present.

The number of inmates in the Philadelphia Almshouse is 2814; in the Philadelphia Hospital, 971, and in the Insane Department, 807.

Dr. Charles A. Doremus has a cottage at Pelham, a fashionable settlement on the north shore of Long Island Sound, near New Rochelle.

Dr. Austin Flint will not take any long vacation away from New York, as he is on duty at Bellevue Hospital during July and August.

The preliminary Announcement is out of the American Public Health Association, which holds its seventeenth annual meeting at Brooklyn, N. Y., October 22, 23, 24, 25, 1889. Among the desiderata we notice that "all papers must be either printed, type written, or in plain handwriting."

An epidemic of malignant diphtheria has broken out in Carbondale. In one family four children are lying at death's door, and in another three.

The $25,000 that the Legislature did not give for the new hospital, the Hahnemannians intend to try to raise next fall by means of some entertainment.

A London health inspector reported that a number of cases of diphtheria had been caused by cats going from house to house, and thus carrying the virus.

Drs. George Woolsey and C. G. Coakley are lecturers on Anatomy at the University Medical College, New York, but the Chair of Anatomy is not yet filled.

Peter D. Keyser, A.M., M.D., Professor of Ophthalmology in the Medico-Chirurgical College, has lately been appointed a member of the City Board of Health.

The Johnstown physicians proper are beginning to object to the various society physicians stationed there, as they say that the latter are treating every one regardless of ability to pay.

Dr. A. E. MacDonald, General Superintendent of the New York City Asylums for the Insane, will give the greater part of his time this summer to the farm for the insane at Islip, L. I.

A Western paper, speaking of a man who carries a bullet in one side of his head to the great detriment of his memory, says that he frequently harnesses one side of a horse and forgets the other.

They are now making examinations in England and Germany of the various floor deafeners, with the result of finding that they are perfect mines of bacteria, and manufactories of bad smells.

The entire extent of Long Island is a favorite resort for New York physicians in summer, and Bay Shore, on the Great South Bay, just inside of Fire Island light, is especially popular with them.

John V. Shoemaker, A.M., M.D., and John Aulde, M.D., are engaged on a "Treatise on Materia Medica, Pharmacology, and Therapeutics," which they expect to have out in the early autumn.

Surgeon Parry, of the East Indian Medical Department, says that he saw the jet-black hair of a rebel Sepoy turn gray in an hour while he was under examination and half mad with fear.—*Times.*

Dr. John W. De Witt, of St. George's and Drs. Howard Ogle and Peter Cooper, of Wilmington, Del., have been appointed a Board of Examining Surgeons for pension applicants of the Wilmington district.

A dispatch from Ottawa, Ont., says that at Cape Breton, last week, Dr. Smith discovered four cases of leprosy. A case was reported to him in 1885, and he is severely censured by the authorities for having allowed the disease to go on without investigation until within a few days. The four victims have been removed to Tracadie Lazaretto, where there are already nineteen patients.—*Ledger.*

THE water-shed from which New York's Croton water is collected covers 361 square miles; and it is computed that 18,500 cows, pigs, horses, and sheep live on that shed. The relation between these two facts is obvious.

ACCORDING to the figures, proportionately less die in New York tenement houses than in the more desirable localities; but in this case we think the figures have gone back on the well-worn adage with respect to their truthfulness.

THE Philadelphia Board of Health has received a complaint of the sanitary condition of the public school building at Third and Lombard Streets. It is said that three of the teachers and a number of pupils are now ill.

DR. RUDOLPH A. WITTHAUS, Professor of Chemistry and Physics at the University Medical College, is now lecturing in the Medical Department of the University of Vermont at Burlington. He returns to New York on July 20.

THE Pennsylvania Railroad has just issued stringent rules with regard to the sanitary condition of all their property, rolling stock, and the like. Everything must be kept scrupulously clean, and disinfected when necessary.

THE entire family of Thomas Dunn, of Smith Street, Belleville, N. J., has died within ten days. On Friday, the 14th ult., one of his four children died of diphtheria, another died the following day, another last Friday, and the fourth yesterday.

ACCORDING to a daily paper, Judge Pratt, of Brooklyn, awarded $12,000 damages to a woman as a salve for her wounded feelings (it says health, but that couldn't be), hurt by taking five grains of calomel from a steamship's surgeon instead of quinine.

THE graduates from the University Medical College, who go to Bellevue Hospital this year, are H. L. Constable, of Ohio, W. E. Chau, of New Jersey, M. M. Rodriguez, of Central America, G. C. Pope, of New York, and C. H. Towlerton, of New York.

DR. CHARLES INSLEE PARDEE, Dean of the University Medical College, New York, splices his tarry toplights with great facility, now that he has developed into a yachtsman. Dr. Pardee is a hard worker and seldom leaves his desk at the college for more than a day or two at a time in summer.

IT looks as though the Pneumatic Cabinet, after a brief but troubled struggle with a cold world, had lain down for a prolonged rest.

"Whines of Coca!" That is what the besieged doctor calls them, as he listens to the plaintive appeals of rival manufacturers for his favorable consideration.

ANOTHER instance is reported of a child who found its mother's pill-box, loaded with one hundred pellets of quinine and strychnine, and straightway ate thirty or forty of them under a false impression. The Coroner held the usual inquest.

We wonder when mothers will take at least as much care to keep poison out of their childrens' way as they do with candy.

DR. GEORGE PATTEN BIGGS and Dr. Louis Raush, both of New York, who graduated at Bellevue this spring, were among the successful candidates for appointment in Bellevue Hospital and enter its service next October. The other successful candidates were Dr. Austin Flint, Jr., and Dr. George David Stewart, who began work at the hospital in April.

THE newly constituted Board of Health of Lancaster, Pa., consisting of William A. Morton, Dr. R. M. Bolenius, Dr. D. R. McCormick, M. F. Steigerwalt, and S. H. Zahm, organized by electing William A. Morton President, Jacob Halbach, Secretary, and Dr. Walter Boardman, Health Commissioner.

—*Daily Paper.*

DR. THOMAS M. MARKOE, who has been chosen Vice-President of the College of Physicians and Surgeons, has been a medical professor in New York for nearly half a century, and is now seventy years of age. As a lecturer he has always been regarded with the highest favor by the students of this college, which is now the best equipped institution of its kind in the United States.—*Times.*

FOUR sons of members of the Faculty of the Bellevue Hospital Medical College are assistants to chairs in that institution; viz., Dr. Charles A. Doremus, Professor Adjunct to the Chair of Chemistry and Toxicology; Dr. Reginald H. Sayre, Assistant to the Chair of Surgery; Dr. Lewis Hall Sayre, Assistant to the Orthopædic Surgean, and Dr. Austin Flint, Jr., Assistant to the Chair of Physiology.

THE New York Post-Graduate School has acquired title to the property which it occupies, valued at $90,000. Dr. Lindsay, of the Post-Graduate, has made a photograph of the professors of this institution, having first taken separate pictures and then photographed the heads together upon a simple plate. The pictures are better likenesses, and are sharper in their outlines than are generally seen in such a group.

DR. A. W. WILKINSON will be well and kindly remembered as the assistant of Dr. Doremus for a long time at Bellevue Hospital Medical College, and the College of the City of New York. Dr. Wilkinson gave up this position about twelve years ago and became the chemist of the Mutual Gas Company. When that Company, with the others in New York, formed the "Consolidated," Dr. Wilkinson's services were retained, and I understand that he was paid $250,000 for a single invention which he sold that able business organization.

THERE is an opinion that those in control of the Training School for Female Nurses on East Twenty-sixth Street, New York, nearly opposite the entrance to Bellevue Hospital, are looking with longing eyes at the new building of the Mills Training School for Male Nurses. The male nurses are getting their training from the female nurses, and it is said that the hospital doctors do not bestow as much friendly attention upon the members of the Training School for Men as they do upon the young women from over the way.

The Pharmacy Section, American Medical Association.

In the exhibit room, back of the Ocean House, were to be found specimens of the skill of nearly all our leading manufacturers. There was evidently an overstock of samples, owing to the small attendance of physicians. Among the preparations which were offered to the visitors were the following:

Maltine Manufacturing Co., 54 Warren Street, New York.
Maltine, plain and variously medicated.

J. P. Bush & Co., 2 Barclay Street, New York.
Bovinine.

Thomas Leeming & Sons, 18 College Place, New York.
Nestle's milk food and condensed milk.

Provident Chemical Co., St. Louis, Mo.
Crystalline phosphate.

Reed & Carnrick, 447 Greenwich Street, New York.
Beef peptonoids, powdered and liquid.
Soluble foods.
Lacto-preparata.
Pancro-bilin, pills and liquid.
Bromo-pyrine.

Lambert Pharmacal Co., St. Louis, Mo.
Lithiated Hydrangea.
Listerine.

W. H. Schieffelin & Co., 178 William Street, New York.
Pills of salol.
" phenacetine.

New York and Chicago Chemical Co., 98 Maiden Lane, New York.
Golden scale pepsin.
Ford's pepsin.
London essence of beef.

Carl L. Jensen Co., 100 Maiden Lane, N. Y.
Jensen's crystal pepsin.

H. Bernd & Co., 2631 Chestnut Street, St. Louis, Mo.
Sample leaves of physicians' registers.

Tarrant & Co., 280 Greenwich Street, New York.
Genuine imported Hoff's malt extract.
Seltzer aperient.

Henry B. Platt, 36 Platt Street, New York.
Platt's Chlorides.

Malted Milk Co., Racine, Wis.
Malted milk.

Doliber-Goodale Co.
Mellin's food, etc.

New York Pharmaceutical Co., New Bedford, Mass.
Hayden's viburnum comp.

John Wyeth & Bro., Philadelphia.
Troches of comp. licorice powder.
" Jamaica ginger.
" Jackson's pectoral.
Hypodermic tablets of morphine.
Soda-mint.
Compressed pills, antibilious.
" " quinine.
" " laxative.
" " morphine and atropine.
" " calomel.
Peptonic pills.
Extract of malt.
Fluid extract buchu.
" " valerian.
" " digitalis.
" " alterative.

C. S. Baker & Co., Chicago, Ill.
Rose's peptonized beef.
" " " and cod-liver oil.
Nitrogenized iron, alone and compounded variously.

Chesebrough Manufacturing Co., New York.
Vaseline in all forms, pomade, cold cream, etc.

The Upjohn Co., Kalamazoo, Mich.
Pills of creasote.
" quinine.
" for migraine.

Beeman Chemical Co., Cleveland, Ohio.
Pure pepsin.

Caswell, Massey & Co., New York.
Quinine chocolates.

Hazard, Hazard & Co., New York.
Elixirs.
Hypodermic tablets.

Rigaud & Chapoteaut, Paris, France.
Peptone wine.
" powder.
Capsules of dialysed pepsin.
" morrhuol.
" santal-midy.
" creasote.
" valerianic ether.

Keasbey & Mattison.
Bromo-caffeine.

Johnson & Johnson,
Plasters, lint, cotton, gauze, ligatures, and surgeons' supplies, too numerous to mention.

The Rudisch Co., Greenwich Street, New York.
Rudisch's sarco-peptones.

Armour & Co., Chicago, Ill.
Extract of beef, liquid and solid.

Liebig Co.
Extract of beef.

Wm. R. Warner & Co.
Miscellaneous preparations.

Hance Bros. & White.
Miscellaneous preparations.

Seabury & Johnson.
Surgeons' appliances.

Chidsey & Partridge, Boston.
Surgeons' appliances.

Dr. Daggett, Buffalo, N. Y.
New and improved gynæcological table.

Waite & Bartlett, New York.
Batteries.

Galvano-faradic Co., New York.
Batteries.

Morris Earle & Co.
Microscopes.

Murdock Co.
Liquid food and suppositories.

Eisner & Mendelsohn.
Hoff's malt extract.
Carlsbad water and salt.

D. Appleton & Co., New York.
Books, journals, etc.

Lea Bros., Philadelphia.
Books, journals, etc.
F. A. Davis & Co., Philadelphia.
Books, journals, etc.
Mrs. E. D. Staples, West New Brighton, Staten Island, N. Y.
Invalid cot.
C. H. Phillips Co., New York.
Cocoa and elegant pharmaceuticals.
McKerson & Robbins, New York.
Pills and preparations.

And last, but by no means least, THE TIMES AND REGISTER, the only medical journal which had the enterprise to go into the exhibit, and pay for space and have an agent to attend to its interests. Out of 2000 copies sent to the meeting only about 200 were brought back, so that each member present must have carried away at least two copies. The other journals present appeared in their legitimate place, as side issues to the publishing houses. The New York *Medical Record* excited considerable amusement, because a card in the hotel office stated that *a copy* of the *Record* could be found in the reading room, which was to be returned after it was perused. This was taken to be Wood's contribution to the meeting, but, in fact, the card had occupied its place for several years, similar ones being posted in all the summer hotels.

While the display made by the manufacturers was not so extensive as usual, it was unusually attractive, nearly all the largest firms being represented.

The exhibit of the Maltine Company, occupying, as it did, one of the prominent locations in the building, attracted universal attention. The exhibit was constantly surrounded by inquiring physicians, and, judging from the number of samples presented, maltine was well advertised in this *legitimate* way.

In direct contrast to the vari-colored displays of bunting and banners appeared the exhibit of the Swiss house of Henri Nestlé, represented by Thomas Leeming & Co. Situated near the door on the west side, they presented a handsome rosewood frame, modestly backed with black velvet, which contained thirty-three gold medals, the awards for many world's expositions, which, by its striking, yet conservative, appearance attracted unusual attention. Physicians wishing a reliable diet for infants, and a pure milk for their table, did not neglect to procure packages of both Nestlé's food and Nestlé's Swiss condensed milk.

One of the handsomest exhibits was that of Reed & Carnrick, who also presented Mr. Cracknell as a sample of what their food can do.

The Jensen, Golden Scale, and Ford Pepsins were represented by Messrs. Ford and Manwaring, whose tests gave the rather singular results that half a grain of pepsin digested more albumen than a grain of the same pepsin. This was due to the larger amount of water used in the first case.

Doliber-Goodale Co. had a large picture of a baby, which seemed to attract the ladies as well as their husbands.

For a firm exhibiting but one article, Platt's stand displayed unusual good taste.

There were scarcely any surgical instruments on exhibition, the owners probably dreading the Newport fogs.

The sable hue predominating at Lambert's exhibit was doubtless due to the lamented death of Mr. Lambert, who was immensely popular with Association physicians.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from June 23, 1889, to June 29, 1889.

FORWOOD, WILLIAM H., Major and Surgeon. The extension of leave of absence on Surgeon's certificate of disability, by direction of the Secretary of War, granted in S. O. 118, May 22, 1889, from this office, is further extended four months. Par. 14, S. O. 142, A. G. O., Washington, June 20, 1889.

CARSON, J. K., Major and Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month. Par. 2, S. O. 65, Headquarters Department of the Columbia.

HOFF, JOHN VAN R., Captain and Assistant-Surgeon. Is relieved from duty at Fort Reno, Ind. Ty., and ordered to Fort Riley, Kan. Par. 6, S. O. 145, A. G. O., Washington, D. C., June 24, 1889.

BACHE, DALLAS, Major and Surgeon. Is relieved from duty at Fort Riley, Kan., and ordered to report to commanding general, Department of the Platte, for duty as Medical Director of that department. Par. 6, S. O. 145, A. G. O. Washington, D. C., June 24, 1889.

WOODRUFF EZRA, Major and Surgeon. Is relieved from temporary duty at Fort Monroe, Va., by direction of the Secretary of War, and will report in person to the commanding officer at Fort Hamilton, N. Y., for duty at that station. Par. 5, S. O. 146, A. G. O., June 25, 1889.

FISHER, WALTER W. R., Captain and Assistant-Surgeon. The extension of leave of absence granted, by direction of the Secretary of War, in S. O. 41, June 12, 1889, Division of the Pacific, is still further extended fifteen days. Par. 8, S. O. 146, A. G. O., Washington, June 25, 1889.

FISHER, WALTER W. R., Captain and Assistant-Surgeon. The leave of absence granted for one month, by S. O. 30, c. s., Department of California, and extended fifteen days by par. 3, S. O. 37, c. s., from these headquarters, is further extended fifteen days. Par 1, S. O. 41, Headquarters, Division of the Pacific, San Francisco, Cal., June 12, 1889.

HARRIS, HENRY S. T., First Lieutenant and Assistant-Surgeon. Is granted leave of absence for two months. Par. 13, S. O. 140, A. G. O., June 18, 1889.

By direction of the Acting Secretary of War the following changes are ordered:

TEN EYCK, BENJ. L., First Lieutenant and Assistant-Surgeon (recently appointed). Ordered to Fort Leavenworth, Kan.

GARDINER, JNO. DE B. W., Captain and Assistant-Surgeon. Relieved from duty at Fort Leavenworth, Kan., and ordered to Fort Reno, Ind. Ty.

WALES, P. G., First Lieutenant and Assistant-Surgeon. Par. 3, S. O. 132, June 8, 1889, A. G. O., is so amended as to direct you to report to Fort Huachuca, Ariz., for duty in place of Presidio of San Francisco, Cal.

WYETH, M. C., Captain and Assistant-Surgeon. Relieved from duty at Fort Huachuca, Ariz., and ordered to Fort McDowell, Ariz.

WOOD, LEONARD, First Lieutenant and Assistant-Surgeon. Relieved from duty at Fort McDowell, Ariz., and ordered to Post of San Francisco, Cal. Par. 2, S. O. 138, A. G. O., June 15, 1889.

TEN EYCK, BENJAMIN L., First Lieutenant and Assistant-Surgeon (recently appointed). Will proceed from New York City to Fort Leavenworth, Kan., by direction of the Acting Secretary of War, and report for duty to the commanding officer of that post. Par. 2, S. O. 138, A. G. O., Washington, D. C., June 15, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending June 29, 1889.

SIEGFRIED, C. A., Surgeon. Detached from the U. S. S. "Quinnebaug," and wait orders.

CURTIS, L. W., Passed Assistant-Surgeon. Detached from the U. S. S. "Quinnebaug," and wait orders.

SMITH, GEO. T., Assistant-Surgeon. Ordered to the Army and Navy Hospital, Hot Springs, Ark.

The Dietetic Gazette.

A QUARTERLY JOURNAL OF PHYSIOLOGICAL MEDICINE.

And Current Number of The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 566.

NEW YORK AND PHILADELPHIA, JULY 13, 1889.

The Medical Register. Vol. VI, No. 132.

PAGE

ORIGINAL ARTICLES.

PHYSIOLOGY OF DIGESTION—THE NUTRITIVE ORGANIZATION. By William Wood, M.D - - - - - - - - - - - - - - - 241
THE FEEDING OF PUERPERAL CONVALESCENTS. By Charles Meigs Wilson, M.D. - 244
DIETETIC TREATMENT OF PATIENTS AFTER ABDOMINAL OPERATIONS. By E. E Montgomery, M.D. - - - - - - - - - - - - 246
HYDRIODIC ACID. By J. V. Shoemaker, M.D. - - - - - - - - - - - - - - - 246
FOOD IN THE TREATMENT OF PULMONARY CONSUMPTION. By S. Solis-Cohen, M.D. - 248
GLYCERITUM PEPSINI VITULINI. By Frank Woodbury, M.D. - - - - - - - - - - - 249
THE PROBLEM OF INFANT FEEDING. By I. N. Love, M.D. - - - - - - - - - - - - 250

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:
Glandular Swelling. *Pancoast* - - - - 252
Nervous Diarrhœa. *Waugh* - - - - - 252

PAGE

PENNSYLVANIA HOSPITAL:
Nephritis. *Longstreth* - - - - - - - - 252
COOPER HOSPITAL:
Dislocation of the Spine. *Godfrey* - - - 252

EDITORIAL.

ANNOUNCEMENT - - - - - - - - - - - 253
THE AMERICAN MEDICAL ASSOCIATION - - 253

ANNOTATIONS.

Cows' Milk Approximating Human Milk - 254
Sterilizing Milk - - - - - - - - - - - 255
Brown-Sèquard's Discovery - - - - - - 255
Rickets - - - - - - - - - - - - - - - 255

SOCIETY NOTES.

AMERICAN MEDICAL ASSOCIATION - - - 255
Section on Diseases of Children:
Address on Pædiatrics. *Larrabee* - - 255
Management of Infants During the First Year *Greenley* - - - - - - - - - - 256
Cows' Milk for Infant Food. *Brush* - - 256
Intestinal Diseases of Children During Hot Weather *Hooper* - - - - - - - 257

PAGE

Committee on Dietetics:
Discussion - - - - - - - - - - - - - 257
Communication - - - - - - - - - - - 259
Report - - - - - - - - - - - - - - - 260

BOOK REVIEWS.

Human Physiology. *Landois and Stirling* - 260
Hygiene of the Nursery. *Starr* - - - - - 262

GLEANINGS.

Summer Complaint. *Waugh* - - - - - 244
Vascular Nævi. *Holgate* - - - - - - - 262
Diet of English Soldiers - - - - - - - - 262

MEDICAL NEWS AND MISCELLANY, 263

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 264

NOTES AND ITEMS.

Advertising Pages - - - - - - - - iv, xiv

Original Articles.

PHYSIOLOGY OF DIGESTION—THE NUTRITIVE ORGANIZATION.

By WILLIAM WOOD, M.D.,
Professor in the University of the City of New York.

THE body anatomic is made up of a number of completely organized systems, osseous, nervous, muscular, etc., of which three distinctly contribute to the foremost and decidedly important function of nutrition.

Let us give the three a hasty glance. Turn to an anatomical plate of the alimentary canal, the intestinal system. Though rudest and coarsest it is not the least interesting. A mouth cavity set with teeth, a long gullet, the stomach or chymepouch, the liver with its bitter bile, the large coils of intestines, small and large, all these form the vegetative, earthy portion of man. All this mechanism receives, masticates, digests, liquefies, and unifies crude matters, animal, vegetable, mineral, solid, viscid, liquid, reducing everything to an even paste. This is the system of crude chyme, the system of alimentation, the feeding system.

Take next the plate of lymphatics; that is to say, the absorbent system. The black ground represents the flesh, upon this ground throughout head, neck, trunk, and limbs are seen a million white rootlets. These rootlets which thus are implanted on the flesh are perpetually sucking up juices, drinking, absorbing. They are thickest and attain the maximum upon this intestinal tract. Upon the intestinal system this absorbent system seems to be implanted or to form a continuation. All the rootlets are filled with milky chyle or lymph. The main trunk of this root system is the thoracic duct.

Turn to a third plate, the circulation, the vascular system. By its strange branching it reminds one more than any other part of the anatomy, of the branches of a tree. We see main trunks, lesser trunks; large branches, small branches, shoots, and capillary twigs. From the heart goes the aorta, large arteries, small arteries, capillaries, then small veins, large veins, and so on up to the ascending and descending venæ cavæ.

Into this majestic vital stream the thoracic duct pours its prepared milky fluid. We see plainly how the three are connected together; the lymph or chyle system is implanted on the alimentary or chyme system and empties itself into the blood system. In the intestinal system is crude chyme or soluble food. In the absorbent system milky chyle, liquid or vitalized food. In the circulating system blood, which is organized, vitalized, or plasmic. The first is the crude digestive section, the second is the absorbing section, the third is the plasmic section, with its double process of assimilation and disassimilation.

Poetically, the first is the earthy part of man; a reservoir system. The second is the vital root, and

the third the vital trunk of man. Such a simile is convenient for the time as a mnemonic aid in grasping the whole of this vast and complicated mechanism.

It will be seen that the field and contents of this organization are immense. Three complete systems, alimentary, absorbent, assimilative, each of which covers or comprises, in a way, the whole man. They involve many interesting and complicated apparatuses and nearly five hundred distinct organs.

To see the origin of the mechanism of nutrition, and trace its development, we must look to comparative anatomy. Here we find that the intestinal system, or alimentary canal, in the higher animals consists in its entirety of two sections, eight cavities, and thirty-nine organs. Its two main sections are the "respiratory intestine" and the "digestive intestine," the chief center of the one being the lungs and that of the other the stomach.

The intestinal system, at its simplest, in a fresh water polyp, is a simple pouch with a mouth opening. In the lower worms it consists of a stomach with a mouth and an anus. In ascidians this intestinal tube is differentiated into two sections, the respiratory, or gill, intestine before, and the digestive, or stomach, intestine behind. In the lowest fishes gill arches appearing behind the gill openings in the gill intestine form lip cartilages and a jaw skeleton, and the swimming bladder grows out from the larynx, whilst a liver blind-sac grows from the stomach pouch of the digestive intestine, developing into a compound liver gland.

In the intestinal system of dipneusta, amphibia, etc., the swimming bladder is modified into lungs, the larynx originates from the upper end of the trachea, the urinary bladder grows from the last section of the intestine. In marsupials the primitive mouth and nasal cavity is separated by the horizontal palate roof into food passage and air passage, and the anal urinary cavity, cloaca, is separated by a partition into a uro-genital aperture and a posterior anal aperture. Finally, we arrive at man, where the system reaches its perfection.

In man the eight cavities with their organs are as follows:

1. The mouth cavity, cavum oris, with its mouth opening, lips, jaws, teeth, tongue, bone, salivary glands, palate, and uvula.

2. The nose cavity, cavum nasi, comprising the nose canal, maxillary, frontal, and ethmoidal sinus.

3. The throat cavity, with isthmus, tonsils, pharynx, Eustachian tube.

4. The lung cavity, comprising larynx, trachea, and lungs.

5. The anterior intestine, œsophagus, cardia, stomachus, pylorus.

6. The central intestine, that is, the gall intestine, duodenum; empty intestine, jejunum; and crooked intestine, ilium, together with liver and pancreas.

7. The posterior intestine, colon, cæcum, rectum, anus.

8. The urinary intestine, comprising urinary tube and urinary bladder.

It cannot fail to be remarked that this vast aggregate, the coarsest and most primitive organization in the body, the oldest, according to some anatomists, has little about it that is fine or spiritual, but much that is gross, earthy, and material. These eight yawning cavities, mouth, nose, throat, lungs, stomach, intestine, rectum, bladder, are so many canals and reservoirs of earth, air, and water, sac or pouch reservoirs of pabulum, nourishment, and drainage. They are the foundation and cellar of the human edifice.

The lymphatic and lacteal organs, vasa absorbentia, the absorbent system, consist of countless myriads of little villi, rootlets or suckers, fastened upon the intestines and strewn, at intervals, with certain nodosities or glands. These rootlets unite in a root-like tube, the thoracic duct, which leads up into the circulation. These vasa absorbentia are not limited to the digestive tract, but send their rootlets in the form of lymphatic capillaries and lymphatic lacunæ, through nearly all tissues except brain and bone; and this absorbent system is like a root implanted on the intestines and overgrowing all the rest of the body. The remainder of the system comprises jugular trunk, or root, the subclavian trunk, the bronchial trunk, all emptying into the right lymphatic duct. The lumbar trunk joins with the thoracic.

Lymph and chyle, the white blood, are of the same composition; serum, white corpuscle, fibrine, fatty globules. When entering the great trunks of the system this white blood passes from a soluble food, or pasty chyme, to liquid food, chyle or milk, which by passing through the nodosities or lymphatic glands becomes vitalized milk, or lymph; that is to say, it acquires the white-blood corpuscles which are formed and living elements. If the blood of the sanguine system is called liquid flesh, the fluid of the lymphatic system might be called white blood or liquid white flesh, plasma not yet brought up to the standard. Its clot is thin and pale; it must pass on into the veins and through the lungs and liver and be further purified, further refined and further elaborated, and further built up before it becomes true plasma.

By studying the lymphatic system as a whole we see where the chyle or white blood originates. In normal states the grand supply is from the intestines through the villi, or rootlets, and so through the thoracic duct. In case the normal supply fails, the intestinal reservoirs being empty, then the lacunæ and reticular vessels begin a more serious work, as it were, sucking and drinking up the tissues of the body. Emaciation ensues, noted especially in such diseases as phthisis, severe dyspepsia, etc. In all cases of inanition a man, by his absorbent system, absorbs or drinks his own flesh, literally sucking the life out of himself, the lymphatic system becoming an immense leech, covering the whole surface of the body. Science, as well as observed fact, shows us that starvation is a fearful and terrible process.

To sum up at a glance the whole of this curious white blood or lymph tract: First, its rootlets, the sucker-like villi of the intestines, capillary or thread-like and lacunar or web-like upon the other tissues. Second, the nodosities, lymphatic glands, lymphatic ganglia in which the blood is united, elaborated or vitalized, being given the white blood corpuscles.

Third, the five root trunks, jugular, sub-clavian, bronchial, intestinal, lumbar. Fourth, the two grand trunks emptying into the circulation, on the left the thoracic duct; right, the right lymphatic duct.

The circulatory or assimilative system consists of veins, small and large, with the two main trunks leading to a propelling organ, the heart; then through the trunk arteries, large arteries and small arteries to the capillaries, where the work of building and repairing is constantly going on.

This highly ramified tree, whether we study it from embryology or comparative anatomy, has a history. It is not one of the earliest tissues, for the skin, stomach, kidneys, nerves and muscles have all preceded it. Only the skeletal and the genital systems were formed later. Comparative anatomy shows the vascular system in various stages of completion. For instance, in the lower worms Bryozoa, appearing between the skin covering and the intestinal wall a simple body cavity. In the scolicida appears a long, dorsal vessel above the intestinal tube, a long ventral vessel behind it, the two connected by rings encircling the intestine. In ascidians a portion of the ventral vessel is enlarged to a simple heart pouch. In fishes the heart divides into two chambers, the lymph system appears side by side with the blood system. In the selachii five artery stalks rise from the main chambers of the heart. In amphibians only the right and left aortal arches are developed, whilst in mammalia the heart has four chambers and the left aortal arch alone is developed. We see here a law of decrease in a number of grand trunks and increase in the number of heart chambers.

Turn now to the elaboration of the material, up through this three-fold labyrinth, the vital reservoir system, vital root system, and vital trunk system to reach its final destination in the flesh. The bolus as it leaves the mouth is wetted and masticated; it is still crude food. As it leaves the stomach peptonized, it is soluble food. As it is absorbed by the villi having been emulsified by mixture of bile and pancreatic juice, it is liquid food. After passing the lymphatic glands it is vitalized food. After passing into the veins and through the portal system, it is crude blood plasma, and after passing the lungs it is purified blood plasma.

By the natural miracle of transubstantiation the bread is made flesh. The eggs, bacon or biscuit eaten in the morning before the day is over will be living, walking, talking, writing letters. The change is fearful and wonderful if we simply contemplate it. Natural and admirable, scientific and not less wonderful, if we observe, test, measure, weigh and experiment. This humble mouthful of bread to fulfill the order of its being, to carry out the veritable purpose for which it was created and complete the great metabolic cycle must pass through fifteen processes. The mediæval miracle of transubstantiation was performed "presto" at a blow, the modern scientific miracle of metabolism develops by stages, elaborates little by little, inch by inch, increment by increment. Prehension, mastication, insalivation, deglutition, peptonization, emulsification, fermentation, absorption, vitalization, elaboration, purification, circulation, assimilation, disassimilation, such are the fourteen processes of the foremost of all vital functions.

How may bread become flesh? Follow out this *bouchee de pain* as it plunges down into this vital mælstrom and seek to follow it through all its windings in the thirty feet of intestinal canal through the absorbent system, through the miles of veins, and through miles of arteries.

Food is licked or sucked by the lips, lapped with the tongue, bitten by the teeth, finds itself cut, torn, and ground by incisors, canines, and molars, held fast and mashed up by masseter and buccinator muscles, made moist and slippery by the saliva, moulded and rolled up into a bolus by that extraordinary muscle, the tongue, with its nine complicated movements, and thrown backward, it leaves its first cavity to pass to the second. Deglutition is a complicated and difficult performance involving many muscles, many nerves, and consisting of six distinct acts. Peristaltic action brings the bolus to the stomach, it is deluged with pepsin and hydrochloric acid and churned by a peristaltic and rotary motion through the combined action of longitudinal circular and oblique muscles. Only one portion of the food is dissolved. The nitrogenous or motor portion, fats and starches; the more vegetative portions wait for the next solvent in the duodenum, the bile intestine. The pasty mass of chyme is now again deluged, this time with bile and pancreatine mixed together. The pancreatic juice attacks the starch, exerts a hydrolytic influence, and emulsifies 40 per cent. of the fat, probably the simpler fats. The bile exerts an antiseptic influence, emulsifies nearly 60 per cent. of the fats, probably the more difficult ones. The pancreatic principle, apparently like the salivary principle, operates primarily on the starch or carbohydrates and proteids, and secondarily upon the fat, while the bile attacks directly and strongly the fats or hydrocarbons. Through the two we have a complete sugar transformation and saponification, and the whole is now chyle, a sugary, soapy, egg-white, milky mass, in taste not unlike mother's milk. Four million lacteal rootlets or villi drink this up. The number of human rootlets has been carefully estimated by Kraus. They begin in the duodenum, decline in the jejunum and disappear in the ileum. In the lower intestine, striking fermentative processes go on and strange substances are produced, phenol, skatol, etc., but we will follow the milky fluid into the lymphatic system. Chyle passes into lymphatic glands by the vasa afferentia, and when it comes out by the fewer vasa efferentia, *it is alive* with amœbæ or white blood corpuscles. In the spleen and portal circulation it is farther elaborated, reddened, and strengthened by the red blood corpuscles, iron corpuscles, sent to the lungs it throws off its dark impurities and is vivified with oxygen, and we might find here a fifteenth process vivification, and finally with a hot rush from the propelling left ventricle, all sparkling and quivering and alive it bounds through the narrowing passages to meet the myriad capillaries that are waiting for it. Living brick and mortar it is piled up in unstable molecules in the columns of muscles. As vital cell units these live their little

lives, do their little work. Their function ended, they are dissimilated, disintegrated, pass into the torrent as effete matter and are expelled from the organism, the carboniferous portion through the lungs, the nitrogenous portion through the kidneys. Their two natures as it were divorced, one going to the air, the other to earth. Is not man himself and every animal compounded chemically of this double substance? By carbon the organism lives and grows, by nitrogen it moves.

The three systems, reservoir system, absorption system, and assimilation system, with their fifteen or sixteen processes, form an immense chemical apparatus, and the iatro-chemists were not far wrong when with the iatro-mechanicians they divided the empire of man. The surgeon's field is the exterior or mechanical part of man, the physician's field is the interior, the chemical part of man.

You may say literally that the nutritive or chemical organization comprises the whole of the inside of the organism. We refer to it daily when in popular phase we speak of a man's inside. The man who has big lungs and a big stomach, and a powerful circulation may be said to have a powerful nutritive organization.

To the stomach the organism looks for its food, to the lungs for its fire. The nutritive organization is of all the four most costly to support, yet it must be supported. Nine-tenths of all one's expenses go for the supply of stomach and lungs. Hunger, thirst, suffocation and cold ensue when the wants of the nutritive organization are not attended to. It is the system of vital importance, the veritably vital organization, and to supply its wants all the agriculturists, three-fourths of the manufacturers and half the traders of this world are at work. Food and drink and fuel cost something, houses and clothes supply wants, and from these vital wants or necessities men work to accumulate food, drink, fuel, clothes and shelter. Comforts and luxuries are delightful, pictures and books are edifying, but the necessities of this world are what rule it. From the decrees of hunger and cold there is no appeal, and the general belief is that property, if not the highest thing, is at least before all else a good thing. Lands and houses, much cattle, and heaps of gold and silver, what are they? Necessities, tissue formers and heat producers, nothing else. They all go first and foremost to the support of that tyrant inside of a man, the nutritive organization.

THIS is the third summer in which I have been using the sulpho-carbolate of zinc as a remedy in summer complaint. As yet I have no reason to alter the opinion I formed two years ago: that this is the safest and most effectual remedy at our command for producing intestinal asepsis. In simple diarrhœa, the alkaline syrup of rhubarb, with the addition of a little tincture of hydrastis (a drachm to the ounce of syrup), answers every purpose; but if this does not promptly cure, or if the stools continue to be offensive, or if the case looks at all serious, I order at once the sulpho-carbolate, in doses of one-half to two grains every two hours, in powder with a little bismuth.—*Waugh.*

THE FEEDING OF PUERPERAL CONVALESCENTS.

By CHARLES MEIGS WILSON. M.D.,

Physician in charge of the Philadelphia Lying-in Charity, etc.

NO dietary regimen for convalescents has undergone in the last few years a greater change than that for women resting after the fatigue of their lying-in. The old-fashioned idea, until recently taught, and even yet generally followed and accepted by the mass of the profession at a distance from centers of medical thought and progress, that women undergoing their puerperal convalescence should be fed upon a skimp diet, is happily for the credit of the profession and the welfare of patients rapidly becoming a thing of the past. The notion so prevalent thirty or forty years ago, that to give a puerperal convalescent a good wholesome, easily digested and easily assimilated diet was a dangerous procedure, has gone forever, and given place to a proper dietary regimen, based upon the clinical observation of what is needed to best restore the whole economy to its regular hygienic functional activity, to restore the vital forces of the patient, exhausted or overtaxed by the process of parturition, to enable her to furnish the proper amount of nutritive material to supply the wants of her own economy, and to furnish a proper pabulum for the sustenance of her offspring. Aside from the first requisite, the proper sustenance of the mother herself, all dietary regulations should also have in view the fact that lactation must be promptly and efficiently established, and that, too, in such manner that it shall entail upon the mother the least physiological strain and loss of strength. The foregoing facts are, of course, patent to every observing man, and with their acceptance, the practitioner is at once faced with the two propositions—first, what then is the proper diet for a lying-in woman, and second, how must it be modified to best support and nourish her in any accident or emergency which may occur during her puerperium? With reference to the first proposition, having started out with the acceptance of the fact that the woman needs easily digested and easily assimilated food, in quantity sufficient to furnish a proper pabulum for her own and her offspring's nourishment, and by the term proper, I mean a sufficiency of quantity as well as a proper standard of quality, what then shall be a proper bill of fare for a woman going through a normal convalescence following a labor? In private as well as in hospital practice it has been my habit to carefully instruct my nurse after every case of labor, as regards the diet of the patient, telling her as soon as the patient is properly cleansed, and the room put in order, to bring the patient a cup of hot tea or coffee, well diluted with milk, and a small piece of softened water toast or a small water cracker. If the patient has a liking for cocoa or chocolate, all the better, and indeed in the Lying-in Charity this is a favorite article in use for primary alimentation. If the patient prefer it she may have instead, a glass of milk, or milk slightly diluted with water, charged with carbonic acid gas. This may be given hot or cold, but as a rule warm or hot drinks are most acceptable to

the patient, better borne by the stomach, and have the additional advantage of stimulating the uterus to contract, thus insuring prompt primary involution of that viscus, and lessening the likelihood of secondary post-partum hemorrhage. After the patient has had an interval of repose and rest, and upon her expressing a desire for food, the nurse is directed to give her a cup of animal broth, beef, chicken or mutton tea, to which has been added some rice or barley, the latter so long immersed and so well boiled in the soup that the grains are disintegrated. Then at the next meal time the patient may have a soft cooked egg or some milk-toast made out of stale bread; in addition she is given from time to time a glass of milk. No form of easily digested and nutritious food for which the patient may have a desire, provided it be of the semi-solid variety, however should be interdicted. And thus the patient should be fed until the bowels are moved. This, it is my habit to have take place at the end of forty-eight hours.

In the Lying-in Charity this is accomplished by giving one or two drachms of compound licorice powder in a half tumbler of water on the evening of the second day, followed, should it fail to move the bowels, by a rectal enema of two ounces of glycerin on the morning of the third day. I know of no better plan to pursue in private practice, provided the patient will submit to it. It makes no difference what laxative is used, provided it is mild in its action and non-drastic. The object desired is to gently move the bowels. Once an evacuation from the bowels has taken place the patient is allowed to use her own choice in the matter of food, except that all indigestible and fatty foods are interdicted, as well as the leguminous vegetables—peas, beans, potatoes, and such like. On the contrary, she is urged to eat of green vegetables—salad, asparagus, and so forth. Meat is given for the morning and noon meal, if the patient desire it, but the evening meal is always a light one and of a simple character. Midway between each meal, and at bedtime, the patient is given a glass of milk to which has been added a half an ounce of lime water. It is essential to see that the bowels are opened at least once in every forty-eight hours. This is best accomplished by getting the patient to take a little stewed fruit in the way of dessert, as stewed prunes or prunelles, or an orange before breakfast. If these simple means fail the licorice powder and glycerin enema should be repeated. The foregoing directions as regard the diet of the puerperal convalescent applies, of course, only to those whose convalescence is a normal one—devoid of pyrexia—and uncomplicated by sepsis or any other accident of the puerperium. Now, as regards our second proposition. How shall this dietary regimen be modified by any of the accidents of parturition or of the puerperal state? In reply, it is necessary to state that each accident of labor and every deviation from a normal puerperal convalescence needs more or less change or modification of the diet. Let us consider first the conditions of exhaustion following a tedious or protracted labor. Here the great thing is to speedily restore the vital forces, and do it in such a way that the little strength or vitality left the patient shall be taxed in the process of digestion and assimilation as little as possible. To meet these indications the patient should be put almost exclusively upon a milk diet, because that food is most easily assimilated and digested and quickly turned in the economy into life-giving strength. Under these circumstances also, small quantities of alcohol are indicated; as drachm or two of whiskey or brandy every two or three hours. This diet may be varied by giving occasionally a small quantity of Valentine's fluid extract of beef, properly diluted with water, or some concentrated animal broth. Where profuse post-partum hemorrhage has taken place, the first need is stimulation—a cup of hot coffee—followed at short intervals with as much milk, diluted with lime water and given in small quantities, as the patient will take. Mild stimulation is also needed. One of the most acceptable agents to use for this purpose is champagne, a dry brand, or whiskey or brandy diluted with carbonated effervescing water. No form of food more quickly restores the volume of blood, and makes up for the blood lost, in post-partum hemorrhage than milk. Where labor has been complicated by uræmia, eclampsia, or albuminuria, and when, of course, the circulation is loaded with retained urea and teems with excrementitious matter, the patient wants food to support her through her ordeal of complicated convalescence, whose digestion will yield but little urea. What better food have we for this purpose than milk? Under these circumstances, also, all forms of meat should be excluded from the patient's diet. It stands without need of defence that wherever pyrexia supervenes the patient should have an absolutely liquid diet. Should the patient have diabetes, a diabetic diet should be employed, from which all articles of food containing sugar and starch should be excluded. Acute illness developing during puerperal convalescence requires no different diet from that which would be employed had the disease appeared other than at the puerperal period. Where galactocele or galactorrhœa—in other words, hypersecretion of milk—occurs, the patient should be placed on a dry diet, *i. e.*, one in which the liquids are excluded as far as possible. On the other hand, where the mammary glands fail to properly perform their functions and secrete a sufficient supply of milk to afford nutritive pabulum for the child, the diet should be, as far as possible, liquid in character and rich in the elements of nutrition; hence, of course, we would give milk, as much as the patient can take, and concentrated animal broths. For this purpose I have frequently used, with great satisfaction, strong gruels made of Mellin's food. Where the stomach has been irritable, or non-tolerant of food, I have met with the best success in feeding my patients by using peptonized sterilized milk, sterilized after the method of Prof. Soxhlet, and peptonized with some good pepsin. The directions herein given for the alimentation of puerperal convalescents are based upon the clinical observation and experience of more than a thousand cases of labor and puerperal convalescence, the majority of which occurred in the Philadelphia Lying-in Charity, where every possible

means was afforded for observation, and where faithful records of all cases were accurately kept. They are also based upon a series of interesting experiments in which the amount of milk secreted and the amount of urea excreted were carefully noted, as compared with the kind and amount of food given.

121 South Seventeenth St.

DIETETIC TREATMENT OF PATIENTS AFTER ABDOMINAL OPERATIONS.

By E. E. MONTGOMERY, M.D.,
Professor of Gynecology in the Medico-Chirurgical College, and Obstetrician to the Philadelphia Hospital.

THE question of the food and drink of patients having undergone abdominal operations is one of obvious importance, often influencing seriously the subsequent result.

The character and quantity of food will depend largely upon the condition of the patient, and the gravity of the operation. Generally, in oöphorectomy and uncomplicated ovariotomy, the patient may be permitted to resume the ordinary diet after the first forty-eight hours. The early administration of nourishment in such cases is not urgent; indeed, from the effect of the anæsthetic, and the influence upon the reflex nervous system produced by the imprisoned nerves of the pedicle, no nourishment through the stomach would be likely to be retained. Nausea and vomiting are generally present, their absence the exception. The greatest cause of distress, however, is the intense thirst which, if anything, is intensified by the use of ice and ice water. Much relief can be given by the use of enemata of warm water, injecting half a pint to a pint slowly. In continued nausea and vomiting, particularly where the patient is retching and making efforts to vomit, the administration of hot water, soda water, or weak tea, without sugar or milk, will even if ejected give relief by diluting and washing out the irritating material of the stomach.

Milk is not a satisfactory diet in operative cases of this class, because of the firm curd which it produces. It should be given only after being peptonized, or in the form of the koumiss or kiappyr preparations.

From an extended experience, I have been very favorably impressed with the beef preparation, known as Bovinine, as a means of nourishment in the early stage of the convalescence. It affords nourishment in a highly concentrated form, which is readily retained and assimilated.

In simple cases it is unnecessary to continue this diet exclusively after the first forty-eight hours. The diet should be nutritious, exercising care to avoid indigestion and overfeeding.

In the more grave operations we may be confronted by the necessity for prompt and early support. In such cases, and in those affected by obstinate and prolonged vomiting, feeding by the rectum affords an opportunity for temporary support and stimulation. As no digestion takes place in the lower bowel, and its absorption is limited, it is important that the food so used should be that which is most readily assimilated. There is a great difference in the retentive power of the recta; some will readily retain a pint of fluid slowly injected; in others it is necessary to give but small quantities at a time. The first class may be fed entirely upon liquids, while in the latter more concentrated preparations are preferable. A combination of bovinine ʒj–ʒiv and peptonized milk ʒiv, given every three hours, serves a useful purpose. To this may be added, as the condition requires, whisky or brandy as stimulants.

The bowel should be thoroughly washed out once daily with an enema of warm water, by which the unabsorbed material is removed.

Itis important that the injections should be carried, high up, in order to come in contact with as extensive an absorbing surface as possible.

As soon as the condition of the patient will permit the rectal feeding should be supplemented by nourishment through the stomach. This should be given in small quantities, and frequently repeated.

In no class of cases is the character of nourishment and method of administration of more importance than in those in which the alimentary canal itself has been the seat of operation.

For the first week the feeding should be mainly by the rectum, and when food is begun by the mouth it should be given in small quantities, and frequently repeated. Particular care should be exercised to select only food in which there is the smallest proportion of waste.

The concentrated beef extracts, the peptone preparations, peptonized milk, broth and gruels, and such fermented articles as koumiss and kiappyr afford sufficient variety to prevent liquid foods becoming monotonous.

The development of profound shock, obstinate and prolonged vomiting, tympanites, peritonitis, and other complications, should be combatted by proper therapeutic treatment, but as this paper is directed to the dietetic management alone, their consideration here would be out of place.

HYDRIODIC ACID.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA.

IF any alterative is more in demand than the iodides, it would puzzle therapeutists to agree upon its name. Many obscure deviations from health exist, amounting not always to pronounced disease which will not give way to simple tonics or to depurants of the purgative order. These maladies are the bane and torment of a busy doctor, and many times he gets them out of his list by the use of iodides. Then again, when well-defined cases of scrofula and syphilis are under our care, the value of a good alterative is preëminently a question of moment. Unfortunately, the iodides in large or long-continued doses have a tendency in many instances to inaugurate stomach disorders, and yet the absolute need of the remedy is apparent. What then shall we do? We can have recourse to hydriodic acid. For years this agent was officinal in the Dispensatory, but it was dropped because of its unstable character, which made it not only unpleasant, but unsafe to administer. For almost ten years the acid was not obtainable, until in

1878, when Mr. R. W. Gardner, of New York, introduced the agent in the form of a sirup, which the best tests have shown to be unalterable by any ordinary exposure in the sick-room, unless in hot weather, when, of course, it should be excluded from either extreme light or heat. Sufficient time has now elapsed to demonstrate that the claims made for the sirup are well founded, and that it replaces the salts of soda and potassa in an entirely satisfactory manner. An important addition in the form of the sirup of hydriodic acid has therefore been made to current therapeutics. By the use of this sirup we obtain, in a palatable form, iodine in its most effective state. Mr. Gardner has shown that:

"When not decomposed, hydriodic acid is of a light-yellowish color, is perfectly non-irritant, gratefully acid to the taste, and rendered still more acceptable if combined, as in this preparation, with sugar.

"In chemical composition it consists of one equivalent each of iodine and hydrogen (HI). As the equivalent of iodine is 127, and that of hydrogen 1, it follows that the proportion of hydrogen present as compared to iodine is less than 1 per cent. (78–100 of 1 per cent.). Absolute hydriodic acid is, therefore, nearly pure iodine. It affords the most natural and effective means of assimilating iodine, as the hydrogen with which it is combined is one of the largest elementary constituents of the body. The combination renders iodine more assimilable, therefore, because in physiological harmony, while it is medicinally more active, and deprived of its objectionable irritant properties, and changed from a most disagreeable to one of the pleasantest of remedies."

One fluidounce of this sirup contains 6.66 grains of iodine converted into hydriodic acid. Its action will be found more efficient in equivalent doses than iodide of potassium, while it produces none of the unpleasant effects of the latter, such as loss of appetite, soreness in the fauces, nausea, etc. Physicians who use iodide of potassium largely will appreciate this, because it is more active than iodide of potassium, and should be given in smaller relative doses, thus not interfering with digestion.

Its effect upon mucous surfaces is more marked than with other forms of iodine, while it is effective in smaller relative proportions, and when required, it is so free from irritant action that it may be given to the youngest infant.

Our chemist just quoted further adds that hydriodic acid has a characteristic subacid taste, and if the sirup contains about 6.66–100 grains in one fluidounce, it will taste like lemon sirup, or lemonade. Consumers of the sirup can be guided as to any deleterious change in it by noting the color. When decomposition has occurred in sirup of hydriodic acid, it becomes first red and finally black. This is owing to the very feeble chemical affinity existing between its elements, and is caused by the gradual oxidation of the combined hydrogen into water (HO) and the consequent freeing of iodine, which passes at once into solution in the remaining hydriodic acid.

In this condition it is unfit for medical use, because the irritant action of free iodine is again restored.

It will be seen that this change is inherent, though it may be delayed. After this change has commenced, however, it is progressive, and the preparation cannot be restored to its former condition.

The best method of preventing this change is to keep the sirup in as cold a situation as possible, in a refrigerator if convenient, during warm weather, and carefully excluded from air by keeping it well corked.

The sirup of hydriodic acid is especially serviceable in asthma, hay fever, acute and chronic rheumatism, chronic bronchitis, and in many chronic congestions of the mucous tract. Probably the greatest value to the practitioner of sirup of hydriodic acid will come from its employment in syphilis, particularly in the latter stages. The stomach is often rebellious at this time, for it has most likely been surfeited with mercury. Many cases drag along under iodine because not enough of it can be borne, and mercurials frequently are not only useless, but at times injurious. Instances such as those related bear admirably large doses of sirup of hydriodic acid. Some cases have come under my observation in which the patients were at a standstill, who at once brightened up and rapidly improved under the use of the sirup of hydriodic acid. If thought desirable, the biniodide of mercury (the red salt) can be combined with the sirup, but the protiodide cannot be used at the same time, because it (the green salt) would be converted into the former salt, and unless care was taken the unexpected activity of the sirup thus prepared would exceed the prescriber's expectations, and possibly injure the patient. In syphilis the sirup can be pushed, if needed, until the characteristic saturation is evident, or when the metallic taste becomes pronounced and we know that iodism is near at hand. It is advisable, however, not to carry the administration so far.

In rheumatism the sirup may substitute the alkalies and may cut acute attacks short sooner than the ordinary drugs that are usually prescribed. It is certainly a useful article in chronic muscular rheumatism. It has done good service in my hands in sciatica. It may be administered during acute rheumatic attacks without reference to the fever, and in moderate doses, say a teaspoonful or two every two hours. Of course, it will not act promptly and effectually in all cases, for rheumatism is notoriously fickle as related to curative agents. In bronchial disorders small and frequently repeated doses are better than large ones. It may be administered in this latter affection in from twenty to thirty drops every two hours. The sirup has been recommended in chronic arsenical poisoning, several cures being noted. In lead poisoning it has also been serviceable. In obesity the steady administration of the sirup of hydriodic acid with suitable regimen has a very happy effect. We are not too well supplied with agents of repute in this disagreeable complaint, hence a note on this point in reference to its use in this respect is of utility.

Many skin diseases are benefited by the sirup of hydriodic acid. In connection with cod-liver oil it is valuable in some varieties of eczema, particularly in children. It is especially efficacious in the form known as scald head, which is often so obstinate and

unyielding to many remedies. Scrofulous persons (those predisposed to glandular troubles) receive decided benefit from its use. The red-eyed children, those having recurrent granular lids, with repeated attacks of mild conjunctivitis, derive great relief from sirup of hydriodic acid. A case of amyloid liver with fatty heart, in the practice of Dr. F. A. Burrall, of New York, was notably aided by the sirup of hydriodic acid, and he indorses it in glandular troubles generally. Dr. Blackwood, of Philadelphia, has employed it largely in his practice, and reports cases of exophthalmic goitre, lumbago, and uterine catarrhs, which were cured by the sirup. It is desirable that hydriodic acid should be given by itself; inasmuch as it is very susceptible to chemical action, combinations with other remedies might act injuriously upon it. Metals and alkalies are incompatibles, so also are oxidizing agents, as, for instance, acids, permanganate and chlorate of potassium. These would form iodic acid, which would be highly injurious to the patient. If intolerance becomes apparent, as occurs with all really active medicines, after a more or less extended use, the sirup should be dropped for a week or ten days, when most likely the stomach will have recovered its tone and it may again be administered. Unlike many remedies which, when once objected to in this way, are never likely to be good again, the sirup is just as palatable and equally efficient when taken up after a vacation (so to speak) as when first given, which is an important characteristic of this remedy. Although sirup of hydriodic acid is used by many practitioners, we call attention to it believing that a wider knowledge of it is desirable, and feeling certain that a careful trial by physicians at large will add to their armamentarium an important remedial agent, and that they will learn to appreciate its value as we have, by its employment in a wide circle of disease for many years.

FOOD IN THE TREATMENT OF PULMONARY CONSUMPTION.

(Abstract of a paper read before the American Medical Association.)

By SOLOMON SOLIS-COHEN, M.D.,
PHILADELPHIA.

THOUGH this paper is therapeutic, yet as therapeusis must be founded on sound pathology, it is necessary to state that the morbid physiology of the disease, and not its bacteriology, is considered the fundamental indication. In deference to prevailing views, tuberculosis may for the present be granted to be the history of the growth, life, and activity of a bacillus. But for rational treatment we must revert to the views of Niemeyer, who said that the danger of phthisis is tuberculosis; or to those of Rush, who declared that tubercle and other anatomical lesions were "the effect, not the cause of pulmonary consumption;" and recognize the disease we have to combat, not in epiphenomena of possible microbic origin, but in the consumption, the aberration of nutrition, which precedes the entrance of the microbe. Consumption is a disease of nutrition, whose exact mechanism is as yet unknown, though the results of prolonged observation justify us in considering heredity, unhygienic surroundings, and, in general, those influences called "depressing," as among its remote or proximate causes; the pulmonary form being further dependent upon errors in respiration, whether of the substances respired or of the performance of the act.

Thus we dismiss as futile, microbicidal treatment; and recognize ptomaines of bacillary origin only as giving rise to intercurrent symptoms which may call for antidotal or symptomatic treatment. Fixing attention upon the malnutrition, which is not a mere "predisposition" to succumb to a bacillus, but the essence of the whole morbid process, we combat it by direct measures, hygienic and medicinal; the latter secondary, the former all important. Chief among hygienic measures is food. Food consists not alone of meat and drink, but also of air. Full respiratory diet is necessary to the utilization of alimentary diet. As in diabetes, so in phthisis, there is imperfect metabolism of carbohydrates. Experience shows a nitrogenous dietary to be best. Debove has shown that consumptives can assimilate a quantity of food far in excess of the needs of the healthy organism. This excessive quantity should be supplied; though resort to the stomach-tube, as in Debove's experiments, can be reserved for special cases.

Meat, principally beef, with milk, fish, eggs, leguminous vegetables and greens should form the bulk of the dietary; with the addition of fat, in large quantities, in the form of cream, butter, oil dressing for salads, or, if necessary, cod-liver oil or oleaginous inunctions. Alcohol is a food in consumption. It should be combined with malt, milk, glycerin, or cod-liver oil. Not more than three, at most four, hours, except during sleep, should be allowed to elapse without taking food. Milk punch on going to bed, and a glass of wine or spirits with liquid peptonoids in case of waking during the night, are strongly urged. Hot water before meals, lavage, if necessary, to prepare the alimentary tract for the digestion and absorption of increased food, and the free drinking of water to wash out waste products are essential to success. Predigested foods may be employed with great benefit, especially peptonized milk and beef peptonoids. In case gavage is resorted to, they should be used almost exclusively. Gavage is best preceded by lavage with an alkaline solution and chloroform water.

Proper alimentary diet being secured through overfeeding, and the digestive tract and its annex being kept in good condition, proper respiratory diet must be supplied. Open air life, exercise on horseback or bicycle, voluntary respiratory gymnastics, may suffice when the patient is still strong enough. In the majority of cases there must be some artificial aid. The inhalation of compressed air, with or without expiration into rarefied air is the best means. Apparatus should be simple and cheap, so that the patient can use it at home. The principles laid down by Waldenburg are the correct ones. Cohen's apparatus consists of a bellows and a small gasometer, modelled upon Waldenburg's. Its advantages are cheapness, simplicity, and small size, fitting it for home use. After patients are sufficiently advanced

towards recovery, the pneumatic resistance valves of the author, a still more convenient and very cheap pocket apparatus (costing about $5), may be used. It may be used in the first instance with strong patients. It is also useful as a prophylactic measure with ill-developed children. It gives the effects of breathing against pressure, *i. e.*, into compressed air or out of rarefied air.

The effects of pneumatic measures are to increase the volume of respired air, open up unused air cells, facilitate expulsion of pathological products, increase gaseous exchange, facilitate absorption of oxygen by the hæmoglobin, while at the same time the volume of blood and the activity of circulation in the lungs is increased, bringing more corpuscles into contact with the increased volume of oxygen. Penetration of blood into the tissues, tissue respiration, and production of lymph are also increased. Thus local and general nutrition are powerfully stimulated, and an improved respiratory habit and increased respiratory and circulatory power are gained. The products of digestion are properly oxidized and utilized, immature tissue is destroyed and expelled. The promotion of sleep is one of the most marked effects.

The physician thus puts them, by altering his patients' environment in the manner described, into a condition where natural powers complete the cure, and bacilli need not be feared. Illustrative cases were cited, and the conclusion reached that the proper treatment of consumption is not microbicide, but nutritive.

GLYCERITUM PEPSINI VITULINI:

(GLYCERITE OF CALF-PEPSIN.)

A FORM OF DIGESTIVE FERMENT ESPECIALLY ADAPTED TO THE TREATMENT OF THE CONDITION OF APEPSIA IN YOUNG INFANTS.

(A communication presented to the Committee on Dietetics of the American Medical Association, at the Fortieth Annual Session, held at Newport, R. I., June 25, 1889.)

By FRANK WOODBURY, A.M., M.D.
Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, Fellow of the College of Physicians, Member of the Pathological Society, etc.

AFTER the introduction of pepsin into medical practice by Corvisart, about 1854, it gradually grew in favor with the profession, until now it may be regarded as the acknowledged and almost indispensable remedy in the treatment of cases of slow and imperfect digestion. In fact it appears to be the rational means for relief where the symptoms are caused by a deficiency of digestive power in the gastric juice, whether this occur as the result of inherited weakness or of some organic or systemic disease.

Under the stimulus of an ever-increasing demand, the processes of manufacture have greatly improved, until at the present time a substance possessing high digestive power, representing the active principle of the gastric juice, is a well-known commercial article. Having gained an established position as a remedy, the Committee on Revision of the United States Pharmacopœia, in 1880, finally admitted two preparations of pepsin into the Pharmacopœia, and prescribed a standard of digestive strength and the tests by which this can be determined. Both chemical test and clinical experience have shown that there is great diversity in the digestive value of commercial pepsins. This is not only admitted by the manufacturers of this article, but they also publish analyses by competent chemists demonstrating such variation; each being peculiar, however, in proving that the pepsin made by every individual advertiser is superior to that made by all others. The only explanation we can suggest for this remarkable discrepancy is that pepsin in the usual form (in powder or scales) is most active when recently made; or, in other words, in the dry state it more or less quickly loses its digestive power. In truth it has been found, by actual investigation, that the most efficient means of retaining this peculiar power is to preserve the substance in the form of solution; and of all the various menstrua proposed and tried, glycerin seems to be by far the best. As has been conclusively shown by Scheffer, of Louisville, there is an incompatibility between alcohol and pepsin, so that almost all the digestive activity is lost by using this as a vehicle. Therefore, all the various wines and elixirs of pepsin are necessarily weak in their digestive action, and, indeed, most of them are not only without such action at all but they also harden albumen and make it less digestible. As digestion is essentially a process of hydration, alcohol, by dehydrating the albumen, to this extent actually hinders instead of assisting the stomach in its work.

It is to the celebrated philosopher Spallanzani that we owe our knowledge of the fact that the digestive power of the gastric juice resides in a certain organic principle, which was subsequently separated, in an impure state, by the great physiologist Schwann, and named by him "pepsine." Payen afterwards suggested the title "gasterase" as being more appropriate; but it was never accepted by the profession. Pure pepsin was first obtained by Wasmann, by a process which was afterwards adopted on a large scale by Boudault in preparing the "pepsine Boudault," in which the pepsin was combined with starch so that it could be dispensed in the form of a dry powder. Scheffer subsequently suggested milk-sugar as a better vehicle, and this has been adopted in the officinal preparation, pepsinum saccharatum. Although the powder has some advantage for dispensing, Scheffer and all other authorities on this subject agree in preferring the liquid form, which is more active and more permanent.

A curious fact noted by Senebier, the French translator of Spallanzani's work,[1] was that although the active principle of the gastric juice seems to be identical in different species of birds, quadrupeds and men, yet it differs somewhat in its digestive properties in different animals. For instance, the gastric juice of dogs digests bone, and in birds that do not vomit, like the heron, the same fact is noted; while in other birds, like the crow, which regurgitate bones and indigestible parts of the food, the gastric juice is less powerful and will not dissolve bone. In other words,

[1] Expériences sur la Digestion de l'Homme et de Différentes Espèces d'Animaux: par l'Abbé Spallanzani. Avec des Considérations par Jean Senebier. Genève. MDCCLXXXIII.

there appears to be a natural relation existing between the ordinary food of an animal and the quality of its gastric juice. This is a suggestive fact that might be utilized in medicine. For example, although our national Pharmacopœa only recognizes that derived from the hog, foreign Pharmacopœias also admit pepsins obtained from the fresh and healthy stomachs of the sheep or the calf. The reason why hog-pepsin is principally used in this country is that Scheffer found that it is the most active, and, perhaps, also because of its cheapness. From the habits of feeding of some men, it may also be supposed to be the most appropriate artificial digestant to be introduced into their stomachs. In very young infants, however, the case is different. Here the pepsin prepared from the stomach of the sucking calf would seem most suitable. This seems especially appropriate where the child must be fed upon cow's milk, as so many of them are. Indeed, the death of a large proportion of bottle-fed children is directly attributable to the fact that their digestion is not equal to the task of converting the casein of cow's milk into soluble peptones. Moreover, the milk-curdling principle in the gastric juice of the calf may be reasonably supposed to differ notably from that of either the sheep (or Boudault's pepsin) or the hog (ordinary pepsin), and the result of its action upon milk to be more compatible with the subsequent task of peptonizing the coagulum thus formed, because this is part of its physiological action. It is well known that rennet-wine has been used with some benefit in the treatment of defective digestion in infants, but from the fact that pepsin is almost insoluble in wine, it can have very little power of directly aiding digestion. I have recently, with the kind assistance of Mr. W. H. Llewellyn, one of the principal pharmacists of Philadelphia, had some experiments made with calf-pepsin, extracted in the ordinary manner from the fresh stomachs of young and healthy calves with the aid of glycerin, and dispensed in the form of solution. From the moderate experience I have had with it, I have been much pleased with its effects in appropriate cases. It is pleasant, easy of administration, and appears to keep its powers well. The introduction of a small amount of the lacto-phosphate of lime was decided upon in order to ensure a slightly acid reaction, and because a small quantity of calcium phosphate is a desirable addition to the diet of children reared upon artificial food.

It has seemed to me more natural to add the digestive principle after the milk has reached the stomach, rather than to peptonize the milk previously, although this can readily be done if desired, and in the case of older children and invalids a very agreeable article of diet may be made in this way.

In conclusion, there is an important question with regard to the administration of hog-pepsin to young infants, especially in summer, when there is a tendency to diarrhœa; a question which has often occurred to me, and yet I have never seen it referred to. The tendency of swine to suffer with attacks of cholera is well known. Now, with our present knowledge of the relation of diarrhœal disorders to bacteria, the question is pertinent, "Are the precautions adopted usually by the manufacturers of pepsin sufficient to insure against possible contamination with pathogenic microörganisms?" The natural result of administering a pepsin product thus contaminated to an infant already suffering with digestive disorder should make us hesitate before prescribing, and lead us to adopt every precaution in order to secure for our patient a pure and carefully made pepsin. I declare very positively that an artificial digestant which has an offensive putrefactive odor bears upon it, for me, the seal of its own condemnation. Therefore, when I have occasion to administer hog-pepsin either to children or adults, I prefer to order preparations as free as possible from peptones, such as the glyceritum pepsini or pepsinum purum,[1] which do not offend taste or smell and possess a high digestive power.

218 SOUTH SIXTEENTH STREET, PHILADELPHIA.

THE PROBLEM OF INFANT FEEDING.

INTESTINAL DISEASES OF CHILDREN AND CHOLERA INFANTUM.

(In the First Session of the Section of Diseases of Children of the American Medical Association, June 25, 1889.)

By I. N. LOVE, M.D.,
ST. LOUIS.

MR. PRESIDENT: Under proper conditions, the period of growth being antagonistic to decay, man in the infantile state should rarely be the subject of disease.

It is a proposition which will not be questioned, that the great majority of diseases of early life are closely related to interference with and interruptions of nutrition.

The problem of infant feeding has been before the profession prominently for many years, and I feel safe in saying that we are probably nearer its solution now than at any previous time. It goes without saying, that the first month is the most important period of the babe's nutrition, and the principle that they are most apt to go right who start right.

No one will deny that on general principles the proper food for the infant is that furnished in the laboratory of its own mother's breasts; the exceptions prove the rule that they should be provided for with a substitute either from some other mother's breasts or a food which will, as nearly as possible, approximate it.

The most important thought which should be borne in mind in considering the maternal milk is the fact of its perfect sterilization, and in this fact have we the key to the situation.

Through the efforts of Escherich, Forster, Harrington, Meigs, Jacobi, Rotch, Vaughn, Booker, and other delvers in the laboratory and clinical observers, we have been given the cue furnished by dame nature, and should now be able to read the lines which follow readily.

If the conditions will permit, I think that the best substitute for the mother's milk, next to the healthy wet nurse, is a healthy, well-fed, well-cared-for goat or cow; the milk of both these animals, although

[1] See article "About Pepsin" in Philadelphia Medical Times, vol, xix. p. 412, by writer.

not identical in composition with the human milk, possesses the virtue of sterility.

Many things have to be considered in the selection of a substitute for the mother's milk.

I think we should use every effort to secure the nursing of the child upon the part of the mother.

Among the laboring classes the mother is usually able to suckle her young. It is among the upper ten thousand that we find the "poor milkers."

Seventy-five per cent. of my private practice is among the better social class, and in justice to womanhood and maternal instinct, I will say that 90 per cent. of the inability to properly nurse their offspring is due to physical weakness, and not moral turpitude upon the part of the mother.

I am inclined to think, however, that the profession has not been sufficiently alive to the fact that by proper effort, moral, hygienic and medical, the natural nourishment could more frequently be secured.

When it comes to the recommending of a wet nurse, many things are to be considered. First of all, can our patients afford the cost?

Then, again, wet nurses are subject to diseases, such as syphilis, etc., that do not affect cows and goats.

In addition, the wet nurse may be accessible, physically healthy, but so constituted mentally as to be an objectionable member of our family, or her moral character may be such as to make her more objectionable than a leper.

The best way to determine this question is to bring it home to one's self. I recall an experience in my own family—a danger which my little daughter of seven would have been exposed to, by contact with a moral leper, recommended to us as a healthy wet nurse for our infant boy. Better far for the latter to have been wafted to the angels than for our first born to have breathed the same air for a day with the moral monster in the shape of a wet nurse.

For practical purposes the suggestion furnished us by our grandmothers' empirical practice in years gone by (the boiling of the milk in digestive disturbances), is sufficient.

I prefer the plan favored by Rotch in Keating's "Cyclopædia," that of putting the milk in convenient-sized bottles and steaming it for twenty minutes. But whether the milk be steamed or boiled we accomplish the destruction of all putrefactive bacteria and disease germs, as well as the tyrotoxicon and other ptomaines produced by them.

A temperature of 180° F. is sufficient to accomplish this, and in as much as steaming at this temperature does not affect the taste or the accomplishment of the coagulation of an amount of albumen and the throwing to the surface of a certain amount of the fat in the form of a decided scum as does boiling it, it is preferable.

After steaming it the receptacle should be hermetically sealed, and the "Mason fruit jar" for preserving purposes is an admirable convenience for this purpose. The particular place where the milk is kept is then not so important, though the ice chest, refrigerator, or cellar, country well, or spring house should be scrupulously guarded from dirt, and be well ventilated.

Many conditions arise where we need the help of artificial digestion, and we lean not upon a broken reed when we call it into service.

The profession is under great obligations to organized capital and the various manufacturers who have concentrated their efforts upon artificial foods for infants. Many cases arise where these so-called commercial foods are of great value to us.

Babies are like adults in that each one is a law unto itself. What is meat for one is poison for another.

Among artificial foods, Mellin's has often served me well, as also has Carnrick's.

Many cases come to us to which no form of milk can be given. With such I have found Bush's bovinine of great value.

I have no patience with the dilettanteism and the Miss-Nancy-ism which would preclude a physician prescribing or specifying a reliable manufacturer's product, whether it be a drug or a food.

The second topic presented in this session, "the intestinal diseases of children," would, I think, not require consideration, save in a few rare instances, if the feeding of the child were properly accomplished.

In other words, I think the proper attention to the first duty would prevent the intestinal disturbances.

If the latter is an accomplished fact, if the riot in the alimentary canal be well under way, we must ignore the past regime with its opiates and astringents, and administer small doses of the mild chloride ($\frac{1}{20}$ gr.) or infinitesimal doses of the bichloride ($\frac{1}{100}$ gr.) and other germicide and antifermentative remedies, but first and foremost, correct the diet. At the same time if we are in the midst of the heated term we must guard our little patients against exc ssive heat. To this end cooling baths at proper intervals are all important. These have a wonderfully beneficial effect upon the nervous system which is greatly disturbed.

Over-feeding is frequent at all times but specially so in hot weather (when the food supply should in reality be somewhat diminished), owing to the ever present thirst.

Plenty of cool pure water (sterilized by boiling and placing in the sealed "Mason jar" and kept in the ice chest, and not polluted by the placing of ice in it) should be given freely to the babes of all ages; their thirst will then be abated and less food will be taken.

Another important point which should not be overlooked is the danger of "taking cold" even in hot weather. Extreme and pronounced currents of air should be avoided. A great protection to the digestive apparatus of the little one is a flannel bandage over the abdomen, which should be worn till the child is at least five years old, and good rather than harm would result from its use throughout life.

Cholera infantum. This last in the trio of subjects before us follows in regular sequence, and in the majority of instances would "die a borning" if the two subjects which precede it were properly handled. In other words, in my judgment cholera infantum, like cholera or more properly speaking cholera morbus in the adult, would never occur if the feeding problem were properly solved, or in case of error there, if the resulting intestinal war were suppressed before it reached the culminating point.

The Polyclinic.

MEDICO-CHIRURGICAL.

AS a counter-irritant in glandular swelling Pancoast prefers biniodide of mercury to tincture of iodine, as the former does not color the skin, and therefore allows one to see what is going on.

NERVOUS DIARRHŒA.

The case which I am about to describe cannot be brought before the class, because if she were to appear in this room she would at once be seized with a violent desire to evacuate her bowels. As it is, she remains in comparative comfort in the waiting room, because she knows there is a water-closet close at hand. If another patient were to enter and close the door this lady would begin to get uneasy, and if the door were not soon opened she would be compelled to go hurriedly in search of another, or would soil her clothing. This affection has existed from childhood; it has resisted every form of medicinal treatment. Sometimes she will come to my office and will be comfortable until she hears another patient enter the waiting-room. Her face changes immediately. I ask her if she wishes to retire, but she dares not rise, for fear of an accident. I begin to talk carelessly about something else, and in a few minutes she has forgotten her ailment and the rectal spasm has departed. Usually she has several loose evacuations in the morning, and by noon is in condition to trust herself away from her home. She is now twenty-nine, married several years, and has no children. What is the lesion in this case? I have examined her thoroughly, many times, and have found nothing to account for this curious condition. She had some minor affections, none of them causative of diarrhœa, unless as a reflex symptom, but they have all been remedied without helping the principal complaint. She had a relative who was similarly affected, and had anorexia to such a degree that she literally starved herself, and at the post-mortem nothing was found to account for her disease. The present patient was affected with anorexia and nausea last summer until she was reduced to the door of death, and, in fact, was only saved by taking a sea voyage. She has exhausted the materia medica without obtaining any benefit from any drug. Opiates always give rise to violent attacks of cramp in the stomach; astringents constipate, but the disease continues as before. At times the hyperæsthesia of the gastro-intestinal tract becomes so excessive that we fear the gravest results.

I bring this case to your notice particularly that I may impress upon your minds the truth that the giving of drugs is not the sole function of the physician, nor the most important, While no remedy of this kind has had any real effect upon the disease, yet each new one which has been tried has seemed to help her for a few days. The effect has been purely psychic, but each has assisted by giving her a few days of ease, during which she has eaten heartily and retained her food. Besides this I have cudgeled my brains to find new diversions for her, new themes with which to occupy her thoughts and draw them away from her condition. She has gone on various little excursions, performed various little tasks, and been encouraged to make herself actively useful in relieving the sorrows of others. As a result, she is to-day looking better than for years. The flush of health is on her face, she walks miles without fatigue, and while her malady still exists, it is not nearly so persistent or so annoying. Taken altogether, she is vastly improved, and I have every reason to believe that by persisting in the same course she will eventually recover completely.—*Waugh.*

PENNSYLVANIA HOSPITAL.

NEPHRITIS.

LONGSTRETH presented a peculiar case of nephritis. The patient was a stevedore, aged forty-seven. Some years ago he suffered from malaria, and when young he had scarlet fever. He now complained of trouble in his chest only. Had marked dyspnœa, but no orthopnœa. Percussion elicited a dull and diminished pulmonic resonance. Pulse and respiration were 72 and 38 respectively. Temperature subnormal. Suspecting trouble elsewhere, the urine was examined. It was clouded and smoky in appearance, containing granular casts, blood corpuscles, and a large quantity of albumen—1 per cent. dried. Specific gravity, 10.18. Bowels had been quite free. The tongue was heavily coated, and there was a marked œdema of the feet. He was given two drachms of the infusion of digitalis every third hour, with a view to overcoming the stasis of blood, existing in the kidneys, by increasing the heart's action. To clean the tongue, calomel and soda were given. The doctor believed the pneumonic condition was incidental to the renal trouble, and that it would disappear with the restoration of the renal circulation, that it required no treatment. The blood stasis in the kidneys was due to an acute inflammation of these organs, already in a sclerotic condition. The peculiarity of the case was that there was no increase of urine or any marked pain to call patient's attention to his renal trouble. It was a case in which one might have easily erred in diagnosing.

COOPER HOSPITAL.

DISLOCATION OF THE SPINE.

TRAUMATIC dislocation of the vertebræ rarely occur, without the concurrence of a fracture, except in the cervical region, where the articular processes are more oblique than in any region of the spinal column, and where the varieties of movement in the spine are the greatest. Not less rare are dislocations of the ribs from the transverse processes of the vertebræ. In injuries to the dorsal or lumbar regions of the spinal column, a dislocation can generally be excluded, unless associated with a fracture of the vertebræ.

"Spontaneous" dislocations of the vertebræ, as well as angular curvature, may take place in Pott's disease. The pus in dissecting its way downward may strip off the periosteum and the common ligament, disorganize the inter-vertebral substance, and thus favor dislocation.—*Godfrey.*

The Dietetic Gazette:

A Quarterly Journal of Physiological Medicine

New York and Philadelphia, July 13, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

ANNOUNCEMENT.

WHILE this number is issued under the title of THE DIETETIC GAZETTE, it is in fact a sample number of THE TIMES AND REGISTER. The points of difference are that the GAZETTE is devoted to dietetics alone: and the departments are arranged somewhat differently. In the weekly editions these consist of:

1. Clinical Lectures.
2. Original Articles.
3. The Polyclinic.
4. Editorials.
5. Annotations.
6. Society Notes.
7. Foreign Letters.
8. Letters to the Editor.
9. The Inquirer.
10. Book Reviews.
11. Gleanings.
12. News and Miscellany.

For the information of the many thousands to whom this Journal comes for the first time, we may say that it is formed by uniting in one the Philadelphia *Medical Times*, *The Medical Register*, *The Dietetic Gazette* and *The Polyclinic*. It is the intention of the managers to add other periodicals from time to time. By so doing we obtain the following advantages:

1. We have a subscription list so large that we can afford to give our readers a larger and better journal than any which has a limited circulation. It costs but little to print a few thousand copies after the first has been run off.

2. By uniting a number of our best writers in the editorial corps, the Journal will give fresher and more varied matter than any one or two men could provide. In union there is variety as well as strength.

In politics, the Journal is independent. It is ruled by no college, clique, society, publishing or manufacturing firm, but is published solely in the interest of the medical profession. We have sought to render its interests general by selecting the members of the Press Association from every part of the country. We seek to make it essentially a practitioner's journal. In order to bring it within the reach of all we have decided to put the price down to $3.00 per annum; not that we consider it in any respect less valuable than the five-dollar weeklies, but because we find we can publish a weekly at the price stated and make a fair profit; and because we would rather have 10,000 readers at $3.00 each than 5000, at $5.00 each. Our columns are open to our readers who desire to record their experiences in practice. In the department headed "The Inquirer," will be printed queries and answers; the latter being furnished by our readers or by members of our staff. In every way we will endeavor to make our journal what we desire it to be: a necessity to every person engaged in the active practice of medicine.

THE AMERICAN MEDICAL ASSOCIATION.

THE Committee on Dietetics received a communication which will be found in another column, requesting the Committee to have analyses made of the various prepared foods to be found in the market.

It was determined to accept the suggestion, with the following recommendations:

1. Profs. Vaughan, of Ann Arbor, and Chittenden, of Yale, are designated as the proper persons to conduct such an examination.

2. They shall purchase the foods in the open market, without the concurrence of the manufacturers.

3. They will be recompensed by the Committee, out of funds to be raised by it, except in cases where the manufacturer is desirous of having his food examined and is willing to pay the cost.

4. The reports shall simply state the composition of the foods examined, without giving any recommendation or condemnation; the report being intended simply to supply information from an independent source as to the true composition of these foods, leaving the physician to use his own judgment as to their employment in his practice.

It will thus be seen that the Committee has taken every precaution to prevent this investigation being turned into an advertisement, and yet to present to the profession an unbiased report upon these valuable products.

In theory, the manufacturers seek to deprive the foods of all inert elements, and to present the nutriment in that condition in which it is most readily appropriated to the use of the consumer. In the proportion in which these objects are attained, the product is valuable. If the claims of the manufacturer are not true, the profession ought to know it. If the food be indigestible, unpalatable, or wanting in any of the essential elements, in a word, if the object aimed at be not attained, the physician ought

to know it; and so should the manufacturer. No amount of artificial "booming" can avail in sustaining a food that is intrinsically bad. Sooner or later the inexorable law of the survival of the fittest will bring about a victory to the one which deserves it. This may be seen in the fact that many of the foods whose ornate devices formerly covered the advertising pages of our journals, have disappeared from public view. Ingeniously worded advertisements and testimonials of analytical chemists who are paid by the year, or who are themselves the inventors of the articles they laud, may succeed for a time, but real worth is sure to tell in the end. As trials result in failure, the receipts from sales fall off and advertising bills cannot be met; so that the evil brings about its own cure. It is easy to see, therefore, how important this investigation is to the persons who are investing their means in the manufacture of these foods. If they are working on a mistaken idea as to the value of their foods, they cannot know it too soon. If their products are intrinsically bad, they had better stop at once; if they are imperfect, we may be enabled to suggest the needed alteration. One food has been unmercifully condemned, when it simply requires the addition of a little cream to each feeding-bottle, to make it an ideal baby food. Another needs powdered dried beef and bone to make it the most highly concentrated and nutritious food in the world; containing every element necessary for sustaining life.

Hitherto, the manufacturers have been practically educating the profession in the matter of digestion, but by the action of this Committee we are at last put in the proper attitude; that of stating our wants and leaving the manufacturer to supply them. The high standing of the analysts appointed will give their report the utmost value to every practising physician.

As it is necessary that there shall be entire independence on the part of this Committee, and as the questions to be settled interest the physician more than any other, it has been determined to ask for contributions from physicians to defray the expenses of this investigation. This journal goes to 86,409 physicians, not one of whom but is interested in this question. If each of them were to forward us so trifling a thing as a two cent stamp, the sum realized would be sufficient for the purpose. But as we are fully aware of the neglect which too many of our brethren show towards their interests, we will assume that one out of every five will respond; and, therefore, we ask that each reader will send us ten cents to further this work. Contributions may be sent to the office of this journal.

* * * * * *

Scarcely less in importance are the recommendations made by the Committee, looking to the formation of commissions to report upon the subjects of feeding in various disorders. In the French Academy of Medicine the custom prevails of appointing one member to make the investigations and frame the report, and several others, generally dignitaries, who advise with him, revise his report, and give it the sanction of their names. This commendable and efficient method has been adopted by Dr. Wood, and the commissions will be appointed in accordance with it.

Dr. Wood, himself, will report upon proposed legislation to prevent the adulteration of food; Dr. Cutter upon the preparation of food for the household, and also upon nourishment in Bright's disease and other wasting diseases. Dr. Waugh will report upon the feeding of fevers, etc.

There are also to be appointed reporters upon the diet of diabetics, consumptives, nervous cases, etc. Should these projects be carried out, they will result in a series of papers of far greater value than those ordinarily presented to societies.

The elements of success are, first, a thoroughly capable reporter, who has time and opportunities for research; second, several other members who are sufficiently interested in the subject to give the reporter efficient assistance; third, the hearty cooperation of all others who can furnish materials of value to the reporter. Other subjects than those mentioned may be added to the list, if it is thought advisable.

With such an amount of work cut out for it, we ask for the Committee of Dietetics the support and coöperation of the whole medical profession in the endeavor to make these reports an honor to American medicine and of value to the world.

Annotations.

COW'S MILK APPROXIMATING HUMAN MILK.

IN Dr. Brush's remarks at the Section on Pædiatrics, etc., he spoke of the possibility of developing, by selection and breeding, a race of cattle whose milk will approximate that of the human female; and thus be especially fitted for the nutrition of human infants.

If it were possible by any such process to transform a cow into a woman, the project would receive our approbation. But if success crowned the enterprise, the result would not be human milk, but a poor, vitiated abnormal secretion, which would be unfit for food. We prefer to use only an average, strictly normal, cow's milk for the nutrition of infants. Even when the milk deviates from the average standard, it is not advisable to use it. The Alderney cows give a secretion rich in fat and poor in casein. Skimmed Alderney milk, therefore, represents human milk more nearly than that of ordinary cattle. But in practice, it is better to use the milk of ordinary

cattle for infants; even setting aside the danger of tuberculosis, to which Alderneys are specially liable. In fact, the analogy between the milk of the lean Alderney, and the abundant, fatty secretion of the consumptive woman, is very close.

STERILIZING MILK.

IT is not necessary to invest in a sterilizing apparatus, as any housekeeper can arrange one equally efficient for herself. All that is necessary is to have some bottles, capable of containing the milk to be used in a day; each large enough to contain what will be needed at one time. These bottles and their corks should be thoroughly cleansed by boiling in a solution of washing-soda. The corks should be selected, and of the best variety.

When the milk is brought to the house, it should be placed in these bottles, which should be arranged on a wire frame in a pot of water, and boiled for fifteen minutes. They should then be corked securely and placed in the refrigerator with the ice *upon* them, not under them. In the country, they may be lowered into the well. Milk thus treated will not only keep sweet and fresh, but almost any impurity it may originally contain will be rendered innocuous.

The flavor of boiled milk is unpleasant to many persons; but this may be remedied by the addition of a little coffee or cocoa. At any rate, one must not expect too much in this world; and for the sake of safety put up with the unpleasant taste, or learn to like it.

THE announcement of M. Brown-Séquard, to which we alluded in our last number, has created a profound sensation. The celebrity of the renowned physiologist gives a weight to his theory which prevents the ridicule which would otherwise assuredly follow. The fact that the experiments reported date from 1869 will suffice to answer the charge that the whole affair is but the chimera of a brain in its dotage; for at that time he was in the full vigor of middle age. He reports that the good effects are produced by injecting subcutaneously the blood from the spermatic veins, mixed with the fluid expressed from the testicles and a little water. Young and vigorous dogs were chosen to supply the fluid. Injections of serum produced no effects excepting abscesses.

On its face, the affair looks like a return to a mediæval superstition. But, surely, if there be a lesson which men of scientific proclivities ought to have learned by heart, it is that "there are more things than their philosophy e'er dreamed of." It is quite safe to say that the Philadelphia profession, which denounced the physicians who were so lost to their principles as to use anæsthetics, who petitioned against the introduction of gas as an illuminant, and who but two years ago pooh-poohed Whittaker, when he demonstrated the tubercle bacillus, will not bestow much thought upon the great Americo-Frenchman's alleged discovery. But in all quarters there will be an immense amount of experimenting done, with patients who imperatively demand that this chance of restoration to virility shall not be lost. And the calls for lamb fries at the restaurants will multiply. And out of it all some good will come; even if it be but the elimination of another error.

RICKETS.

IN London it has been impossible to raise the lions born at the Zoölogical Garden; all dying of rickets. Lionesses do not suckle their young in captivity, and the young monarchs were fed on old and tough horse-flesh. After losing twenty litters, one was fed upon chopped meat, pounded bones, and cod-liver oil; and this litter survived.

There are few, if any, of the artificial foods which would not be better if a little cream were added at the time they are given.

Beef extracts are now universally regarded as simply bases for more or less agreeable stimulating drinks. They have little or no nutritive value, but are in truth rather composed of excrementitious elements; so that beef-tea has been said to differ but little from urine. One beef preparation claims to be made by adding to the extract the dried and powdered muscular fiber from which it has been prepared; making a truly nutritious and palatable preparation. If to this were added a small percentage of finely pulverized bone we would have the most valuable artificial food ever prepared, for weakly infants and invalids, and for rickety children; a highly concentrated nutriment. The addition of fat must, however, be made at the time it is eaten; as no animal fat can be allowed to remain in a food which is intended to be kept an indefinite time before it is eaten, unless it is hermetically sealed. Even then, it is apt to become rancid. Possibly some vegetable fat, like cocoa-butter, could be utilized, but the experiment has not been tried. It seems singular that manufacturers go on imitating an extract which has been proved to be worthless, when the field is open to them for the introduction of so much better products.

Society Notes.

AMERICAN MEDICAL ASSOCIATION.

SECTION ON DISEASES OF CHILDREN.[1]

First Day, Tuesday, June 25.

J. A. LARRABEE, M.D., Chairman.

THE Chairman called the Section to order, and read an

ADDRESS ON PÆDIATRICS,

which he said is not a forced specialty, as the diseases of children require particular study. He deplored the fact that so many practitioners are so unfamiliar with the symptomatology of infantile disorders. He considered that, from a proper deliberation on the subjects connected with diseases of children, wise and wholesome laws would originate to prevent disease. Infantile mortality, from preventable causes, is far greater than it should be. The Chairman expressed

[1] For the report of this Section we are indebted to the *Medical Record*.

the hope that the Section would formulate and adopt some resolutions prohibiting the publication of any statements, either laudatory or condemnatory, of any proprietary preparations of infant foods.

Dr. T. B. Greenley, West Point, Ky., read a paper on

THE MANAGEMENT OF INFANTS DURING THE FIRST YEAR.

The paper dealt almost exclusively with gastro-intestinal disorders. The author spoke of the predisposing causes of mortality—intemperance, syphilis, etc. In feeding children he believed that pure cow's milk is better than the diluted milk. He objected to the use of starchy foods. If a wet nurse be selected, she must be carefully watched, as she may neglect her foster-child, or administer an opiate or alcohol. Dr. Greenley considered that mothers who allow their infants to be nursed by hired women are often guilty, unintentionally, of infanticide.

Dr. E. F. Brush, of Mt. Vernon, N. Y., read a paper entitled

COW'S MILK FOR INFANT FOOD.

Dr. Brush commenced by saying that the medical profession was agreed that nothing equalled good cow's milk as a food for infants, and, therefore, it was to be regretted that attention had not been given by the profession to reforming the breed of cattle and the handling of milk, than to the question of substitutes for it. In milk for infant feeding there should be considered, 1, the variety of fats; 2, the amount of albuminoids; 3, the amount of salts; 4, the handling of the milk; and 5, the health of the cow. 1. As regards the fats, he pointed out that the usual processes of chemical analysis led to an underestimate of the fats in cow's milk, and that of these fats we have no late authoritative analysis, a neglect on the part of chemists which leaves us in doubt as to which of the fatty acids are the mischief makers in milk. These fatty acids have more to do with the development of poisons than have the albuminoids, and are the cause of digestive derangements. 2. The albuminoids vary considerably with the time or habit of extracting the milk, that extracted every two hours not being likely to possess as much or as ripe albumen as that drawn off every twelve hours. In health the albuminoids are constant, but materially affected in disease. This change is not suprising when we examine the mammary sources of milk in disease, for then there are found inflammations, calculi, clots of fibrin, etc., while the gland is at the same time subject to infiltrations, tubercular deposits, and eruptive diseases. In all cases, any variations in the amount of albuminoids must be ascribed to sickness. 3. The salts also have not lately been determined by chemists, and we do not know how constant the occurrence of these salts may be, though we can assert that they are influenced both by the health and the food of the animal. Hence, the land on which a cow is pastured will indicate fairly what we may expect to find as salts.

The nutritive value of the sugar is overestimated, as is shown by the milk of carnivorous animals. Condensed milk, or concentrated sugar of milk, is not to be recommended as an addition to milk, but cane-sugar should be preferred. The chemist's ideal food is a failure, and the idea that milk must contain such and such constituents in such and such proportious is a popular error. 4. The cow must be studied, "for milk is a scavenger of the cow's body," and if it does not nourish the infant she is sick, or the milk badly handled. A faulty condition of the cow is indicated by the albuminoids, bad food by the fats and salts, and bad handling by the ptomaines. The cow has an abnormally high temperature, her organs of generation are in unnatural activity, and she is made a machine for producing milk. It is no wonder then that she is, as a rule, an unhealthy animal. This delicate animal is rarely fed properly, owing to the low price of milk, and the same cause compels the farmer to utilize every drop of milk, be the cow sick or well. Good food is the prime essential for producing good milk. 5. Milk is affected by its surrounding in the cow-house, and the method of getting rid of the odor by saltpetre cannot be too severely censured, for the addition of the niter united with the glycerides may produce poisons approximating to tyrotoxicon. No chemical substance should ever be added. Milk should not be conveyed a long distance, for travel deteriorates milk. Light, like heat, hastens decomposition, therefore glass bottles should not be used.

The milk ought not to be given to the infant warm, for then it coagulates like too old milk. Sterilized milk may be employed if we abandon all hope of improving the quality of milk.

To remedy these evils we should have a better cow, one not closely inbred, well fed with good sound food, and well attended to. The cheapness of milk is the reason why we have not better milk, and the inferior milk suggests the use of substitutes. It the price of the latter were added to the price of such milk, the extra money would enable the farmer to buy better cows and better food, and improve the quality of his products. This he ought to be compelled to do. Let us not recommend patent baby foods, but good, high-priced milk, and then if any trouble arises we can lay the blame on the milkman. Dairies for supply of infants' food should be under strict sanitary supervision. Such an ideal dairy should consist of spayed cows.

Dr. J. A. Jeffries, of Boston, said a large number of women cannot feed their babies, and many will not; hence the necessity for a proper supply of cow's milk. It is important to obtain that with fat as near like the mother's as possible, that the proper adipose tissue may be deposited in the infant's body. Recent analyses show that both the fats and albuminoids vary with the condition of the mother. A child did badly: the mother's milk was found too high in albuminoids, and on dieting the mother the child recovered. Milk sugar is a valuable aliment and not so liable to fermantation as cane sugar. Where milk can be got to the child within three or four hours after drawing, sterilization is not so important, but when, as in cities, twelve or twenty-four hours must elapse, it should be sterilized immediately on being drawn, and then forwarded in sealed bottles.

Dr. Early, of Pennsylvania, considered diseases of cattle a frequent source of contamination of milk and referred to his investigations of dairy farms near Philadelphia and Camden, where milk from animals sick with pleuro-pneumonia was supplied to consumers.

Dr. Sears, of Texas, doubted if disease was conveyed by milk; certainly not to adults.

Dr. Christopher, of Cincinnati, related the results of his inspection of dairy farms near Cincinnati. Cows fed on distillery slops were much handsomer in appearance than those properly fed, and their milk was richer in cream. There is a peculiar condition of the albuminoids in this milk leading to rapid decomposition. He did not agree with Dr. Brush that the fatty acids were the poisonous elements. Ptomaines are nitrogenous bodies and cannot be formed from fats.

Dr. Brush, in closing the discussion, gave prominence to the points that living foods contain some element lacking in preserved foods. Condensed milk may be perfectly pure, but it has gone through a process that robs it of some nutritive quality. So with various artificial foods, chemically desirable. The distillery-stable cows are sleek looking, but they are œdematous, not fatty. It is a fact of observation that the amount of fats and salts in cow's milk can be altered by feeding, but it is only disease that causes a variation in the albuminoids given by any individual animal.

Dr. Peter Hooper, of Philadelphia, read a paper entitled

INTESTINAL DISEASES OF CHILDREN DURING HOT WEATHER.

The author considered the causes of these diseases as mainly heat, impure air, and improper food. He believed the local abstraction of heat from the bodies of children suffering from entero-colitis or gastro-enteritis as productive of good. Cold water and ice internally, and cold compresses to the head he considered beneficial. He also believed in cooling the sick room artificially by the use of large pieces of ice. The author gave the history of a baby aged eight months, where a temperature of 109⅘° F. in the axilla was reduced in half an hour to 105° F. by the application of ice to the spine. The severe nervous symptoms were relieved by this treatment, though no medicine was given. Some entero-colitis followed the acute attack, but the child was always more comfortable when cold was used internally and externally.

In speaking of the use of milk foods, the author related as his experience that the children who use them do not grow so strong, so muscular, or so rapidly as they should. In cases of failure of mothers to nurse their children he advised the use of sterilized milk.

The author mentioned as the possible treatment of the future in cholera infantum the opening of the abdomen and washing out of the intestinal tract. The use of inunctions of olive oil were spoken of as beneficial.

Dr. J. Solis-Cohen, of Philadelphia, thought the use of ice preferable to antipyretics.

The Chairman thought that thermal diarrhœa is best treated by cold. He did not believe that cholera infantum ever began as a simple diarrhœa, as mentioned by the author. He spoke of the advantage of the use of small doses of morphine and atropine hypodermically, the effects being quick, and a dilatation of the peripheral capillaries thus relieving the intestines. He advocated the use of salines in entero-colitis in preference to castor oil.

Dr. E. F. Brush, of Mount Vernon, N. Y., thought that the cases of acute gastro-enteritis in children were produced by the cows eating poisonous weeds.

Dr. W. P. Watson advocated the use of hot water as a drink for children with intestinal disturbances.

COMMITTEE ON DIETETICS.

The meetings of the Committee on Dietetics of the American Medical Association were held in the Casino Building, Newport, June 26 and 27, Dr. E. A. Wood, of Pittsburgh, in the chair.

Dr. Woodbury read a communication and presented samples of a glycerite of calf-pepsin. (See page 249.)

Dr. Wood, of Pittsburgh, in opening the discussion referred to a plan he had adopted of preparing cow's milk for infants. The milk should be from a clean dairy and from healthy cows; it should be placed in glass jars of the size required for use, which can be tightly closed with a lid after being entirely filled with the milk. When kept from contact with air in this way, the milk will not turn sour for several days. When the jar of milk is opened, one half is to be treated with rennet and the curd separated, the whey is then added to the other half of the milk and a little cane sugar added. This prepared milk is then kept in a closed glass vessel, and portions taken from it for feeding the infant as required; the milk food can be warmed, but not made hot. He claimed that fresh milk is aseptic, and that it can be kept so by excluding air; he considered dilution of the milk necessary, but prefers to use whey, for this purpose, to water which may be contaminated. Cane sugar he likes better than milk sugar. For coagulating the milk he thought the preparation just presented an available one, and more reliable than rennet.

Dr. Waugh, of Philadelphia, said that he considered the principle advanced by Dr. Woodbury of great importance. There can be no doubt that nature has provided in the digestive apparatus of each animal the most appropriate means of digesting the food peculiar to that animal. These adaptations of nature are sometimes made with the utmost nicety; and as yet our knowledge of physiology is not sufficiently exhaustive for us to judge of what amount of harm may be done by disregarding these conditions. Until we have such an insight into the digestive processes, it is best to digest milk with its natural digestant: the pepsin of the calf.

Dr. Christopher, of Cincinnati, spoke of the importance of improving the breed of cows, so that a supply of milk better suited for infant-feeding could be had. Referring to the difficulty of digesting cow's

milk he said that in a child fed on milk at five o'clock, the stomach was washed out at nine, and casein was still present, partly broken up and partly rendered translucent.

Dr. J. A. Cutter, of Boston, said that he had devoted attention to microscopic examination of the fæces and stated that, by this means, much could be learned about digestion. In chronic cases he had found advantage by varying the form in which pepsin or pancreatin is administered.

Dr. Chenery, of Boston, thought commercial pepsins very unreliable, and that they were capable where there was ulceration of the bowel of causing a form of blood poisoning. He referred to a case of dysentery, which died with symptoms of septicæmia after administering Fairchild's pepsin.

Dr. Waugh. It is not necessary that there should be an abrasion in order to have absorption of poisons from the intestinal tract.

The pepsin in Dr. Chenery's case may have been in a state of decomposition; hence we are unable to determine whether it was a case of pepsin poisoning or of septicæmia. But there is another question which arises in regard to the use of the powerful pepsins now being introduced. It is well known that vitality does not protect the tissues from the action of the digestive fluids, as has been shown by the experiments upon the ears of living rabbits, which are digested by the gastric juice. Is there not, then, danger that when these very powerful pepsins are introduced into the stomachs of infants, especially when the resisting power is lessened by sickness, there may be a digestion of the tissues? For this reason, and because it is well to keep in mind the fact that pepsin is not truly a medicinal agent, but that its action is directed to the food instead of to the body, I approve of Dr. Wood's method of using it.

Dr. Wood. Under the action of commercial pepsins that are contaminated with bacteria, ptomaines may be formed in the intestines and cause death. There are many cases of supposed rheumatism that are no more rheumatism than they are cholera Asiatica or yellow fever, but which are cases of poisoning by ptomaines.

Dr. E. Cutter, of New York, asked if Dr. Woodbury had any evidence that bone digests in the human bowels?

He asked this, for the only evidence that bone digests in man he had found was noted in the recent reports where resection of the intestine had been done and tubes of bone were employed, that the tubes would dissolve after a short time, thus showing a digestion of the same; but these were "decalcified."

Dr. Woodbury, in reply to Dr. Cutter, said that there is a great diversity in the digestive capacity of men, and he had no doubt that many individuals could digest bone, but ordinarily it would act as a foreign body and cause irritation.

Dr. Cutter, continuing, said that air is food; mineral food at that, as water is mineral food; his definition of food being any substance from without taken into the human body, which becomes a normal constituent part of that body. Then as the oxygen and nitrogen of the air become component parts of the body they are food. This idea was an old one. Once, in going to New York from Boston, he sat near a man in the cabin who had open on his knees a book in Hindostanee, and in his hands he had an open book in French. He was a missionary from India, and spoke twelve languages. On being asked if he thought that English would be the universal language, he said "No, it is not expressive enough." For example, we say in English "a man walks out, and a dog walks out," but the Hindostanee language puts it, "The dog walks out and the man goes forth 'eating air.'" This expression is three thousand years old.

Again, the same idea is met with in Plutarch's Lives. A late account of the gypsies states that they every morning go out early and inhale full breaths; hold them; pound their chests hard in expiration, and then inhale deeply again, and so on. This they call "eating air." Newport is built up on this idea of "eating air." He said further, that he never could believe that nitrogen was an inert substance in the air. Just as the false vocal cords were denounced almost useless things and hence called "false," and as it had been found out that they were as active as the true vocal cords in the control of the expiration, —and he had, following the nomenclature of "vocal bands," called them "breath bands;" — so he thought that some time the active function of nitrogen in the air would be found out. It might be by guesswork, as those famous archeological inscriptions were made out, still it would come in time, whether as a result of thunder-storms or in some other way. The amount of nitrogen consumed by the human race daily was enormous and could not be overlooked.

Dr Cutter also expressed his great interest in the work of the Dietetic Committee. He did not want it cut off, but pushed to fruition, no matter who or what opposed. The future of medicine lies in the food question. He was in favor of the Association recommending that State legislation should be taken as to proprietary foods like that now taken in relation to fertilizers (soluble mineral plant foods) by the Experimental Statutes in Agriculture. States were doing better for *hogs* than for man, he thought; but man was the most important article of value in any commonwealth, and should be protected.

Dr. Christopher. Ptomaines will not only produce the effects described in Dr. Chenery's case, but also will actually produce lesions; structural changes may be produced by chemical agents. Gout and rheumatism have been ascribed not to an excess of urea in the blood, but its formation near the joints under the action of a special agent, An illustration of this is seen in guanine gout.

[Dr. Christopher then gave a very interesting account of the relations of nitrogen to digestion. A vote of thanks was tendered him, with the request to bring up the subject at the next meeting in a paper embodying his views on the position of nitrogen as a food and its relation to disease.]

The chairman announced the receipt of a communication relative to the analysis of infant-foods, and on motion it was referred to a special committee consisting of Drs. Waugh, Christopher and E. Cutter. Adjourned.

NEW YORK, June 17, 1889.

To the Committee on Dietetics of the American Medical Association,

GENTLEMEN: It is generally accepted, we believe, as an axiom in dietetics, and scientific research and practical experience agree in demonstrating its truth, that a satisfactory food for infants up to seven months of age must correspond with human milk as closely as possible in the character and proportion of proximate principles. We have expended much time and a large amount of money in our endeavors to produce an infant food which would stand this crucial test. In this work we have enjoyed the assistance of some of the leading physicians both of this country and Europe, who have been distinguished by the attention they have given to the subject of infant feeding, and have been directed by some of the most eminent physiological chemists in the world. Fully recognizing the fact that for very young infants, cereal, or starch food, is unnatural and is contra-indicated, we have for some time been directing our experiments towards the production of a food prepared entirely from milk, in which all its constituents should be represented in a similar proportion to that of human milk, which the finished product would closely imitate. As a result, we have succeeded in obtaining a food which is the nearest approach to human milk that can be produced. This food is prepared wholly from cow's milk, with the exception that the fat of the milk is partially replaced by cocoa-butter. This was done at the suggestion of Prof. Attfield, of London, because of the fact that the fat of the milk very rapidly becomes rancid and will not keep in any considerable quantity, while the oil of theobroma remains permanently sweet, and is as easily digested as milk-fat. The fact that a food containing a large proportion of milk-fat will not keep for any length of time is well-known, consequently it becomes necessary to substitute a fat which is permanent and unchangeable. Moreover, a pure vegetable fat has especial advantages for this purpose over animal fats derived from sources liable to be contaminated. Cocoa-butter closely resembles milk-fat in composition, differing principally in the absence of the constituent which produces rancidity. The following are the processes which we adopt in making this food: Having added the cocoa-butter, we partially digest the milk with fresh extract of pancreas, at a temperature of 105° F., a sufficient length of time to render about one-fourth of the casein soluble; the remainder of the casein is by this process rendered, in its physical character, like the casein of human milk, and the fat partially prepared for assimilation. We now add sufficient pure milk sugar to make the proportion of carbo-hydrates equal that of a sample of average, good human milk. The mixture is finally heated to a temperature sufficient to thoroughly sterilize it, then it is evaporated in vacuo and ground to a fine powder. It is finally placed in hermetically sealed packages, by which it is kept in a perfectly aseptic condition. Being free from bacterial contamination, and practically free from moisture, this food will keep unchanged for any desired period of time. In order to prepare the food for use, it is only necessary to add to the powder sufficient water to replace that taken away by evaporation. Analyses show that, by the simple addition of water, this milk-powder becomes practically identical with human milk in composition; and both laboratory and clinical experience have proved that it equals human milk in digestibility, and is an acceptable substitute for it. A sample of this preparation will be found to contain, closely:

℞.—Fat	10 per cent.
Milk sugar	64 "
Albuminoids	19 "
Moisture	3 "
Mineral matter	3 "
Lime phosphate	½ "
Sodium chloride	½—100 per cent.

The last two constituents are in addition to the natural mineral matters found in the milk, and have been introduced by advice of the eminent authorities already referred to.

Having thus produced, upon scientific principles, a food which represents human milk as closely as possible, and one of which the intrinsic merit will commend it to the medical profession, we find ourselves confronted by innumerable statements from parties engaged in making infant food, with most extravagant claims to the profession of the superiority of their products, each claiming to be the best. The hesitating practitioner is confused by so many conflicting statements, and, being unwilling to subject his patients to experimentation, in his perplexity he is tempted to throw away the wheat with the chaff, and hastily conclude that there is little value in any of them. Others, who more carefully investigate the matter, may finally decide that one food really possesses merit, but are prevented, by a mistaken sense of ethics, from publicly recommending this food to their colleagues.

Not fearing the results of honest investigation, we ask that this whole matter be made the subject of a crucial test, conducted in a manner which shall be beyond all criticism. We, therefore, present the case before you as a committee of the highest authority, and ask for an investigation of all the infant foods now upon the market, the tests to be thorough and the analyses made by competent and unquestioned authority of your own selection, which we hope will settle the question definitely. As the hot season is now upon us, the prompt settlement of this subject is all important. We would suggest that the Professor of Physiological Chemistry at Harvard, Yale, or Johns Hopkins, or other equally competent authority, be requested to purchase samples of all infant foods now in the market, and make immediate examination of them upon the following points: the percentage of fat, of milk-sugar, of dextrine, starch, and other carbo-hydrates, individually, or albuminoids, soluble, and the character of the insoluble, and the amount of mineral matter and its character. The report to state the exact proportion of the foregoing constituents in each sample, and of any other constituent found therein. These analyses must be based upon the foods as actually found in the market, without further addition or preparation.

In order to facilitate this examination, if agreeable to your honorable Committee, we offer to pay the entire expense of such analyses as soon as they are published, by your direction, in the Journal of the American Medical Association. We also offer to pay the expenses of the chemists engaged in this work, if they wish to visit our laboratory at Goshen, N. Y., where we agree to afford them every facility for investigating the process of manufacture. We make this proposition in good faith, believing that such an investigation is the only proper method of settling this much vexed question, a question which we regard as of the highest interest to the medical profession and to the community.

In order to identify the prepared milk-powder which we desire to bring to your notice directly, we have styled it "lacto-preparata," which expresses its composition and character as a food.

Very respectfully yours,

REED & CARNRICK.

An evening session was held at which the report of the special committee was presented. It recommended (1) that an analysis of the principal infant foods shall be made under the direction of this committee, and recommended that Profs. Vaughan and Chittenden be requested to inform the committee of the cost of such analyses; (2) that the expense be met by voluntary contributions; (3) that the samples of foods shall be purchased by the committee in open market; (4) that manufacturers be invited to contribute proportionate amounts, sufficient to cover the expense of examining their products, and such foods analyzed as manufacturers are willing to pay for; (5) that ultimately the control of the supply of infants' foods shall be regulated by legislation in the same way that guano and other fertilizers are at present

The report was adopted and referred to the sub-Committee on Infant Feeding, consisting of Drs. Woodbury, Christopher and Rohé.

DR. WAUGH offers the columns of the DIETETIC GAZETTE for the publication of any communications read before the Committee and in every way possible to assist in its work, and, on motion, a vote of thanks was tendered him.

On motion of Dr. Waugh the following were appointed to report at the next session: "On Legislation to Prevent Adulteration of Food," Dr. E. A. Wood; "On Preparation of Food for the Household," Dr. E. Cutler; "On Feeding Patients Suffering with Fever," Dr. Waugh; "On Nourishment for Cases of Bright's Disease and other Wasting Diseases," Dr. E. Cutter; "On Ptomaines in Relation to Disease," Dr. V. C. Vaughan; "On Nitrogen as a Food and its Relations to Conditions of Disease," Dr. Christopher.

The following resolutions were presented by the Chairman:

Whereas, Certain garbled extracts from the proceedings of the Committee and the Section on Diseases of Children have been published in medical journals as advertisements, and, thereby, have reflected upon this Association, therefore, be it

Resolved, That the Committee on Dietetics and the Section on Diseases of Children have not in the past, nor do they now; commend any of the proprietary preparations used as foods, and we earnestly protest against the act of manufacturers in charging partiality for any food, and we hereby condemn the action of those medical journals which have published such advertisements.

Resolved, That a copy of these resolutions shall be sent to the *Journal of the American Medical Association* for publication.

On motion, these were adopted, and directed to be transmitted to the Section on Diseases of Children for conjoint action.

SECOND DAY.

A paper was read by Dr. E. Cutter on Vinegar and Vinegar Yeasts.[1]

The Committee on Dietetics then adjourned to meet at the call of the Chairman.

FRANK WOODBURY,
Secretary.

NEWPORT, June 27, 1889.

Book Reviews.

A TEXT-BOOK OF HUMAN PHYSIOLOGY, including Histology and Microscopical Anatomy; with special reference to the requirements of Practical Medicine. By DR. L. LANDOIS, Professor of Physiology, etc, University of Greifswald. Third American, translated from the Sixth German edition. With additions by Wm. Stirling, M.D., Sc.D., Professor of Physiology and Histology in the Owens College, Professor in the Victoria University, and Examiner in Physiology, University of Oxford. With six hundred and ninety-two illustrations. Philadelphia: P. Blakiston, Son & Co., 1889.

There is no more perfect book of the kind to-day in our language. Its scope and recent careful revision may be said to bring the science of which it treats almost up to the standard of the hour. Fresh from the hands of two such distinguished and eminent authors, it presents masses of facts that are collected from astonishing amounts of work, and which are systematically arranged with the greatest skill, the result both of unusual care and intimate knowledge of the art of teaching.

The different headings are set forth in bold type, so as to be read by one who runs, and the fundamental parts of the work are more heavily printed than the detail of the same.

Adding to the value of the volume are thorough, but not too lengthy descriptions of the apparatus used in pursuing practical laboratory experiments, but these portions are distinguishable from the general text by being printed from a smaller font. By this system of typography one is enabled to select readily such matter as he may be most pressed to obtain and regulate the balance for future consideration, when time is not so important and opportunities are more plentiful.

If the size and price of the book are not considerations, and they should not be in judging of its literary merits, it stands preëminent among the text-books on physiology. With it the lectures of the college curriculum may be most advantageously supplemented, and if opportunity for reading and the eyes of the applicant for knowledge are equal to the task, it might be read and reread many times with advantage. To the practitioner who desires to find the latest and most practical accounts of the labors of the

[1] Will appear in a succeeding issue of this journal.

different authorities it will be invaluable, and no one who follows the higher walks of the healing art, or forms opinions as to the merits of the different methods of practice, should be without a copy of this compilation of the standard authors and investigators. The text refers by name to the discoverers, but unfortunately does not record the pages of the publications in which the whole of the original essays referred to may be found, which seem to be inconvenient omissions.

The illustrations, of which there are one hundred and nine more than in the former edition and two hundred and two more than in the first, both in number and adaptation leave but little now to be desired except their production in different colors, and this in the present state of the chromo-lithographic art would probably so increase the price of the volume as to place it beyond the reach of the majority of purchasers.

The weight and size of the book seemingly are as little as are consistent with its vast scope, and the price compared with that is truly economical. Of the contemporary works, it is the most complete and perfect; in every respect it is to be commended, if we except the mere theoretical danger of its appalling the beginner by its exceeding richness and mass of facts recounted.

The effects of diet, drugs, and many of the changes in physiological phenomena resulting from diseases, are so noted as to show the philosophy of treatment and to bridge over the important neutral ground between this science and the practice of medicine. Yet this very advantage to the experienced practitioner may in some respects serve to embarrass the tyro, who wants rules and fixed methods rather than to be thrown upon his own responsibility.

A comprehensive but terse introduction is given, reciting the salient points as to matter-forces and their conservation, animal and plant life and vitality in general.

Nearly the first fifth of the book may be said to appertain to the study of the blood and the organs concerned in its formation and circulation, and is almost exhaustive of the known and accepted facts of the day. The great merit of these chapters is that they are so arranged as to present the known facts and the theories almost perfectly systematized.

It will not consume much time for an ordinarily fair student to learn the key by which he can quickly select any desired part from the whole.

Respiration, including the structure and mechanism of the organs concerned, the sounds they produce while in action, the quantity of air required for maintenance of health, and the changes in the atmosphere, and the gases, the questions of ventilation, amount of cubic feet of space, area of floors in rooms and hospitals, are given according to the best known scientific data. Finally, while in some books the outline is traced by a historical sketch first, this one gives, at the end of each division, a short but very interesting résumé of the steps of progress and the comparative physiology of the subject as illustrated by the animal kingdom.

Digestion and absorption might with peculiar advantage have had added a treatise upon different foods and their preparation and effects.

With a loss of exactitude that may be pure and undefiled, there is at times a certain German air about the matter, due to long and ponderous compound words, that is oppressive for any but scholarly readers. Thus for the terms cold and warm-blooded animals, we find "Bergmann introduced the word homoio-thermal for the warm-blooded animals (mammals and birds), because these animals can maintain a very uniform temperature, even though the surrounding temperature be subject to considerable variations. The so-called cold-blooded animals are called poikilo-thermal, because the temperature of their bodies rises or falls, within wide limits, with the heat of the surrounding medium." But it will be evident to the reader that the article treating of the heat of animals would be justly liable to adverse comment if the authors who have worked in this branch were passed without notice. Therefore, it can hardly be said to be a criticism that is unobjectionable, although borne out by the facts of the case.

The structure and functions of the kidneys, the constituents of the urine, its changes, spontaneous and fermentative, including the normal and abnormal, are given. The causes of albuminuria are very ably epitomized, set forth with well executed illustrations, both of the histological and the microscopical appearances. The forms of the most approved apparatus for examination and analysis are shown by cuts that are of great value to all who take a lively interest in both the physiology and the pathology of these emunctory organs.

The chapter on the skin as the complemental organ of the above, succeeds immediately after; showing by its classification that the arrangement is excellently chosen to assist the practical man as well as the scientist.

The physiology of the motor apparatus, beginning with that of the simplest ciliary cells, passes to those that at present are only known as pigment cells, soon takes up the structure and arrangement of muscles, giving very thoroughly the minutest histological appearances of the associated tissues, as the fibrillæ, sarcolemma, tendons, bloodvessels, lymphatics and terminal nerve filaments. There is likewise the comparative physiology and histology that throws light upon the study, as demonstrated by Engelmann and others in the muscles of the arthropoda. Schäfer's account of the appearance of the longitudinal transparent and opaque stripes, the primitive fibrillæ and their reversal during the contraction of the living muscular fibres, are also given, with illustrations from Rollett. The "antler-like" terminations of the axis cylinders of motor nerves and their end plates among the muscular fibers are described and illustrated very satisfactorily.

While treating of the source of the energy of the muscles, the fact that proteids may be consumed to eliminate force, is mentioned, but not dwelt upon sufficiently to disturb the accepted views that the carbohydrates are "the chief sources" of the energy.

The fatigue, rigor mortis, the muscle sound, gymnastics, the Ling's, or Swedish system and massage, are explained from a standpoint that comes of the blending of an intimate acquaintance with the subject

and the requirements both the busy student and active physician. Illustrations are given from the instantaneous photographs of Marcy, showing the changes of position in the human being, in slow walking, running and leaping; after which is a dissertation on the voice, particularly the range of it, the articulation or speech; and the voice of animals is considered in its relation to the human.

About three hundred and seventeen pages are devoted to the "general physiology of the nerves and electro-physiology," "physiology of the peripheral nerves," ditto "of the nerve centers," ditto "of the sense organs." Such important observations as are given under these heads must be read. A hasty description would fail to show the skill with which the writers have gradually proceeded in this article from the very simplest to the most complex phenomena. Step by step the structure has been reared with an art that is as delightful as it is wonderful. The subject is the crowning one of the science, and the authors seem to have risen to their most happy and exalted work with an almost imperceptible effort, which is glorious in its results. The comprehensiveness of this portion of the book seems to leave little or nothing to be done until further facts are brought to light. The simple and the complicated "structure and arrangement of the nerve elements," "the chemical and mechanical properties of nerve substance," "metabolism of nerves," "excitability of nerves," "diminution of excitability—degeneration and regeneration of nerves," "the galvanic current," "action of the galvanic current—galvanometer," "electrolysis," and so on to the end through the subject, are treated of in a manner that is far above ordinary work of the kind.

The experimental laboratory fittings, much of which have been devised by the indefatigable investigators during late years, are illustrated unostentatiously, briefly but faithfully described. The electro-therapeutical apparatus, the motor points of the head and the limbs, in a word nearly all that can be relied upon as solidly known facts in this connection, can be found in this volume.

The "physiology of reproduction and development" is the final labor, and might perhaps have been more extended, but for the fact that the book had reached nearly nine hundred pages before this matter is taken up.

The finale is an appendix giving the general bibliography, which in a measure makes amends for the neglect of definite references to volume, page and line of the host of authors referred to in the text. A résumé of the bibliography shows that there are:

Systematic work and textbooks	63
Yearly reports; bibliographical works	20
Historical	12
Encyclopædias	5
Practical works on the laboratory	21
Special laboratory reports	22
Journals; periodicals	75
Histology	49
Physiological chemistry	30
	297

About three hundred works of reference, some of them spreading over many volumes and as many years in their publication. It would overtax the ordinary practitioner or student to even get a hasty glance at the authorities in each case. In such instances that the reader proposed to exhaust the book and its references, it would be well that he should take up a residence in a medical library and devote his life exclusively to the work, unless assisted by a trained corps of clerks.

After reading this work the regret is that there are not more of the same nature. It would be an avis rara indeed where more extended yet concise matter of a solid unaffected style could be found in an equal number of pages of the same size.

The public appreciation is shown in the fact that in the land of its birth six editions have passed through the criticisms of its contemporary authors, and that England and America have profited by it for two editions and commenced a third. T. C. S.

THE HYGIENE OF THE NURSERY, including the General Regimen and Feeding of Infants and Children and the Domestic Management of the Ordinary Emergencies of Early Life. By LOUIS STARR, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia. Second edition. Enlarged and improved. With twenty-five illustrations. 12mo., 280 pages. Cloth, $1.00. Philadelphia: P. Blakiston, Son & Co.

Dr. Starr has wisely had this edition of his book published in a more popular form than the preceding. There is but little alteration in the book itself, which has the same commendable features and defects which were present in the first edition. The worst chapter is that upon infant feeding; in which Dr. Starr does not seem to be aware of the more recent investigations. The exploded idea of soluble dextrine acting mechanically in preventing the formation of a firm coagulum, still finds place. We must also object emphatically to the use of "nutmeg, sugar, or a little brandy" (vide p. 216) to render a food palatable. If a food requires the addition of such agents to render it palatable, it should be changed for something less disagreeable. The most commendable new feature is the description of a very handy and efficient sterilizer, figured on page 193. The importance of sterilizing all milk used by a family for food cannot be too strongly impressed upon the public.

VASCULAR NÆVI. — Holgate (*Archives of Pædiatrics*) favors the treatment of vascular nævi by injecting them with alcohol.

DIET OF ENGLISH SOLDIERS.—A committee appointed to investigate the subject of soldiers' rations has lately made its report to Parliament. They found that the meat was satisfactory, but that the bread was indifferent; and recommend that those whose duty it is to pass on the quality of the rations, medical and regimental officers, should have a course of instruction that would make them competent to form a proper judgment.

As an inducement to the cooks there is some thought of having a system of rewards for the best dressed dinners in each month.

Medical News and Miscellany.

Dr. R. C. M. Page, of New York, is in Europe.

Dr. Beverly Robinson, of New York, is at Newport this summer.

Dr. Mary Putnam-Jacobi, of New York, is in Europe this summer.

Dr. Oren D. Pomeroy, of New York, expects to visit Europe this summer.

The skin of the frog is now coming into use for the purpose of skin grafting.

Dr. Edward L. Keyes, of New York, is, as usual, at Newport for the summer.

Dr. Henry C. Coe, of New York, has been at the West End Hotel, Long Branch.

Dr. M. Fuller, of New York, has been at the Fuller House, Richfield Springs.

Dr. I. E. Taylor, of New York, was announced as booked for the Elberon, Long Branch.

Dr. H. N. Buckley, of Delhi, N. Y., has been at Prospect House, Conanicut Island, R. I.

Dr. J. M. Turner, of New Brooklyn, makes the Thousand Islands his summer resting place.

Dr. F. Le Roy Satterlee, of New York, occupies his cottage on Clay Street, Newport, this season.

Dr. B. L. Ten Eyck, of Newark, N. J., lately appointed to the Army, has been ordered to Kansas.

Dr. F. C. Fuller, of New York, has his office at the Seabright Inn, Seabright, N. J., this summer.

Dr. Emil Gruening, of New York, has a place in New Jersey, where he usually spends his summers.

Dr. T. M. L. Chrystie, of New York, has been elected physician of the New York State Society of the Cincinnati.

Dr. Thomas H. Bailey, of New York, is at the Ocean House, Long Branch, where he has had headquarters for ten years or more.

The Managers of the Hospital for Children and Females, and School for Nurses, San Francisco, announces that internes may enter there on January 1 and July 1, each year.

The Attending Staff of the Chicago Hospital announces that it will appoint three internes annually, to serve one year, regular vacancies occurring January 1, May 1, and September 1.

A large amount of material intended for this number has been crowded out, and will appear in that of next week. Those desirous of obtaining it can do so by remitting the price.

The National League of Physical Education in France is making great progress in attracting public attention to the value of athletic sports for school boys. The health of the pupils has improved, and the results bid fair to bring about a general enthusiasm upon the subject.

The English Parliament has passed the bill regulating the sale of horse-flesh as food for man; and also that suppressing indecent pamphlets of a pseudo-medical character.

Dr. Thomas M. Markoe, of New York, favors Southampton, L. I., as a summer residence; so do Drs. T. Gaillard Thomas, H. Holbrook Curtis, and P. Llewellyn Chambers.

There are half a million of lepers in India. It cannot be doubted that leprosy is on the increase in many parts of the world. We may live to see an alarming spread of this disease.

The New York Board of Health, last week, reported 1255 deaths from violence, exclusive of murder and suicide, in that city during 1888. Five were by shock from electric light wires.

The promoters of the Medical Women's Fund, Bombay, complain that the Indians display little interest in the project, while they receive with enthusiasm the scheme to provide hospitals for animals.

There is, or was recently, a vacancy in the position of Resident Physician in the New England Hospital, Boston; so Dr. Emily F. Pope, Secretary of the Board of Physicians of that institution, announces.

The *Sanitary Era* claims that the plumber ranks with the physician in looking after the health of the community. Well! well! Who'd have imagined it! However, we hasten to admit that the plumber is the doctor's best friend.

In order to be eligible to an appointment as health officer in England, it will now be necessary to obtain a diploma in Public Health, showing that the applicant has passed a special examination in branches pertaining to that subject.

Dr. McFadyean, the Medical Officer of Health for Stirling, describes a recent epidemic of typhoid fever caused by milk. The milk absorbed the infective germs from the water of a foul drain which communicated with the milk-house.

Miss Cora Thompson, Sub-Dean of the Faculty of the Women's Medical College of the New York Infirmary, is away from town for a time, and her official place is filled by Miss Barrow, who may be seen at the College every morning from 11 to 1 o'clock.

The medical profession of this country has been attracting attention lately in a peculiar manner. Dr. Cronin is murdered in Chicago; Dr. James Downie, a talented but dissipated physician from Glasgow, Scotland, establishes himself in Brooklyn, under the wing of well-known people, and is arrested for the murder of a woman with whom he had run away from his former home; Dr. McDow, of Charleston, S. C., kills an editor, and barely escapes hanging, and Dr. Charles F. Stillman, a talented young physician of New York, finds himself brought into unpleasant notoriety, and forced from some of the high positions he has occupied, for undertaking, though he has a wife, the care and maintenance of Miss Mabel Schaus, the daughter of a wealthy New York picture dealer.

Among the New York doctors who will be busy at city institutions this summer in spite of the hot weather are Dr. Paul F. Mundé, who operates Wednesdays at Mt. Sinai Hospital; Dr. H. C. Coe, who operates Wednesdays at the New York Cancer Hospital; Dr. W. Gill Wylie, who operates Thursdays at Bellevue; and Dr. Van Arsdale, who operates Fridays at the Eastern Dispensary.

In some of the large London business houses the feeding of employés is farmed out at so much per head to housekeepers, whose profits increase as the food they supply is scantier and cheaper. Instead of rebelling against such an imposition and securing justice for themselves, the employés meekly put up with it until some philanthropist finds it out, and asks Parliament to legislate the abuse away.

In true sunstroke we have succeeded best at the Medico-Chirurgical Hospital by giving antipyrin internally or by hypodermic, in doses up to thirty grains, and applying ice energetically, externally, and in the rectum, until the temperature descended to the level of safety.

The great majority of cases, however, are really of exhaustion, due to heat and free drinking, with consequent perspiration and loss of salts. Small doses of brandy, ammonia, wine of coca, selecting a really efficient variety, and hot coffee are efficacious at first; followed by a hot bath, hot beef tea, quinine, or Huxham's tincture.

The use of ice water gives rise to unquenchable thirst. Free imbibition of fluids causes loss of appetite. An excellent beverage for summer is thin oat-meal gruel, with salt, but no sugar, taken as hot as can be swallowed.—*Waugh.*

The New York Polyclinic and Hospital is rapidly and vigorously extending its usefulness. It has recently added to its already large facilities by the purchase of the adjoining four-story building. The new building, No. 218 East Thirty-fourth Street, accurately speaking, has four stories and a basement, and all of this will be devoted to hospital purposes. The main building, Nos. 214 and 216, will remain as before, devoted to rooms for clinical instruction, the top floor only being included in the hospital department. The New York Polyclinic and Hospital claims the honor of being the first in the field in New York as a post-graduate instructor in medicine, and its progress is rapid and steady. It owns all its buildings, and has some of New York's wealthiest and best known men as its supporters. Its past season has been very prosperous, and it has made elaborate preparations for the coming year. The following gentlemen have been recently added to its Faculty: Dr. Thomas R. Pooley, Professor of Ophthalmology, Surgeon-in-Chief of the New Amsterdam Eye and Ear Hospital, Ophthalmic Surgeon to the Sheltering Arms, and Consulting Ophthalmogist to St. Bartholomew's Hospital; Dr. B. Sachs, Professor of Neurology, Consulting Neurologist to the Montefiore Home for Chronic Invalids; Dr. L. Emmett Holt, Professor of Diseases of Children, Visiting Physician to the New York Infant Asylum, and consulting Physician to the Hospital for Ruptured and Crippled; Dr. August Seibert, Professor of Diseases of Children, Physician to the Children's Department of the German Dispensary; Dr. H. Marion Sims, Professor of Gynecology, Gynecologist to St. Elizabeth's Hospital and the New York Infants' Asylum; Dr. William H. Fluhrer, Professor of Genito-urinary Surgery, Surgeon to Mount Sinai and Bellevue Hospitals.

Dr. James B. Hunter, President of the Faculty and Professor of Gynecology, who died on June 11, will be sadly missed, His place in the Chair of Gynecology is to be filled by Dr. H. C. Coe, R.C.S., Surgeon to the New York Cancer Hospital, Assistant Surgeon to the Woman's Hospital, Obstetric Surgeon to the Maternity Hospital, Obstetrician to the New York Infant Asylum, and Gynecologist to the Presbyterian Hospital.

The summer session at the Polyclinic opened on July 1, with a large class. Mr. Willis O. Davis now acts as assistant to Dr. John A. Wyeth, Secretary of the Faculty, in discharging the duties of that position.

The well water at the Lazaretto station is said to be bad.

Dr. Samuel Alexander next season will take the place of Dr. Keyes as Professor of Genito-Urinary Surgery, Syphilology and Dermatology at Bellevue Hospital Medical College. Dr. C. F. MacDonald is another newcomer at the same institution, where he takes the Professorship of Mental Diseases. He has had ample experience in his specialty at the State Asylum for Insane Criminals at Auburn, to which place he was appointed by Governor Hill for six years.

Dr. R. O. Doremus, Professor of Chemistry, will spend the summer at Whitestone, L. I. Dr. Doremus is firm in his friendships, and has seldom taken anything more to heart than the claim that Dr. Fordyce Barker never received a French diploma. Dr. Doremus says the degree was so small that some one suggested it should go upon Dr. Barker's door in place of the customary narrow sign. However small this degree was, it was never so small as zero, as some of Dr. Barker's opponents have thought.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 2, 1889, to July 8, 1889.

Gibson, R. J., Captain and Assistant-Surgeon. Reports arrival July 2, 1889, at Camp Lewis, Fisher's Island, N. Y., in compliance with Par. 5, S. O. 133, Division of the Atlantic, which designated him as M. O. for the encampment (rifle practice) at Fisher's Island, N. Y.

Gorgas, H. C., Assistant-Surgeon. Leave of absence for one month, to take effect on the arrival of a medical officer to relieve him. Par. 2, S. O. 84, Headquarters Department of the Missouri, July 3, 1889.

Cherbonnier, Andrew V., Captain, Medical Storekeeper. Will, by direction of the Secretary of War, in addition to his present duties, take charge of the office and perform the duties of Acting Assistant Medical Purveyor in St. Louis, Missouri, during the absence of Captain George T. Beall, Medical torekeeper. Par. 2, S. O. 151, A. G. O., July 2, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 567. NEW YORK AND PHILADELPHIA, JULY 20, 1889. The Medical Register. Vol. VI, No. 133.

PAGE

ORIGINAL LECTURE.

SYRINGOMYELIA. By M. Dejerine - - - - 265

ORIGINAL ARTICLES.

DIETETICS. By J. F. McLaughlin, M.D., Springfield, O. - - - - - - - - - - - 269
VINEGAR AND VINEGAR YEASTS. By E. & J. A. Cutter, New York - - - - - - - 272

THE POLYCLINIC.

PHILADELPHIA HOSPITAL:
Whooping-cough *Stryker* - - - - - 273
Strangulated Hernia. *Steinbach* - - - - 273
Fracture of Femur. *Ransley* - - - - - 273
Exophthalmic Goitre. *Wilson* - - - - 273
Otorrhœa. *Stryker* - - - - - - - - - 274
Post-mortem Specimen. *Walker* - - - 274
Colotomy. *Steinbach* - - - - - - - - 274

PARIS LETTER. *Linn.*

Treatment of Endometritis. *Dumontpallier* 274
Lactose as a Diuretic. *Sée* - - - - - - - 274
Treatment of Phthisis. *Dujardin-Beaumetz* - - - - - - - - - - - - - - - 275
Treatment of Warts. *Imossi* - - - - - 275
Contagion of Pneumonia. *Cruigneau* - - 275
Action of Liquids obtained by Trituration of the Glands of Animals. *Brown-Séquard* - 276
Chronic Arsenical Poisoning. *Brouardel* - 276

PAGE

EDITORIAL.

PUBLIC DUTIES - - - - - - - - - - - 277
DEATH OF DR. WILSON - - - - - - - - 278

ANNOTATIONS.

The Quinine Habit - - - - - - - - - - 278
A New View of a Certain Form of Substitution - - - - - - - - - - - - - - 278
Suit for Malpractice - - - - - - - - - 278
Know Your Milkman - - - - - - - - - 278

LETTERS TO THE EDITOR.

Retention of Urine. *Bidwell* - - - - - - 279
Concussion. *Tarver* - - - - - - - - - 280
Anomalous Cases in Practice. *Stephens* - - 280

BOOK REVIEWS.

The Essentials of Physical Diagnosis of the Chest and Abdomen. *Anderson* - - - - 281
Synopsis of Human Anatomy. *Young* - - 281
Strathpeffer Spa; Its Climate and Waters. *Fox* - - - - - - - - - - - - - - 281
Lectures on Massage and Electricity in the Treatment of Disease. *Dowse* - - - - - 281

GLEANINGS.

Summer Diarrhœa. *Ballard* - - - - - - 281
Australian Wine. *Lancet* - - - - - - - 281
Cancer of the Stomach *Phelps* - - - - - 281
Tuberculous Cattle. *Klein* - - - - - - 281

PAGE

African Kola Nut - - - - - - - - - - 281
Nasal Catarrh. *Robinson* - - - - - - - 282
Nitro glycerin *vs* Alcohol. *Burroughs* - - 282
Subcutaneous Escape of Lymph. *Neufield* 282
Summer Diarrhœa. *Carhartl* - - - - - 282
Lo mis' Diarrhœa Mixture - - - - - - 282
Squibb's Diarrhœa Mixture - - - - - - 282
Thielemann's Diarrhœa Mixture - - - - 282
Velpeau's Diarrhœa Mixture - - - - - - 282
Compression of Aorta *Hoyos* - - - - - 282
Poisoning from Butter - - - - - - - - 282
Chromic Acid for Sweating Feet - - - - - 282
Electrolysis in the Treatment of Stricture of the Rectum. *Newman* - - - - - - - 283
Phenacetine. *Mahnert* - - - - - - - - 284
Brown-Séquard on the Hypodermic Injection of Testicular Liquid - - - - - - - 284
Ether in Heart Failure. *Heitler* - - - - 284

MEDICAL NEWS AND MISCELLANY, 285

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - 288

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Clinical Lecture.

SYRINGOMYELIA.

(A Clinical Lecture delivered at the Hospice de Bicêtre.)

BY M. DEJERINE.

(Reported by L. HARRISON METTLER, A.M., M.D., Lecturer on Mental and Nervous Diseases and Electro-therapeutics in the Medico-Chirurgical College of Philadelphia.)

THE Hospice de Bicêtre is in many respects the counterpart of Salpetriére, for being both a large hospital and infirmary for men (the Salpetriére being for women), it affords a magnificent opportunity for the clinical study of the nervous diseases. In a recent clinic, M. Déjerine, the attending chief physician, presented two marked cases of syringomyelia, a disease remarkable for the disassociation of certain sensory symptoms. As so few of the authorities give an exhaustive account of this affection, by reason of its comparatively recent recognition, I thought the readers of the TIMES AND REGISTER might be pleased with this well-known neurologist's account of it.

The first patient, a man, sixty-five years of age, had been in the Infirmary since 1868. He exhibited marked atrophy of the muscles, singularly limited to the superior extremities, and reproducing exactly what is known topographically as the Aran-Duchenne type. The thenar eminences on both sides were very much atrophied, giving the hands an apeish appearance. The interossei seemed less so, for the corresponding spaces were less pronounced and there was nothing of the main-de-griffe about the hand. In regard to the forearms, the muscles of the anterior region, particularly the flexors, were exceedingly atrophied. The same was true with those of the outer region, the long supinators and radii, while, on the other hand, the extensors were comparatively less atrophied. The muscles of the arm were also implicated, notably more so on the right than on the left. The deltoids, supra- and infra-spinatus muscles, were atrophied on both sides, especially so on the left. The great pectorals and trapezii were also diminished in size, and the superior internal angle of the scapula, being pushed up, projected over the posterior part of the supra clavicular triangle. The rhomboid of the left side could also be said to be atrophied, for when the patient carried his arm forward the internal border of the corresponding scapula was considerably separated from the trunk.

The lecturer then went on to say that the muscular atrophy in this case was really more marked than it seemed at first sight, because of the presence of a considerable amount of subcutaneous adipose tissue. There was very much deformity also of the superior part of the thorax; the cervical and superior dorsal parts of the column being strongly curved forward, the head sunk between the shoulders, the chin drawn strongly down towards the sternum, and the shoulders carried forward. Besides this cervico-dorsal condition of kyphosis, there existed a certain amount of scoliosis in the dorsal part of the column, the lateral

convexity being to the right and accompanied by a lateral deformity of the thorax, which bulged forward in its right half. As a result, of course, of all this atrophy, there was loss of functional power, the patient showing almost complete inability to use his hands and forearms. As to the movements of the arms and shoulders, they were extremely weak and limited. The other muscles of the body, face, and neck, lower half of the trunk and lower extremities, were absolutely normal, both in volume and functional power. Indeed, the patient could take long walks without being fatigued. The integrity of these muscles is a singular fact when it is remembered that forty years ago this muscular atrophy began, and that it has continued since and is still progressing, though very slowly, indeed, in the upper extremities.

The olecranon reflex was abolished on both sides. There was a certain amount of fibrillary contraction in the muscles of the upper limbs. The faradic and galvanic contractility was very much altered in the hand muscles, the flexors of the fingers, the infraspinous, and pectorals. In the trapezius and deltoid of the right side the existence of the reaction of degeneration was very clearly demonstrated. The skin of the hands and forearms was cold and cyanosed; at the level of the fingers and dorsal surface of the hand it was cracked, shining, and presented peculiar cicatrices, round and star-shaped, thick and traversed by small streaks. The phalanges of the fingers were enlarged, and there existed a hyperostosis about the size of a pigeon's egg, which, in 1852, Ricord diagnosed as non-syphilitic.

Using Weber's compass the lecturer next tested the sensibility of the whole cutaneous surface without finding anything abnormal, and this was the most remarkable part of the whole examination. As a still more ingenious and delicate test of the state of the sensibility M. Dejerine traced on the skin with a soft point the outlines of certain letters, but the patient recognized them immediately, though being blindfolded at the time. No matter what part of the body was touched the point was localized absolutely and correctly every time; the touch was furthermore done as lightly as possible. Hence the tactile sensibility was absolutely physiological.

Without proceeding to any further investigation of the sensibility, one would say that here we have simply a case of myelopathic progressive muscular atrophy, and such diagnoses have been erroneously made more than once. In fact the topography produced by the atrophy (the Aran-Duchenne type), the presence of the fibrillary contractions, the existence of the reaction of degeneration in some of the muscles, allowed an elimination here, in spite of the prolonged duration of the affection, of the progressive atrophic myopathy of which Landouzy and Dejerine had established the existence and frequency in their earlier works. The symptoms which this patient present belong, on the contrary, to myelopathic atrophy, and as he exhibits a certain amount of exaggeration of the patellar reflex, the diagnosis will rest between a simple chronic poliomyelitis or a poliomyelitis with sclerosis of the lateral fasciculi. But there is not a trace here of any bulbar phenomena, or, as the lecturer had shown before, bulbar paralysis is never met with in simple chronic poliomyelitis, and even to-day the existence of this one symptom is the best means of differentiating this affection from that with amyotrophic lateral sclerosis.

The further investigation of the state of the sensibility added to the diagnosis thus far attained, that his case was not simply a chronic poliomyelitis, for though the tactile sensibility remained perfect, that for pain and temperature was extremely altered in the upper extremities, superior half of the trunk and right half of the face. Over the whole extent of the corresponding cutaneous surface, the skin could be sharply pinched, pricked with a pin, or run completely through with a needle, without the patient complaining of any sense of pain. It seemed almsto cruel, and yet simple contact was the only thing preserved by the one being examined. In one of his clinics at the Salpetriére, Charcot also exhibited before the class and in his private room, to which he continuously admitted me, cases tested the same way and exhibiting the same phenomena. On the other hand, outside of the regions mentioned, that is to say, in the lower limbs, lower half of the trunk, left half of the face and mucous surface of the mouth, the sensibility to pain was preserved as in the normal state. In the next place the sensibility to heat was tested and found to be modified to an excessive degree. A flask containing water at the temperature of 90° or 95° could be passed over the skin in the analgesic regions without the least impression of heat being preserved. Although the hot water, was left in contact with the skin for some time, simple contact was the only perception noted. The skin could be burned without its being recognized, and this explains the nature of the cicatrices on the hands, which were nothing more nor less than the result of burns. The loss of sensibility to heat began even before the atrophy of the muscles had commenced.

It may be of interest here to state that Charcot employs a convenient form of instrument for testing the heat sensibility. It has the general appearance of a large surface thermometer, consisting of a kind of metallic cylinder about half an inch in diameter and about an inch and a half long, into one end of which is inserted a graduated thermometer from six to eight inches in length. The enlarged end of this is heated in a spirit lamp until the required degree of heat is registered by the thermometer and the patient touched with it. The advantage of this apparatus is at once apparent, as I had the opportunity to notice in certain cases where there was only a partial loss of thermic sensibility; for the patient could be repeatedly touched with the heated end as the temperature was falling, and the exact degree noted, at which there was no perception of the heat whatever. Comparisons also between different surfaces could by this means be far more accurately made. The sensibility to cold was as much altered in the present case as that to heat, for there was no other response save that of simple contact when a piece of ice was held, even for a long time, against the surfaces mentioned. In a word then there was here an absolute thermo-anæsthesia

corresponding exactly topographically with the analgesia. Over the rest of the cutaneous surface, however, the sensibility, both to temperature and pain, remained perfectly normal. The muscular sense, by which is meant the notion one has of the position of his limbs, the special senses, the sphincters of the patient were all perfectly normal. To sum up then, the first case has as its special symptoms, progressive muscular atrophy of forty years development, and certain other troubles disassociated from sensibility; namely, preservation of the tactile sensibility over the whole cutaneous surface, coinciding with the analgesia and an absolute thermo-anæsthesia, located in the right half of the face, the upper half of the trunk and the upper extremities; that is to say in a region which, with the exception of the right half of the face (the muscular apparatus of which remained intact), corresponds to those parts of the skin covering the atrophied muscles.

The second case which the lecturer then introduced was a man, fifty-four years of age, who had only come into M. Déjerine's service the last year. Here the atrophy began thirty years ago in the hands. I will not weary the reader with further further particulars about the history and symptomatology of this case as it resembled the first almost identically, excepting that the reactions of degeneration, even when partial, were imperfect, the electric contractility being diminished only quantitatively. The olecranon reflex was almost nil, while that of the patella was exaggerated. Here, as in the former case, we had the existence of certain phenomena disassociated from sensibility, namely an absolute integrity of the tactile sensibility over the whole surface of the body, corresponding with a profound alteration of the sensibility to pain and heat in the upper extremities, left half of the neck, and inferior half of the face of same side. When the water was heated to 90° and the flask allowed to remain on the part about twenty seconds, the patient said he felt a very slight degree of warmth, and was quite able to bear it much longer, though had he done so, vesication of the skin would have been the result.

Proceeding then to the further study of the affection thus presented, M. Déjerine said that ever since the work of Ollivier of Angers, it has been known as syringomyelia (the spinal marrow being hollowed out in the form of a tube). There are three distinct periods in its history. The first exhibited most prominently the macroscopic changes which especially awakened the curiosity of the anatomo-pathologists, such as Morgagni, Portal, Senac, Andral Hutin, Nonat, Leuhossek. In the second period, certain clinical observations rendered more complete the anatomo pathological study of the first. In 1862 M. Lancereaux reported, under the name of hypertrophy of the spinal ependyma, a case affected with certain derangements of mobility and sensibility with a deformity of the vertebral column, which at the autopsy discovered the center of the spinal cord occupied throughout its entire length by a fibrous column hollowed with cystic cavities. The same year W. Gull published an analogous case, which was shortly followed by those of L. Meyer, O. Schüppel, Steudener, Hallopeau, Westphal, Leyden, Roth, Schultze, Kahler and Pick, Strümpell and Wipham. At this time neither the s mptomatology nor the possibility of diagnosing this disease was established; it simply remained a pathological curiosity. In the third period, which dates only from the year 1882, syringomyelia takes its place among the class of spinal cord diseases. Thanks to the more minute study of the troubles of sensibility, thanks to the new anatomo-pathological revelations, this disease has at last found its definite place in nosology, as shown by the recent works of Kahler, Furstner and Zacher, Freud, F. Schultze and W. Roth (of Moscow). It is to these authors in fact that we owe our knowledge of the troubles of sensibility, particularly of the thermic sense, so characteristic of this affection, which troubles coexisting with other symptoms have permitted MM. Debove and Déjerine to present to one of the recent meetings of the Sociéte Médicale des Hopitaux, each a case of this strange disease, of which the two cases introduced are new examples.

The diagnosis of syringomyelia is to-day possible in the vast majority of cases. Here are the symptoms and lesions which characterize it:

Syringomyelia generally commences in youth or adult age, between the years fifteen and twenty-five as a mean, according to the most recent statistics. The beginning is insidious, manifesting itself by duel pains and aches in the cervical and cervico-brachial region. At other times the patients complain of weakness in the upper limbs, with a rapid sensation of fatigue. Occasionally the changes in the thermic sense begin the affection, as in the first case presented to-day, who, during military service, and being consequently at that period still very strong and vigorous, burnt himself frequently without knowing it; but this phenomenon is rare so early in the disease. Soon the muscular atrophy begins to make its appearance, starting almost always in those muscles innervated through the cervical enlargement and affecting the topographical distribution of the so-called Aran-Duchenne type. Generally this atrophy progresses very slowly and, as in poliomyelitis chronica, begins in the smaller muscles of the hands, which assume an apeish appearance, often that of the main-en-griffe. This atrophy gradually involves the muscles of the upper extremities and thorax. Most often it is very regularly symmetrical as in chronic poliomyelitis, but its evolution is much slower than in the latter disease.

The affected muscles exhibit the fibrillary contractions and sometimes one meets, as in the first case, the reaction of partial degeneration. The olecranon reflexes are abolished, the atrophied members flaccid, and the functional power diminished pari passu with the atrophy. In the vast number of cases, the muscles of the face and lower limbs remain intact. And, finally, the cyanosis of the ends of the atrophied extremities should be carefully noted.

The tests for the sensibility must be made methodically and with extreme care, for in syringomyelia the troubles of sensibility are associated, and it is this peculiar phenomenon that enables us during life to recognize the disease with certainty. The tactile

sensibility is preserved. The sense of pressure and the muscular sense are also preserved in the two cases before us, and there is thus a kind of notion of the position of the limbs.

On the other hand, the thermic sense is profoundly altered in syringomyelia and in general from the very earliest periods of the disease. In one of Prof. Charcot's cases which I saw, this alteration of the thermic sense was a most remarkable phenomenon. The thermo-anæsthetic area could be outlined with quite sharp limits, for as soon as the piece of ice or heated thermometer-like instrument crossed the line into the sensitive area, the patient would give a violent jump, being unable to endure the extreme cold or heat. The present patients were unable to distinguish a temperature ranging between 10°, 90°, 100°, and even higher. So they frequently burnt themselves unknowingly, and this is one of the reasons, not the only one, why in these cases we so often meet with cicatrices about the fingers and hands. Finally, the sensibility to cold is altered in syringomyelia as well as that to heat.

The sensibility to pain is very rarely intact. W. Roth, however, has seen some cases in which only thermic anæsthesia and muscular atrophy existed. Most frequently the analgesia proceeds along with the thermo-anæsthesia, as in these two cases, which have lost at the same time both the pain and heat sensibility in corresponding regions of the skin. But the analgesia cannot be always so clearly indicated as in these two cases. Most frequently the analgesia and thermo-anæsthesia advance together and occupy the same localities of the skin. Thermic anæsthesia alone is very rarely observed.

The loss of sensibility to pain and heat is not limited to small patches; in fact, it is found to involve large areas of the cutaneous surface, as in the above two cases. The skin of the face, as here illustrated, does sometimes participate, and the mucous surfaces likewise may be involved as in a case reported by Schultze. Finally, in some rare cases, the sensibility phenomena may assume the hemiplegic type.

Such are the fundamental symptoms of syringomyelia, added to others, some of which are constant, others more or less frequent. Among the former may be cited the scoliosis of the vertebral column; among the latter the frequency of trophic phenomena of various kinds, hyperkeratinisations, bullæ, broken conditions of the skin, fragility of the bones, swelling of the epiphyses, articular lesions, panaris, and phalangeal disarrangements. Finally, there is sometimes observed an increase of perspiration in the anæsthetic regions. Muscular atrophy, scoliosis, frequent trophic disturbances of the tactile sensibility, with marked alteration of sensibility to pain and heat are the principal symptoms of syringomyelia. But in some cases, rarely in the others, the Aran-Duchenne type may be wanting, just the same as in certain cases the preservation of the tactile sensibility may in the end itself disappear; this latter event is only observed in very old cases, and even then it is very exceptional. The two examples which we have been studying are the proof of this. In one the affection has been developing for forty years, in the other thirty. Now, in both, the tactile sensibility is intact. There is nothing surprising in the long duration of this disease, syringomyelia being an affection developing very slowly and progressively, and being able at times to stop in its advance without, so far as we know at present, being able to retrocede.

The pathological anatomy of the affection is to-day well known. It is the result, not of an inflammation of the cord, a myelitis, but of a neoplasm, a glioma of the spinal marrow. The lesion (and here some specimens were exhibited, prepared by M. Barth) is located in the center of the cord, and occupies its entire length. At certain points the neoplasm can be easily separated from the nervous substance to which it is united only by the weakest attachments; at other points the adhesions are more intimate. The central glioma, formed of cells closely packed one aginst the other, often exhibits lacunæ, the pathogeny of which is still unsettled, and whose walls are lined with a fibrous coating. This glioma, developing excentrically, presses upon the spinal cord substance and produces consecutively the symptoms that have just been noted. The lesion is almost always more marked in the cervical region than in the rest of the cord. This explains why the muscular atrophy and phenomena of sensibility are seated so often in the upper extremities. The glioma may at times push the lateral fasciculi into the gray or white substance. In such cases, relatively uncommon, the ordinary symptomatology is much modified, and we have the appearance of the symptoms of spasmodic tabes in the inferior extremities; and these are exceptional cases.

It is necessary then to remember that the symptoms of syringomyelia are the result of a medullary compression excited from within outward by a neoplasm, a central glioma of the spinal cord. This compression explains to us the disassociation of the phenomena of sensibility so characteristic of this affection. In fact, the posterior columns by which tactile impressions are transmitted (Schiff) escape this compression, which is not the case, however, in regard to the central gray substance, the tract for the transmission of impressions of heat and pain (Brown-Séquard). The muscular atrophy must still be attributed to the compression of the anterior cornua.

The diagnosis of syringomyelia is easy, when, as is the rule, the white substance is not invaded by the glioma. It is distinguished from myelopathic muscular atrophy, from progressive atrophic myopathy, and from amyotrophic lateral sclerosis by its sensitive phenomena. Hypertrophic cervical pachymeningitis is distinguished by its pains, stiffness of the neck, contractness, the manner in which the atrophic paralysis develops, the special attitude of the hands, and the absence of troubles of disassociated sensibility.

There remain then only Mowan's disease and lepra. In the first place, Mowan's disease very closely resembles syringomyelia, the muscular atrophy and the scoliosis are the same; the thermic sense and sensibility to pain are also extremely altered; in this affection there exist also certain trophic disturbances, among others the panaris and phalangeal disarrangements; finally the development of this disease is also

extremely slow. But in almost all of Mowan's cases the tactile sensibility was altered along with that for pain and heat. Furthermore, it has been shown by a recent autopsy made by MM. Gambault and Reboul that Mowan's disease is characterized, anatomically, by a peripheral neuritis, very intense, and occurring coincidently with a very slight lesion of the posterior columns of the cord.

This disease, then, is classed among the peripheral neurites, and this is not surprising when one remembers that here no phenomena of disassociated sensibility have been established. As for the next, there is no proof that Mowan's disease has always the same pathogeny, and if the peripheral neuritis perfectly explains the great majority of the cases observed by this author, some among them may turn out to be syringomyelia. M. Déjerine here said he alluded to a case reported by this distinguished physician in which the preservation of the sense of touch was noted.

In anæsthetic lepra a clinical picture is seen very analogous to that of syringomyelia: Aran-Duchenne type of muscular atrophy, sensitive disturbances, trophic disturbances, with frequent mutilations, in a word, all of the symptoms analogous to those of syringomyelia; but the differential diagnosis is made from the knowledge of the existence of the leprous affection, and by the fact that almost always in nervous lepra the tactile is altered, along with the other varieties of sensibility. In very rare cases (the cases of Rosenbach) in which has been established at the level of the maculæ the preservation of touch, with alteration of the sensibility to pain and temperature, the leprous neuritis could still be very clearly recognized by the following signs: The anæsthetic and thermo-anæsthetic zones were irregularly distributed in patches, and the transition from the anæsthetic to the healthy areas was very abruptly marked. This is just the opposite of what obtains in syringomyelia where the zones of analgesia and thermo-anæsthesia occupy broad surfaces.

In finishing with the diagnosis of syringomyelia, M. Déjerine cautioned his hearers in regard to being misled by certain sensitive disturbances sometimes occurring in cases of myopathic or myelopathic atrophy, and likewise in a neurosis of the nature of toxic hysteria. And yet I am tempted to mention just in this connection a case of real hysteria, which Charcot brought before us in one of his clinics, and which simulated to a remarkable degree either of the two cases of syringomyelia cited at the head of this paper. It was simply astonishing how closely the affected signs corresponded, how nearly the symptoms (excepting the atrophy and spinal deformity) agreed, and what amount of sensibility the man exhibited when tested in the usual way with pricks, heat, and cold.

In quite an extensive lecture afterwards, Prof. Charcot cautioned his hearers against confounding two such dissimilar affections as syringomyelia and hysteria. The history of the case, particularly in the latter, has always a great weight.

The etiology of syringomyelia is still obscure, but if we consider the nature of the process, which is a neoplasia, the frequency of its development in youth, the slowness of its evolution, it is more than probable that here we have a medullary lesion for its starting-point, some developmental anomaly of the elements composing the central gray substance of the spinal cord.

Original Articles.

DIETETICS.

IN ITS RELATION TO DISEASE.

(Delivered at City Hospital, February 1, 1889.)

By J. T. McLAUGHLIN, M.D.,
SPRINGFIELD, O.

LECTURE I.

INTRODUCTORY TO THE SUBJECT.

AMIDST the claims and duties of my practice, it is impossible to do justice to the comprehensive subject assigned to me, without giving it somewhat fragmentarily and in separate lectures.

Dietetics is that part of medical science which relates to diet or food. In the assignment of the subject to me, I am restricted to the diet or food proper for the sick and the convalescent.

But before discussing the practical application of the dietetics in disease, it will be advisable, as an introductory, to consider briefly a number of points.

I. The growing importance of Dietetics, and the practical interest taken in it by the medical profession. This is sufficiently indicated by the patent facts, that we have medical journals exclusively devoted to the subject; that we have the most advanced students making it a specialty in their studies and publications; and that foods of various kinds, suggested by experience and formulated by chemical analysis, are so largely patronized by eminent practitioners.

II. A reader of historical medicine will notice the remarkable advance made by the moderns in this respect. This is shown in several ways.

1. By making it more and more a practical and essential branch of knowledge, as evidenced by the space given to it in medical works.

2. By the fact, corroborated by experience, that physicians are more deeply impressed than ever, that in nearly all cases of disease the proper supply of nutrients is of primary importance. Indeed, in many cases diet is far more efficacious than drugs.

3. The extended researches of organic chemistry and physiology have given dietetics a proportionate advance. For the former gives us accurate knowledge of the elements of food and their value; the latter enables us the more accurately to use those elements and reap the desired benefit.

4. This progress is seen by simply observing that nutriment, at one time strenuously forbidden, is now not only allowed, but even encouraged. This prohibitory period extended over the time when water, so craved by the fever-stricken patient, was rigorously disallowed.

III. This advance, a source of gratification to the intelligent student, has proven of great benefit.

1. It has materially lessened the suffering of the patient, as, *e.g.*, in allaying his thirst and in providing food adapted to his condition.

2. It has proven itself a health restorer, giving just what was needed under certain conditions of disease and convalescence.

3. It has clearly shown that food, in many cases, has been the most effective remedial agent that can be employed.

4. It has also by its revelations of the health-restoring resources of alimentation, indicated more clearly the use and efficiency of drugs or medicines.

5. Not only the profession, but many intelligent families, having gained confidence by the success attending the treatment of their maladies, are experiencing these benefits.

6. It has especially been subservient in reducing the fearful mortality of children under one year of age. Specialists on this point declare that, in the malnutrition and diseases incident to infancy, the chief reliance for remedial agency must be on alimentation. If this is kept in view, the majority of cases will be relieved, and the mortality be greatly diminished. No practitioner but comes in contact constantly with cases in which dietetics must suggest the curative or preservative.

IV. A knowledge of the essential ingredients of food is requisite. Chemistry has given the component elements of our food products, and every physician has in his library the tabular statements of these constituents, and of their relative value. A reasonable acquaintance with such tables is, of course, taken for granted.

V. In the application of our knowledge, we encounter, now and then, peculiarities that remain unsolved, viz., what are called idiosyncrasies, *i.e.*, personal constitutional peculiarities which will cause one person to reject food that others can use with impunity, which one stomach loathes and another accepts with avidity and benefit. Medical works allude to such cases, and practitioners occasionally come across them.

Many suppose that a certain normal condition is the cause; others, that it arises from a vitiated condition of the digestive organs, superinduced by some hidden disease. The opinion that this variation results naturally, just as taste differs in individuals, is probably the correct one.

Now, this suggests two reflections of practical importance, viz.:

1. In dietetics the physician should be guarded against such cases of idiosyncrasy, in order to secure the best results. Thus to illustrate my meaning: food that has a decided laxative tendency in one, may have an equally decided tendency to costiveness in another. True, such are exceptional cases, but for this very reason special attention ought to be given to them.

2. May not this feature of idiosyncrasy be the foundation, in some cases, of the utter failure of certain medicines in their action, which benefit the large majority? Dietetics shows that it exists, and this variation may be as potent in drugs as it is in food.

VI. In dietetics, generally considered as applicable to health and sickness, climate has its decided influence; the animal oils of the frigid zone giving place to the vegetable oils of the torrid. Even the seasons of the temperate zone suggest, as nature evidences in its supply of food, a variation of diet suitable to the varied conditions of temperature, etc., under which we live.

VII. We must, in the application of dietetics, be mainly guided by the power possessed of digestion and assimilation. This greatly varies, not only in infancy, childhood, manhood, and old age, but also in the form of disease encountered. Food highly beneficial in one case would be positively and uniformly injurious in another.

Great injury is sometimes done, and fatal relapses are occasioned by the use of food utterly unfitted for the power of the patient or the convalescent. No physician but has had experience in this direction, and this experience has enforced the expediency of due caution.

Without due digestion there can be no health, and no restoration to health, and, therefore, to this very point, as the great essential factor, the intelligent physician's attention will be specially directed, and the power of the patient be duly considered. This, in some instances, requires time and patience, and even trial, seeing that the processes of digestion are complex, and that, for yet unexplained reasons, variations or modifications also exist. If we are to credit the experience of the past, these things are self-evident:

1. That without some measure of digestive power possessed, and the administration of food adapted to the same, it is hopeless to expect health.

2. That when the digestive processes are weakened and impaired, and food is taken which the digestive organs are unequal to utilize, it is vain to expect improvement, no matter what system of modification is resorted to, so long as the practice is continued.

3. That the use of injudicious food by sick and convalescing persons has laid, owing to the weakened condition, the foundation of disease of the digestive organs, from which they suffer for years.

4. But more than this. The highest medical testimony traces diseases, once not even suspected to be thus connected, as derived from disordered digestion, such as gout, rheumatism, neurotic and skin affections and other maladies. Sound judgment teaches, that if such diseases are to be successfully treated, the digestive organs, and the food that they can properly digest, must be the main study of the physician.

VIII. It is generally acknowledged in dietetics that food ought to be adapted to the occupation. The same principle must apply to organic diseases and to the convalescent. My meaning is this: food, within the limits already defined, may be allowed to a patient engaged in manual labor, that would be entirely unsuitable and injurious to one not thus employed.

IX. Of course, a professional and scientific knowledge of the organs and the processes by which the human frame is nourished, is taken for granted as of primary importance, but such knowledge may exist

without a practical application of it to each individual case. Thus, *e. g.*, a person troubled with dyspepsia comes under the treatment for another disease; now it would be a grave mistake to confine our consideration of his case to the latter and ignore the former. Each should receive the full benefit that a physician's knowledge suggests, and this is never completely done when the cautions and directions required in certain cases are neglected. Delicate and impaired constitutions, in this respect, require constant watchfulness, and without this continued application of dietetical knowledge cannot be restored to vigor and health.

X. This suggests the fundamental statement, that the nature of the disease will dictate the food that is to be given. Leaving the details for other lectures, it may be said, in a general way, that in some diseases, as acute fevers, and where the alimentary canal is seriously affected, the recovery of the patient chiefly depends on the quality and the quantity of food taken into the system. In diseases that greatly impoverish the blood, convalescence is materially aided by suggesting and using food that, while easy of digestion, "builds up," or supplies the required constituents.

XI. The ordinary nutritive demand to supply the waste of healthy action has been averaged in our medical works, and the sum total in a year's time is simply amazing. The comfort, vigor, and efficiency of life depends upon the waste of the system being satisfactorily supplied, and any deficiency will result in injury. Now, if this be true in a healthy condition, much more is this enforced when disease increases this waste. Drugs, however excellent in their use, cannot, and were not intended to, supply this waste. Dietetics alone meets the requirements, and is effective in proportion to an intelligent and well considered use.

XII. We may say, also, that in disease especially the effectiveness depends upon the proper cookery or preparing of the food. Digestibility and nutritiveness of food may be utterly neutralized by an ignorant cook. The highest medical authorities insist upon it, that the intelligent physician should have a proper conception of the preparation of food, in order to adapt it to the condition and necessities of the patient. Even in the comparatively simple matter of gruels, or of concentrated nourishment, a physician's watchfulness will be inspired by the crisis of a serious acute case.

A doctor frequently finds, especially in fevers like the typhoid, that the greatest impediment that he meets is the improper cooking for the sick; and, on the other hand, his most serviceable diet comes from a good cook. If it is true that the former has ruined the health of multitudes, it is likewise true that it has crippled the efforts of physicians, counteracted the intended action of medicine, brought on dangerous relapses, and sent its thousands to the grave.

We do not overrate this feature, and are gratified to find that this very estimate is most prominently brought out in modern medical science, not only in books and publications specially devoted to the diet of the sick, but in our standard works. Compare, for example, the standards of twenty-five years ago with the works of to-day, and we find that diet, which was but incidentally introduced in the former, is made a subject of leading consideration in the latter even, in many instances, descending to the minutia of preparation to ensure its effectiveness. For this improvement we are mainly indebted to the progress made in organic chemistry and in physiology.

While medicinal therapeutics has advanced, that of dietetics has been comparatively greater. So that now a "medicine man" cannot be regarded as such, because he is prepared to give pills, powders, and lotions according to formulas provided, unless he also realizes, as of the utmost practical value, that a carefully selected and prepared diet is essential to impart the strength requisite to give even medication its efficiency and overcome disease. The most able professors and teachers of all schools assert that in many chronic diseases, the chief reliance must be placed in dietetics.

XIII. In order to avoid undue length, let me conclude with the following suggestive caution. If the application of dietetics is to be beneficial, the physician must be guarded in the administration of his medicines, so as not to interfere with the digestive processes. In stomach, liver, kidney, and other troubles, the medicine given may be highly injurious, retarding and impairing the action of the gastric juice, or tending to undue secretions of the bile, pancreas, etc.

I am fully aware of the fact that this introduces a subject, upon which a variety of opinions exist, but that danger to the patient and ineffectual action of medicine arise from this very cause is a point that no one contradicts. Warnings and directions in this line come from the ablest students of medicine. Careful observation, as well as a better understanding of chemical laws, have demonstrated the wisdom of due caution in the administration of medicine, so as not to interfere with the radically needed powers of digestion and assimilation.

But recently the *British Medical Journal* had an article on The Proper Time for the Administration of Acids, Alkalies, etc., so as to harmonize the same with their relation to dietetics. The statement is of such practical value, that I take the liberty of quoting the same.

"Alkalies should be given before food. Iodine and iodides should be given on an empty stomach, when they rapidly diffuse into the blood. If given during digestion, the acids and starch alter and weaken their action. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is in a favorable condition for the diffusion of the acid into the blood. Acids may be given before food, when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals, you check the osmosis stomachward of the acid-forming materials. Irritating and dangerous drugs should be given directly after food, such as the salts of arsenic, copper, zinc, and iron, except where local conditions require their administration in small doses before food. Oxide and nitrate of silver should be given after the process

of digestion has ended; if given during food, chemical reactions destroy or impair their special attributes, and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate, also tannin and pure alcohol, impair the digestive power of the active principle of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod-liver oil, phosphates, etc., should be given with or directly after food, so that they enter the blood with the products of digestion."

This simply illustrates the idea intended, viz., that dietetics and the administration of medicine should work together in harmony, the one supporting and dividing the other. This, of course, suggests three considerations, which it is sufficient to state.

1. The proper time for administering medicines, so as not to interfere with digestion of food; as well as the withholding of such in certain conditions.

2. The selection of food that may be least effected by the action of drugs.

3. The efficiency of medication itself is greatly enhanced by due attention to the use of proper drugs, at the proper time, in connection with proper food.

VINEGAR AND VINEGAR YEASTS.

(Read before the Committee on Dietetics.)

By E. & J. A. CUTTER,
NEW YORK.

THERE is an old saying that one man's meat is another's poison. While this is true it is also true that the way in which we use our foods, makes all the difference between life and death, health and sickness. For example, to give a cup of cold water is an act of hospitality to health, but to make a guest drink a quart of ice water, especially if that person is heated or overheated has caused death. Vinegar (vin—wine, aign—sour) or sour wine, is no exception to this rule. In 1858 I sat in the reception room of the Galt House, Ky. By my side were two gentlemen, evidently residents of Louisville, taking a "club room chat." They talked so as to be heard. "By the way," said one, "did you hear how Dr. Gross cured Mr. Jones?" "No," said the other. "Well," said the first, "he went to New York and all around in this country to the best doctors. He also went to Europe and consulted the eminent men in the profession, but he returned not benefited. When he got home he went to Dr. Gross and he cured him. It was a curious, simple prescription, I don't think you can guess what it was, so I will tell you. It was '*pickles.*'" Some twenty years later, the elder Dr. Gross told the writer this was true, and it was a great mistake of doctors that they did not use foods more as medicines. *Per contra* a small glass of vinegar daily used, killed a young lady by inducing the deposit of tubercle in the lobes of the lungs.—*London Medical Gazette*, vol. ii, 1838.

It also, in excess, causes thrombi in the blood, constipation, wind, diarrhœa, and cough, flushing of head, watery eyes, to say no more. See the Relation of Food and Disease, J. H. Salisbury, M.D., LL.D. Vail & Co., 1888, New York.

This is a sad accusation and needs to be impressed, but only a few points can be made here.

Vinegar or acetic acid is formed in the alimentary canal by the fermentation of carbo-hydrate food. It is produced by the action of a plant called the vinegar plant or mycoderma aceti. The kinship of this vinegar plant is very close to the alcohol plant, saccharomyces cerevisiæ. This is seen clearly in bread making, which has been raised by yeast. If the process, as every cook knows, is not properly managed the bread will become sour from the vinegar formed along with the carbon dioxide gas, alcohol, and water. Just this process occurs in the stomach when the farinaceous food sours. So that it may be said when one eats foods that undergo the alcoholic and vinegar fermentation in the stomach, that persons make a brewing of alcohol and vinegar therein. How does this process occur? If you do as Pasteur did, take the bloom of grape and put it under the microscope, you will find as he found, and I have found, especially in grapes long kept, the alcohol and vinegar plant, present in quantity. In other words these minute plants are present in connection with our vegetable foods, put there so that in case the foods are not used they produce a change of state back again to the elements whence they were made. If it were not so, they would accumulate and the world would become a vast charnel house of old organic dead matters.

Now how does vinegar in excess cause disease? In two ways. First, by its chemical action on the substances found in the human body. Second, by the presence of the vinegar yeast itself. Perhaps this division is too arbitrary, for you cannot have the plant itself in action without the acid, to wit, vinegar, but perhaps the hearers will pardon the division for the sake of clearness.

First, by chemical action, which interferes with the process of life in the epithelium, by burning thereby making the tissues partially paralysed and thus thickening them and causing them to develop in a state of low vitality, by interfering with the protoplasm of the cell tissues as most microscopists know, and coagulating the fibrin.

This is seen in a remarkable way in rheumatic blood, the fibrin filaments made large and coarse attract others and are aggregated with filaments and skeins of great comparative size, forming thrombi and emboli, which in turn produce the diseases called after them.

Second, by the presence of the vinegar plant in the blood. Sometimes the epithelium don't let the yeast get into the blood and the work of disease is confined to the bowels. Hence we have chronic diarrhœa or consumption of the bowels, attended with colloid discharges which sometimes almost exactly resemble the contents of ovarian or goitrous tumors. But when the epithelia of the bowels get drunk with alcohol or paralysed by the vinegar, they then let the vinegar yeast go through them and get into the blood, where they float about the stream, and are easily detected by the microscope.

If the vinegar becomes detained in the capillaries of any organ, they go on growing, producing vinegar, and the resultant of this action on the organism is what we call tubercle. Along with the alcoholic

and vinegar yeast are found bacteria. For about thirty years the botanists were divided in opinion as to their significance. Some said they were an accidental accompaniment, others said that they were a part of the biological phases of the vegetation.

The latter now prevail, as Dr. Koch has succeeded in cultivating them and propagating them as such in their baby stages of development, and has shown them to have a causal relation to the tubercle.

For this work the world has been profoundly grateful, and the writer accords the meed also, but he prefers to adhere to the vinegar yeast as the prime cause, on the ground that not only has tuberculous consumption been produced (and verified by autopsies) by feeding animals on food containing vinegar yeast, which has been traced to the bowels, next to the blood and next to the lungs, but also by removing the vinegar yeast from the blood by the very simple expedient of stopping the food, which feeds the vinegar plant, giving a food that does not have that fermentation, giving medicine to oil the machine, and nature does the cure.

And there are *cures*, I published as such, in the Transactions of this Society for 1880. Have cured others since.

The outcome of this is that vinegar should be used with caution. The writer prefers what he can call by no better name, the tartaric acid vinegar, made from wine of our native or foreign grapes. He hopes that this source of a true more healthy vinegar will not be overlooked, and that caterers will serve this in place of the acetic acid vinegar, which is so dangerous in excess. The process of making this *wine* vinegar does not differ from that of cider vinegar, and when grapes are sold at twenty dollars a ton, this tartaric acid vinegar ought to be cheap. This paper should be accompanied by the lantern illustration of the alcoholic and vinegar yeasts in and out of the blood, which give more pertinence to the observation and are at the service of this Committee.

The practical deduction to be made is to avoid the excessive use of substances producing vinegar in the system.

The Polyclinic.

PHILADELPHIA HOSPITAL.

WHOOPING-COUGH.

THIS young child presents a marked case of whooping-cough. It has twelve paroxysms of coughing in twenty-four hours. It is a condition that is difficult to make out at first; and at the beginning it is nothing more or less than a catarrh. There are conditions of mild bronchial irritation; slight mucous râles; no dulness on percussion. As the disease approaches there will be a spasmodic cough. The duration varies from two weeks to three months, or longer. At all events, you are disposed to look upon it as a disease of children, but adults get it also. There may be annoying complications, such as acute or capillary bronchitis, or even pneumonia. Treat all bronchial irritations as from any other cause. Many remedies have been used, but in the first stages a mixture of potassii chloras, syrup of ipecac, syrup, water and a little paregoric, is all that is necessary. As it advances the more specific forms of treatment come in. Tincture of belladonna is used to-day to control the cough to a certain extent, but it does not do it absolutely; but still is a good thing to use. I begin with min. 1–3 of tincture of belladonna ter die, and increase it to tolerance, if there seems to be any impression on the number of paroxysms. This will be as satisfactory a plan as you can adopt. Of late years it has been looked on as due to a specific cause, and inhalations of carbolic acid have been used; but I prefer Dobell's solution as an inhalation, from an atomizer, every three or four hours, or as the paroxysms require. In treating all cases of this kind, I confine myself to this treatment. Isolate your patients and disinfect. There may be a rupture of some vessel during a paroxysm, while vomiting is very common.

—*Stryker.*

STRANGULATED HERNIA.

Steinbach brought in a man who had an inguinal hernia which the man could reduce himself; but thirty-six hours ago, while at stool, the tumor descended with pain and the patient could not reduce it. His scrotum began to swell and became inflamed, and all efforts at reduction failed. Patient was etherized, but still it could not be reduced, so an incision two inches in length was made through the scrotum and the tumor exposed. Several ounces of serous fluid escaped, and then the ring was nicked with a dull knife and reduction attempted without success, on account of a large mass of omentum. Ligatures were passed around the omentum and about six inches was cut from it; and, after breaking up quite a number of adhesions, the protruding gut was replaced. The parts were dressed antiseptically. He grew worse and died on the fifth day after the operation.

COMMINUTED FRACTURE OF FEMUR.

Ransley showed an old man who had a comminuted fracture of the shaft of the femur, in which the bone was broken into four separate fragments. Several days ago the leg was dressed with a fracture-box and pulley extension on an inclined plane. Examination showed no effort on nature's part for union. Will continue this treatment for a short time and then encase the leg in a plaster dressing. Plaster dressings are objectionable, as the parts cannot be opened up readily to make examinations or to note progress.

EXOPHTHALMIC GOITRE.

Woman, aged forty-seven years; Irish domestic; father died of phthisis at forty-five years; fifteen years ago had rheumatism and rheumatic fever, and has since had another attack. She has been readmitted to the Hospital twenty-nine times; is much emaciated and has much pigmentation of the skin; has the pterygoid or alar chest; infra- and supra-clavicular depression; an overacting and hypertrophied heart; eyes very prominent and distinct; enlarged thyroid gland, which is soft and distinctly nodulated; rapid and distinct pulsations of the vessels at the root of

the neck. She is suffering from exophthalmic goitre or Graves' disease. Short systolic murmur at aortic orifice; also a lesion of mitral valve. Heart hypertrophied and dilated; liver and spleen slightly enlarged, due to ague, and in fact, gentlemen, she is a regular pathological store-house. Prognosis is favorable as regards life, but not a cure. The exopthalmos can be lessened. She must be relieved from all anxiety and worry; and to accomplish this she will be put in bed for three weeks in the recumbent posture. Abundant and nutritious food and good hygiene. Quinine, in gr. x–xv dose per day, has been used to good effect. Digitalis and aconite are distinctly contra-indicated in this case. I purpose giving two remedies that have much to recommend themselves. First, tincture cannabis indicæ, min. x, three times a day, pushed to tolerance. It is given as it has a curious sedative effect, unattended by unfortunate results. It is one of the best remedies against intestinal catarrh, as it quiets peristalsis and allows the formation of fecal masses, and thus controls diarrhœa. At the same time, I will give nitroglycerin (1 per cent. sol.) min. iij., three times a day to cause the peripheral vascular system to dilate and promote better nutrition to those parts that most need it. Will also give her inhalations of oxygen gas, two parts, and nitrous oxide, one part, three times a day.—*Wilson.*

OTORRHŒA.

Stryker says this trouble may come in young children from any increase of cold to which a child is exposed, or may be due to the presence of a foreign body, such as a grain of corn and other articles. Treatment consists in removing all foreign substances and washing with warm water. If this will not give relief use some anodyne, as a 4 per cent. solution of cocaine introduced with a pencil of hair. Never stop up the external ear, as it will block the secretions, cause loss of hearing, or rupture of the membrane. If it does not yield to this treatment use boracic acid in powder as an insufflation. If still more intractable, use a two-grain solution of sulphate of zinc or a half-grain solution of argenti nitras.

POST-MORTEM SPECIMEN.

Walker reported the case of a man who had a peculiar heart murmur, which commenced after the second sound and would stop before the first sound. In 95 per cent. of these cases this murmur means an aortic regurgitation. Murmur is diastolic and was heard over the apex for a limited area; no trip-hammer pulse. Case was diagnosed as an obstructing lesion at the mitral orifice. Pulmonary fulness and hæmoptysis. Man died, and post mortem showed the left side of heart somewhat thickened; mitral orifice funnel-shaped, and would scarce admit the tip of the little finger.

COLOTOMY.

This man was admitted six weeks ago, and a stricture of the rectum was suspected. On examination extensive infiltration was found around the bladder, and a hard mass of a cancerous character encircled the rectum. He experienced great difficulty in movement of his bowels, and was losing ground rapidly. In order to prolong life an operation for colotomy was done. Midway between the twelfth rib and the crest of the ilium, and three inches from the spine, on the left side, an incision three inches in length was made transversely through the structures until the colon could be hooked up with a needle. An incision was made into the gut and stitched to the skin—not the muscles, as they contract spasmodically—and an artificial anus was made. Wound was dressed with all antiseptic precautions and patient put to bed and given liquid diet. Two weeks later he was again brought before the class and was doing well. The new opening had healed nicely, and was provided with something closely allied to a sphincter, and he can to a certain extent control the escape of feces. The mucous membrane looks healthy. He will soon be about again. The orifice is circular, and has the appearance of a healthy anus.—*Steinbach.*

Paris Letter.

TREATMENT OF ENDOMETRITIS.

DR. DUMONTPALLIER, who fell heir to Dr. Gallard's important service of women's diseases at the Hôtel Dieu after the last-named doctor's death, has just given a new form of treatment for endometritis, by the use of chloride of zinc pencils, that are carried up into the interior of the uterus. One hundred and twenty cases have been treated with great success. The vagina is first of all washed with a carbolic acid solution of 1–100. The hysterometer is also carefully rendered aseptic and introduced to get the direction of the uterine cavity. Having done this, the chloride of zinc pencil (which is pliable enough to bend in any direction) is then passed up until it touches the base of the uterus. In some cases a small vaginal tampon is then put in to keep it in place, but this is not necessary. Another washing of the vagina is then made so that all trace of the caustic is taken away from it. The results of this treatment were remarkable. In metritis, of hemorrhagic nature, the bleeding was stopped at once. In the purulent forms it was noticed that the pus was soon suspended. The pain given was rather sharp at first, but soon became tolerable, and in very many cases there was no pain felt at all. There was no fever, and in twenty-four to thirty-six hours afterwards a loss of rose-colored serosity was seen, which preceded the rejection of the scab, that was usually found in the linen, in five to nine days afterwards. In one hundred cases this method gave ninety-six cures without any complications. In the other four perimetritis set in, because the women got up the day after the cauterization, but even these cases were cured afterwards. After the fall of the scab, the vagina was again washed with a solution of corrosive sublimate, and on passing the catheter the cavity of the uterus was not found in a contracted state. The menses returned in all cases, and in two cases pregnancy followed the treatment.

Lactose as a Diuretic.—Dr. Germain Sée publishes his experiments in undertaking to find out what it is

in milk that causes the diuretic effect, and he finds that it is not water, caseine, albumin, fatty substances, or salts contained in the milk, but simply the lactose or sugar of milk that gives milk its diuretic power. One hundred grammes of lactose dissolved in two quarts of water (which may be flavored to taste), and given in twenty-four hours, is his prescription, and it makes patients urinate two and a half quarts of urine the first day, and three and a half the second, and four quarts the third day, when it becomes stationary or else falls to two and a half quarts again, slowly. The sugar of milk presents this advantage over milk as a diuretic that it does not determine glycosuria or azoturia, while milk, if given in four-quart ration per day, may do so. The new diuretic acts well in hydropsias of heart origin, but fails in those of renal; when there is any lesion of the kidney it will not act well. It is probable, then, that lactose is a diuretic by its action on the heart. The great advantage of this new diuretic is that it can be used in those heart cases that cannot support milk.

Treatment of Phthisis.— Dujardin-Beaumetz, in a late clinic on this subject, regrets that we have not yet advanced much in the way of treatment of this disease. The many preparations that of late have been used by hypodermic injection with vaseline oil as a base, do not seem to bring about any modification in the pulmonary tract. Iodoform is still used; 1 gramme of it will dissolve readily in one hundred grammes of vaseline oil, and a syringe full is injected every day into the shoulder. Roussel, of Geneva, advises eucalyptol, in equal parts with vaseline oil, used in the same way. Some of the patients get a better appetite, spit less, and get stronger, but the lesions remain the same. Creasote is much the fashion, and as much as four grammes a day of it have been given, but the results are not brilliant. Gimbert, of Cannes, injects as much as ten grammes under the skin, and says that he cures some patients, but it will be found that creasote upsets most stomachs. The various gases (hydro-fluoric and others) produce a certain diminution in the expectoration, but do not cure. Hot air is being tried, but the results are uncertain, so that M. Dujardin-Beaumetz is forced to tell us that we must fall back on *sur-alimentation* and hygiene. Do not trouble these patients' stomach, at the same time try to feed them up; give them milk, fatty substances, as much as you can, such as oil, goose-grease, butter, cream, soups with flour and grains; but while recommending a little good wine, do not allow the stomach to become enfeebled by alcohol. After alimentation in importance comes climate. Oxygenation is the great point, and as much open air as possible, no matter where it is; but best where the temperature is not over 12° to 15° (Fahrenheit 60°) in winter. In a word, we have to confess that we are reduced to alimentation and respiration of pure air in this disease.

Treatment of Warts.—A bright young physician, formerly in Paris, now in Gibraltar, Dr. Imossi, gives the following new treatment for these troubles: He gave simply ten drops of tincture of iodine in a half glass of water twice a day. In ten cases, some of whom had warts all over the face and hands, a complete success was obtained. It is curious to note that iodine given in this way brought about a loss of weight, that ceased, however, when the medicine was no longer given. From this indication, Dr. Imossi used it in some cases of obesity, and in those who wished to train down to ride horses in a race. As much as ten pounds weight was lost in two weeks' time. Iodide of potassium has also been used in obesity, but the iodine tincture seems to be superior in its effects. In regard to the disappearance of warts under the influence of tinct. iodine, internally, the explanation given by Dr. Imossi is that iodine has an influence similar to that seen when used to disperse scrofulous swellings.

Ought We Take Prophylactic Precautions in Pneumonia in Regard to Contagion?—Dr. Cruigneau asks this question owing to having seen some cases of pneumonia in the same family, one after the other. First, a lady had a severe case, and notwithstanding due care and treatment she died at the end of eight days, and a few days afterwards her brother-in-law was down with pneumonia in the same house, and died also in eight days. Is this an example of contagion or accident? The members of the medical society to whom these questions were put thought that it depended on what kind of pneumonia we have whether we insist on isolation or not. All classes of pneumonia were not contagious. Dr. Chantemesse found that the saliva of a patient with pneumonia injected into guinea pigs gave them constantly the disease, and there is without question a microbe, whether it be that of Fränkel or Friedlander, but besides this there is the question of culture ground. Some people are more liable to take pneumonia than others. Perhaps it would be wise to isolate all the aged members of a family where there is pneumonia, and, above all, those who may be addicted to alcohol. Certainly, all expectoration should be burnt or disinfected in some other manner. In any case, as pneumonia is certainly infectious for many persons, it would be a wise plan to isolate as much as possible.

The action of liquids obtained by trituration of the glands of animals has been studied by Professor Brown-Séquard. He takes the testicles of guinea pigs and rabbits, in the fresh state, and obtains the contained liquids by trituration, which he injects under the skin, after adding a small quantity of distilled water. M. Brown-Séquard did not hesitate to try the method in his own case, and he says: "Those who knew me six months ago saw that I was an old man (seventy-two), that I was weak and failing in health, that like most old people I found that the bladder and rectum no longer acted as they should do. Since I have taken to hypodermatic injections of testicular fluids I am twenty years younger in feeling, the bladder and rectum act normally, and I work now twelve hours a day without trouble." Dr. Brown-Séquard's success has not failed to induce others to try his new method of treatment for old people who suffer from the weakness due to old age. Dr. Variot has just made a communication to the Sociéte de Biologie in which he gives details of three cases of weakness due to old age, treated by subcutaneous injections of a liquid extracted from the testicles of

guinea pigs and rabbits, and the success was as great as in the case of M. Brown-Séquard himself. The high position of this last professor in physiological science demands that any suggestion that he makes be treated with due consideration, no matter how extraordinary it may seem at first sight. It will not be long before we shall be able to confirm or deny the efficacy of the method.

Dr. Brown-Séquard also injected the liquids obtained from the other glands of the body, and he finds that that obtained from the lungs is toxic, that from the liver and kidney is indifferent, and that from the testicle salutary. He thinks also that the liquid obtained from the ovaries may be tried in weakness from old age in women, and is now making experiments to prove this point, and asks some of the lady physicians to try it on themselves.

On Chronic Arsenical Poisoning.—Prof. Brouardel, who holds the chair of legal medicine at the faculty, where he is the dean, has been able to study this subject owing to some wholesale poisoning by arsenic at Hyéres, a short time ago, where it was found in large quantities in wines sold by a druggist. The symptoms in chronic arsenical poisoning are not well known, and Dr. Brouardel has now shown them to have four periods. First, digestive troubles; second, eruption and a catarrh of the larynx and bronchial tubes. The third period is one of troubles of sensibility; and fourth is paralysis. We have not space enough to give the symptoms in detail, but simply state that they always pass in the above order. Dr. Brouardel gives a good method of proceeding, if we are desirous of finding out if arsenic is being used, that is to ask for a sample of urine of the person, and have it examined for arsenic. This can be done without arising the suspicion of any one who may be using arsenic with criminal intention on a patient. The hair also, of a person taking arsenic for a long time, will give the proper indication, and even the bones after death will tell the effects of chronic arsenical poisoning. THOMAS LINN, M.D.

PARIS, July 3, 1889.

THE CURE OF BACILLARY PHTHISIS.—Dr. Lahusen, of Hanover, reports the following case of pulmonary tuberculosis, treated according to Krull's method (the inhalation of warm, moist air), resulting in a cure:

Oscar Schwaneke, engineer, aged thirty-two years, presenting no hereditary tendency to lung disease, had been ailing during the past ten years, in spite of which he continued for seven years building railroads in North America. About July 1, 1887, he took sick with severe palpitation of the heart and lancinating pain in the left side (pleuritis?). On July 9, he traveled to New York, thence to Europe, and arrived at Hanover July 22. Cough, difficulty of breathing, and increasing general weakness were now developed, and the patient took to bed. Hæmoptysis, diarrhœa, night sweats, now supervened; in fact, all the symptoms grew alarmingly worse from week to week, so that his physicians did not hesitate to inform his relatives that his condition was absolutely hopeless.

In this state I undertook the patient's case. Reduced to a skeleton, he suffered from anorexia, insomnia, colliquative diarrhœa, and sweating. His face was slightly cyanotic, his sputa scanty, bloody, purulent, and containing numerous tubercle bacilli, partly aggregated in masses. These symptoms, corroborated by all the physical signs, left no possible doubt as to diagnosis, nor, of course, as to a correspondingly hopeless prognosis. In short, he presented the pronounced picture of a *moribundus* who could not live fourteen days longer.

Through a mere accident I had become informed of the results of Dr. Krull's experiments, not then yet published, and I ventured, with the help of three men, to transport the dying patient to Güstrow, Dr. Krull's residence, where he arrived more dead than alive. The first news thence was a storm of reproaches, well deserved, as I thought, because even Dr. Krull himself was unwilling to attempt the curative treatment of the dying man. However, upon the relatives prayers and my own persuasions the treatment was begun.

This is not the place to republish Krull's method, but I may state that at first the inhalations were made at 43°–44° C. (109.40°–111.20° F.), for thirty-five minutes, later on at 41° C., and still later at 40°, while the duration of the sittings was gradually shortened to fifteen minutes. I will skip the period from September, 1888, to January, 1889, during which period the reports, at first from Dr. Krull, then from the relatives, and finally from the patient himself, arrived in the beginning hopefully, and later on more and more favorably, until my expectations were raised to the highest point. When, about January 1, Mr. Schwaneke stood before me, these expectations were more than realized. I saw before me a gentleman normally nourished, whose weight had increased from 123 to 140 pounds, whose appetite, sleep, and digestion were normal, and whose pain, cough, and asthma had vanished.

An examination of the lungs showed an almost complete absence of objective symptoms; here and there a few coarse râles or indefinite breathing sounds. Percussion sounds everywhere normal. The sputum consists almost altogether of mucus and saliva, and contains not a trace of tubercle bacilli.

It must be stated here that the winter season was very rough and variable, and that there is no perceptible climatic difference between Hanover, the province of the patient, and Güstrow, the home of Dr. Krull.

Dr. Krull's treatment was not modified upon the patient's return. He continued with a daily inhalation from his apparatus at 40°, and diligently practised a toxic, strengthening regimen. The sounds upon percussion and auscultation are now normal over the whole extent of both lungs, except an area the size of a mark at the anterior border of the left axilla, where are noticed the evidences of cicatricial contraction. His general well-being is perfect. He subjects himself to no restrictions whatever, and intends shortly to return to the United States and resume his business. He now weighs 151 pounds, heavier than ever before in his life.

—*Berl. Klin. Wochenschrift*, No. 22, June 3, 1889.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, July 20, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE New York office of the Medical Press Co., Limited, has been removed to larger and more convenient quarters, at No. 9 E. Seventeenth Street. Our friends who are mailing exchanges to the former office will oblige us by correcting the address.

PUBLIC DUTIES.

IN one respect, England stands at the head of the world; and that is in the attention she pays to public hygiene. This is probably a late consequence of the Norman conquest, which placed the finest race of fighting men the world has ever developed in authority over the most stubborn nation in existence. The Norman long ruled England by the strong hand, and to-day he does so by demonstrating his inherent fitness to rule. For though the strain is diluted and divided into many channels, it is yet the same powerful race which still holds the reins of power; the Norman still forms the steel head to the Saxon spear.

To this fact England owes her admirable discipline; that power of combination which unites many persons for the pursuance of a common object; that sense of responsibility which leads her to look upon the consideration of general needs as a public duty. Who suppressed the slave trade but England? Who put down piracy on the high seas but the same trusty world's police? In our security from foreign invasion we Americans have in truth grown to be more insular than our progenitors. The time is coming, however, when we will be compelled to abandon this selfish policy, and take upon us our share of the responsibility of the world's doings; that share which our growing strength imposes upon us as a duty.

And there is no better way to prepare for these coming cares than to begin practising them at home. In our public duties, even to our own selves, we are wofully deficient. We spend our money freely to build up and beautify and render hygienic our own homes, but there we stop. A little patch of smooth paving will be put down in front of our house, but no further. Our neighbor's home on the back street may afford a lodging for any pestilential disease, and the streets of the city may be wretchedly paved, impossible to clean or keep in repair, but we make no effort to remedy the evil. That is, no combined effort, no movement as a community, such as would result in an abatement of the nuisance. Here is where the lack of discipline, of public spirit, is shown.

Take, for instance, the report of the Medical Inspector who has been examining the sanitary condition of the Philadelphia public schools. We are ashamed to print the disgraceful list of foul cellars, leaky wells, etc., polluting the air which our children are compelled by law to breathe. Compulsory education is a good thing; but the community which compels the parent to send his child to school incurs thereby obligation to provide suitable school accommodations; and the word suitable surely includes sanatory.

But our wealthy citizens spend their money freely to render their own homes safe, and our political leaders arrange their slates and lay plans to secure control of the offices; our physicians pocket their fees for attending diseases engendered by filth; our clergy assiduously war on the enemy of souls; our journals regulate the affairs of the nation, especially the pugilistic and base-ball interests, and all agree in neglecting the duty which lies nearest their hand. So, when the heated season comes, each one flits off from the city, carrying his little ones to the healthy seaside or mountain resort, and leaving their brethren to struggle with the noxæ of the city. One hundred and twenty-eight deaths in Philadelphia, last week, from cholera infantum! eighty-three from contagious diseases, every one of them preventable! For every one of these deaths the public — that is, every citizen of Philadelphia, individually — is morally responsible. For every case of sickness contracted by a child in the public schools the city is legally responsible. There is no reason why Philadelphia, in mid-summer, should not be as salubrious as Newport. But each one says to himself: "I alone am powerless;" and so nobody does anything; and the evil goes on, and the innocents are slain, because we have not as yet become sufficiently civilized to unite ourselves for the accomplishment of a common object; because having secured ourselves, we tightly clasp our purses and refuse to open them for our neighbor. When men's minds are deeply stirred by great calamities, the contributions come quickly enough; but for that higher philanthropy, which comes not from impulse, but from the settled conviction of duty, which rules the lives and governs the actions of men continuously, we do not possess it.

This absenteeism is more heartless than that of the Irish landlord. Every member of the classes mentioned above should be compelled to stay with his family in the city through the sickly season, until his own danger rouses him to a sense of his duty to the public. For if the politicians, the clergy, the medical profession, the newspapers, and the men of wealth, were to unite in the demand that the city be put into

a proper sanitary condition and kept there, who can doubt but that it would be done? But it's easier to blame it on the Schuylkill.

IN the death of Dr. Ellwood Wilson, Philadelphia loses one who has been for many years her leading obstetrician. Dr. Wilson's success was not due to any adventitious aids, but to his own exertions; as he came to the city a poor man, without influential friends. He leaves two sons who have already distinguished themselves among Philadelphia physicians.

Annotations.

THE QUININE HABIT.

WE have the alcohol habit, the opium habit, several other minor "habits," and now there bids fair to arise a new one—the quinine habit.

Opium, alcohol, arsenic, and the like, are most valuable weapons in the hands of the skilled, but they are two-edged, and, therefore, should be used only by the expert. The same may be said of quinine; but since the duty has been taken off this drug it has become so cheap that it is now found on every household shelf, along with the arnica bottle and the patent medicine for colic.

Many are learning to depend on quinine for stimulation just as others do on alcohol or opium, and the result will be little better. A corrspondent in the *Medical Brief* says that he knows of a man who depends so much on quinine for support that, becoming unnerved in a railway station, he was compelled to take a large dose of the drug and sit quiet till it took effect.

The attention of medical men generally should be called to this growing evil, so that they may use their influence against it.

Quinine is not so harmless that every baby may have a bottle of the drug in its carriage, but is one the indiscriminate use of which may result in much ill.

A NEW VIEW OF A CERTAIN FORM OF SUBSTITUTION.

THE preparation known as Febriline has been shown to consist of quinidine, instead of quinine as claimed by the manufacturers, who, on their part, have been held up to the world as objects of scorn for the deception. A very pretty fight, as Sir Lucius O'Trigger would say, might be made upon the question of whether there is anything to find fault with in their action. On the one hand, it is assuredly wrong to sell one thing under the name of another. Even when an enterprising Philadelphia house sells "bovine" vaccine points which cannot be distinguished from the "humanized" variety in the certainty and mildness of their action, a wrong is done; because, though the purchaser gets a better article than he asks for, the bovine virus gets a credit it does not deserve, and of which it robs its competitor.

On the other hand, it may be said that quinidine costs as much and is worth as much, grain for grain, as quinine; that it has certain advantages over the more popular salt, in that it has less taste and can be given to children more readily; it is less irritating to the stomach, and does not cause such cerebral distress; while for some purposes, such as its use as a prophylactic by persons going to a malarial district, it is superior in efficacy. Competent authorities in India recommend a daily dose of three grains as sufficient to keep off the attacks of malaria. We have utilized this hint in a number of cases, in which it proved successful in preventing malaria when patients were compelled to resort to malarious places. The only reason quinidine is not used more is the fact that as yet we are not very scientific; at least we are not scientific enough to be sure of our science, and neither physician nor patient can forego the moral effect of using a tried and trusted remedy. Even should quinidine be equal in dynamic activity, it would be given and taken with a grain of doubt, which would lessen its action. But call it quinine and this objection is lost. Now, if it be pardonable to mystify a patient a little by a bit of clap-trap, and no physician can succeed who fails to array the mental forces of his patient on his side, is it not equally justifiable for the druggist to do the same to the physician, if the conditions are alike?

SUIT FOR MALPRACTICE.

A SUIT for malpractice was recently instituted against a physician in Ireland, on the ground that he dismissed an obstetrical case as well, whereas there was an inversion of the uterus. Three weeks after his departure, another practitioner was called in, who testified to an inversion.

But as the patient had not obeyed her first physician's directions with regard to rest, and as several medical men testified that the inversion might easily have occurred after he left the case, the judge properly dismissed the suit. If many more of such suits, which are often entered into through simple vindictiveness, had so summary a termination, it would serve materially to lessen the number recorded.

KNOW YOUR MILKMAN.

HUMAN nature is weak, and the milkman's, especially, is often weaker than his milk. Probably his moral strength is not more frail than that of other venders and manufacturers of different commodities, who adulterate their products without the slightest compunctions of a guilty conscience; but, unfortunately, there is more to be dreaded from improper milk than from any other eatable or drinkable substance, since it forms the chief and often the whole food of infants, and is also an important article of the diet of older persons.

In cities is where danger is mostly to be feared, especially as the hot season is now upon us; and we write to warn physicians and others that there is only one certain way to secure pure milk, viz., to secure a reliable milkman. We acknowledge that this is a difficult task, but it is the only method by which the consumer can feel assured of what he is getting.

Bottled milk looks well, and the name sounds well, but unless you are certain of your milkman's code of ethics, the bottles may have been filled directly from

the can, and that too, without having been washed.

As to the little sign "Farm Dairy," suspended here and there over milk shops, it is merely a delusion; and if the buyer supposes that the milk there sold smells of the clover-scented farm fields whence it was straightway exported, he is very sadly mistaken—excepting he knows his man.

Nor may high prices be relied on as a criterion of the character of the milk. There are grades of milkmen, as well as of the rest of mankind, and the consciences of some demand more money for keeping quiet than do those of others.

We know of a wealthy family in Philadelphia who paid a high price for milk, thinking thus to ensure a good quality; but one day, some doubt having arisen, a lactometer was bought, whereupon the milk was discovered to be far below the required strength. The milkman was informed of this experiment, and, singularly enough, the next day the lactometer registered two or three degrees above what science and the law required.

WE have been frequently requested to explain the references to the Almshouse controversy, which appeared in the *Medical and Surgical Rrporter* some weeks ago. The account in question was simply a tissue of misrepresentations. While it is not likely that Dr. Waugh would have been elected by a body composed almost entirely of men who are in affiliation and sympathy with the rival colleges, yet it is well known that Dr. Waugh's popularity and that of the Medico-Chirurgical College were not considered in the matter. Dr. White's letter made Dr. Waugh's election impossible; and members stated openly at the meeting, and have told Dr. Waugh since, that they came there prepared to vote for him, but could not do so after hearing this letter. These facts were perfectly well known to Dr. Dulles at the time he wrote his mendacious editorial; and by doing so he only showed to what lengths he was willing to go to help his side in the controversy, and gratify his jealousy of a successful rival. The only thing he has gained by his conduct, however, is the contempt of every fair-minded man.

IN looking over the report of Medical Inspector Taylor, on the public schools of Philadelphia, we are impressed with the ease with which most of the nuisances could be abated. Every school child knows that sewage will decompose, giving rise to gases which will rise from the receptacles and, laden with the germs of disease, diffuse through the air of the residences above them. Were it possible to smother these effluviæ, our plumbers with their clumsy traps would have done so long since. How thoroughly the object could be attained by giving the necessary and inevitable outlet to the gases, in a manner which will render them innocuous. Ventilation of privies and of sewers is neither difficult nor specially expensive. In residences a pipe running to the chimney is sufficient, and the heat produces an extracting current without extra cost. In the streets, every gas lamp could be made to contribute to the same object.

Letters to the Editor.

RETENTION OF URINE.

A RECENT experience has suggested to me a method of relieving retention of urine when due to spasm, that I have never seen described in any text-book or monograph, although, like the Allen surgical pump, it is so simple that I wonder the method has not been previously employed.

Two months ago I had a patient with retention of urine of several hours' duration. An attempt at catheterization revealed the presence of a number of strictures, the deeper one of very small caliber; there was also a hard swelling in the perineum, wholly diverting the channel of the urethra. Supra-pubic puncture with a trocar relieved the bladder temporarily; then the perineal abscess was opened and drained, the urine passing off through the drainage-tube. The anterior portion of the urethra was dilated slightly, and urine passed slowly through it as the abscess healed. After the extensive infiltration of the surrounding tissues was absorbed, gradual dilatation was resorted to. One Saturday evening I passed a No. 12 French bougie, but was unable to pass the site of the abscess. Sunday afternoon the patient returned, complaining that he had not urinated since the previous evening. The smallest catheter brought up short against an obstruction at the depth of the abscess opening. Removing the catheter, I took the largest bougie which would pass the first stricture and introduced it till it was firmly grasped by the stricture; then directing the patient to strain gently, I slowly withdrew the bougie, and a larger stream of water flowed than for months.

I presume the action was a reflex one, akin to, although not identical with, the plan of turning on a stream from a hydrant, when the sound of the running water often overcomes spasm. The bougie slowly passing the stricture and rubbing it, gives a sensation similar to the passage of urine and presto! the urine falls into line and exits from the meatus.

Where there is simple spasm of the muscles of the neck of the bladder, as well as in the case of spasm accompanying organic stricture, this method can be employed, introducing the largest bougie that will pass the meatus, and withdrawing it while the patient endeavors to urinate. This method is decidedly preferable to catheterization, even when there is no stricture to make the introduction of a catheter difficult, for the bladder is emptied without any possibility of the introduction of germs therein.

I would like to know if others succeed as well with this plan, or whether, like many another scheme, it is successful only in the hands of the inventor.

An eminent lecturer on genito-urinary disease begins his lecture on retention with the words, "Gentlemen, what is all the world to a man when he can't urinate?" Truly, it is nothing, and if, indeed, I have discovered something new, I shall modestly rest content, as having introduced Bidwell's method for the relief of retention.

W. D. BIDWELL, M.D.

LEAVENWORTH, KAN.

CONCUSSION.

THE well-known destructive effect of violent concussion, or prolonged vibratory sounds on the lower forms of life, leads to the surmise that such agency might have a curative influence over diseases dependent on microbes. Some popular fancies and savage customs are based on reason, if the surmise be correct. The beating of tom-toms and the use of other rude musical instruments to exercise the evil spirit, would have its good effect in killing the bacteria causative of the disease. If the common belief in the purifying effect of a thunderstorm is well founded, we should attribute the beneficent action to the widely diffused destructive effect of the thunder on noxious miasms floating in the air.

The lightning has the credit in the popular mind, but the influence of the electrical current, confined as it is to the narrow space covered in its circuit, must be actually very small.

Again, I have seen it somewhere stated that epidemics have been modified by the continued firing of heavy cannon. All this would seem to justify the hope that sound might be made a factor in medicine. Laboratory experiment could easily determine whether explosive or prolonged musical sounds could destroy the vitality of the various disease producing bacteria.

In the higher forms of life different animals have been found to be deleteriously affected by different tones. The same may be true of microbes; a sound that would destroy one species might be harmless to another. A practical point is whether the sound vibrations can be transmitted to the tissues of the body, so as to destroy bacteria actually at their work of death. I have noticed that certain buzzing sounds give the chest a peculiar, somewhat disagreeable sensation of diffused internal jar.

Again, certain deep-toned musical notes would similarly affect the abdomen. The difference in sound required is due, I imagine, to the difference in density and structure of the tissues involved. This is merely a suggestion, but any suggestion at all plausible should merit the attention of those who are in a position to investigate and determine its value. The question is, unable to reach our microscopical enemies in any other way, whether we may not be able to shake the life out of some of them.

CHAS. TARVER, M.D.

SANTA ROSALIA, MEXICO.

ANOMALOUS CASES IN PRACTICE.

TRIPLET BIRTHS.

WAS called to see Mrs. B., wife of a farmer, in her seventh confinement. On arrival I found her in the second stage of labor, the bag of waters well distended, yielding in a few minutes, the vertex of a fœtus presenting, and, after a few pains, a female child was born. After applying a couple of ligatures, as is always my custom, and dividing the cord, I placed my hand on the abdomen in order to ascertain the condition of the womb, and discovered another fœtus, and upon examination, per vaginam, I found just within the vulva a foot presenting, but on pressing my index finger a little further I found another foot corresponding with the first, but no bag of waters. I disengaged the second foot, and in a few minutes delivered the patient of another well-developed girl. On making a third examination I found a second amniotic bag of waters, full and well distended, containing a third fœtus, the vertex presenting which was soon delivered, and proved to be a boy somewhat smaller than either of the girls. The placentas were consolidated into one mass. The first two fœtuses appeared to be surrounded by the same chorion and amnion, but the third had its amnion and chorion distinct from the others. The third stage of labor was very short as well as the others. The mother made as good and quick recovery as in any of her former confinements, and has not been pregnant since. The two girls are still living and in good health, but the boy died from cholera infantum the summer following his birth, when six or seven months old.

FRACTURE OF THE FEMUR.

Was called to see a boy ten years old, who had been thrown from a load of hay, producing a transverse fracture of the lower portion of the upper third of the femur. When I arrived I found him suffering with considerable pain and quite nervous, and had fears about keeping the fractured extremities of the bones in apposition, so I administered a dose of morphine, and in a few minutes applied a straight splint for a primary dressing, which remained on for a few days, when I changed it to a plaster-of-Paris dressing; the limb, being well shaven and moistened with sweet oil, was enveloped in a sheet of woolen cloth, the irregularities being filled up and protected by cotton batting, then applying short bandages, first dipping them in a solution of the plaster of Paris and applying quickly; used them short for convenience; applied one after another until they were several layers in thickness. By the time I got through and was ready to start home the dressing was so well set that he could turn himself in bed without injury. I visited him twice during the next two weeks, and heard from him often. On my last visit I told the family that I would call in three or four weeks from the time he received the injury, and remove the dressing. I returned on the twenty-fifth day and found the boy out in the yard on crutches; he said he got tired of waiting for me, and a few days before took his pocket knife and cut the dressing off. On examination I found the provisional callus well ossified. I have frequently seen him both walking and running since, but could detect no shortening.

F. G. STEPHENS, M.D.

SIDNEY, IA.

DR. R. v. BARACZ reports in *Wiener med. Presse*, January, 1889, two cases of actinomycosis, transmitted in the one case by kissing. Patients were bridegroom and bride. The bridegroom was first infected, and six months later the bride. The disease developed in both cases on the lower maxilla, near the seat of a carious tooth.

Book Reviews.

THE ESSENTIALS OF PHYSICAL DIAGNOSIS OF THE CHEST AND ABDOMEN. By J. WALLACE ANDERSON, M.D., of Glasgow. New York: MacMillan & Co. Pp. 156. Price, 75 cents. 1889.

This is a little aid to the student that we have no hesitation in recommending. Dr. Anderson has written in a style as compact as possible, with a view to economy of time, yet has satisfactorily covered his subject. The book itself is commendable in form, printed with good type, and of a generally pleasing appearance.

SYNOPSIS OF HUMAN ANATOMY. By JAMES K. YOUNG, M.D. Philadelphia and London: F. A. Davis, Publisher. Pp. 393. Price, $1.40, net. 1889.

This is another addition to the Physicians' and Students' Ready Reference Series," one of the multitude of such works that has arisen in late years. It is arranged in a methodical form, so that any desired subject can be readily referred to. The attempt at illustration, however, is rather a failure, this doubtless being mainly due to the fact that the cuts had to be made so small. Anatomical illustrations brought down below a certain size, unless the greatest care is observed, are liable to look like almost anything else but what they are intended to represent.

STRATHPEFFER SPA; ITS CLIMATE AND WATERS. By FORTESQUE FOX, M.D. London: H. K. Lewis, 136 Gower Street, W. C. Pp. 165.

Strathpeffer is situated in the Scottish Highlands, and, according to Dr. Fox, who has studied the subject thoroughly, is beautiful to the eye, restful to the body, and has both climate and waters suitable to many classes of invalids. Dr. Fox makes a suggestion that might well, with changed places, be heeded by some of our own physicians, namely, that they have as good waters and health resorts in the United States as there are on the Continent. The book is neatly printed, attractive looking, and embellished with several illustrations.

LECTURES ON MASSAGE AND ELECTRICITY IN THE TREATMENT OF DISEASE. By THOMAS STRETCH DOWSE, M.D. Bristol: John Wright & Co. London: Hamilton, Adams & Co., Paternoster Row. Pp. 379.

Books on these two subjects are now becoming quite plentiful, and, as would be expected, we find the same variance of opinion that exists among teachers of other branches of the healing art. The very fact that so many works have arisen on massage and electricity shows how common treatment by such means is coming to be. Hippocrates has, as usual, been referred to as acquainted with massage, though it is only within late years that the medical profession has made much use of it; and already, some with that very human tendency for extremes, are recommending massage for anything and everything. In a few years it will doubtless fall into its proper place as a valuable therapeutic agent for the physician's armamentarium, but not a specific for all diseases mental, moral, and physical.

Dr. Dowse discusses the subject of massage quite thoroughly, but does not give much space to electricity, treating it rather as complementary to the other.

Gleanings.

BALLARD (*Lancet*) claims that the microörganism of summer diarrhœa is capable of manufacturing from food a virulent chemical poison, which gives rise to the symptoms.

AUSTRALIAN WINE.—Australian wine is rapidly rising to the level of that of France and Germany, and the London *Lancet* predicts that it will soon come into general use.

PHELPS (*Med. Record*) advances the idea that the diminution of free hydrochloric acid in cancer of the stomach is due to the neutralization of the acid by the ptomaines produced by the cancer organisms.

There is a good deal of, as yet unproved, assumption in this theory.

KLEIN has pointed out very forcibly the danger resulting from the use of meat and milk from tuberculous cattle. While the transmission of pleuropneumonia, cattle plague, puerperal septicæmia, etc., has not yet been demonstrated, the meat of animals dying of these diseases should not be sold, as it has not been shown to be harmless. He adverts to the salutary regulations of the Mosaic code on this subject, and says that tuberculosis is clearly described therein as rendering the animal unfit for food.

THE AFRICAN KOLA NUT.—There has long been a desire to obtain some food which, though comparatively small in bulk, would be of such extraordinary supporting character that soldiers and others, who have before them a day or more of extra exertion, could perform their work with greater ease and with less expense to their physical strength than at present.

When coca erythroxylon was first introduced, attractive tales were related of the wonderful revivifying and staying properties of the coca leaves, and they were accordingly put up in all sorts of masticatory forms; but although there is little doubt that the South American natives are strengthened by chewing coca leaves, that quality seems to be lost on the trip across the sea, for it is not found in the imported leaves. A new food is now introduced—that made from the African kola tree. Dr. Heckel, of France, is the pioneer. He succeeded in getting the French government to try the food on soldiers and horses engaged in exceptionally arduous work, and with most gratifying results. It is said that the taste of the kola nut is slightly bitter, but that after eating it, water, no matter how bad, becomes palatable. If this be true, such a quality will not be numbered among the least of its virtues.

NASAL CATARRH.—After briefly reviewing the various methods of treating catarrh and pointing out the reasons for their failure, Beverly Robinson (*N. Y. Med. Journ.*) recommends the nebulization of oil containing carbolic acid, as carrying the agent to every part of the affected membrane and retaining it there.

NITRO-GLYCERIN VS. ALCOHOL.—Burroughs (London *Lancet*) lauds nitro-glycerin as a quick stimulant in place of alcohol. In its favor are; small bulk (one drop of a 1 per cent. solution is the ordinary dose), rapidity of action, the fact that it can be given to an unconscious patient by simply putting a drop on his tongue.

NEUFIELD, a Polish physician, has recently mentioned several cases of injury in which there was a subcutaneous escape of lymph. A fluctuating swelling was noticed each time over the seat of the blow. The best treatment, he thinks, is to evacuate the contents at once. He has never met with any mention of subcutaneous lymphorrhagia in the text-books.

SUMMER DIARRHŒA.—CARHARTT (*K. C. Med. Index*) recommends the stoppage of milk as a diet, and the substitution of liquid peptonoids with coca, pure brandy, and beef tea or broths. Water must be allowed freely, given in small quantities and often. In bad cases he gives:

℞.—Acidi salicylici . . . . . gr. xxx.
Cretæ precip. . . . . gr. x.
Glycerin . . . . . ʒij.
Aquæ rosæ . . . . . ʒxiv.—M.
Sig.—Fluidounce every hour for a child one year old.

LOOMIS' DIARRHŒA MIXTURE.

Take of tincture of opium . . . . . ½ fl. oz.
Tincture of rhubarb . . . . . ½ fl. oz.
Compound tincture of catechu (U. S. P.) . . . . . 1 fl. oz.
Oil of sassafras . . . . . 20 mins.
Compound tincture of lavender, enough to make . . . . . 4 fl. ozs.

SQUIBB'S DIARRHŒA MIXTURE.

Take of tincture of opium . . . . . 1 fl. oz.
Tincture of capsicum . . . . . 1 fl. oz.
Spirit of camphor . . . . . 1 fl. oz.
Purified chloroform . . . . . 180 mins.
Alcohol, enough to make . . . . . 5 fl. ozs.

THIELEMANN'S DIARRHŒA MIXTURE.

Take of wine of opium . . . . . 1 fl. oz.
Tincture of valerian . . . . . 1½ fl. ozs.
Ether . . . . . ½ fl. oz.
Oil of peppermint . . . . . 60 mins.
Fluid extract of ipecac . . . . . 15 mins.
Alcohol, enough to make . . . . 4 fl. ozs.

VELPEAU'S DIARRHŒA MIXTURE.

Take of tincture of opium,
Compound tincture of catechu (U. S. P.),
Spirit of camphor, each . . . equal volumes.—M.

HOYOS (*Revista de Ciencias Médicas*) reports an instance in which he probably saved a patient's life, by compressing the aorta with his hand in the uterus. The woman was almost *in extremis* from the post-partum hemorrhage, and the doctor having been called in hastily, whilst extracting clots from the uterus, felt the pulsating aorta and pressed his fingers against it, until he could have srought the necessary instruments and medicines.

POISONING FROM BUTTER.—If butter be not rancid it is generally considered to be safe eating, yet a case of supposed butter poisoning was lately reported in Chicago. It was butter that had been scraped from a jar packed in the country. If this report be true, the case affords an argument in favor of oleomargarine, for no instance of poisoning has yet been ascribed to it; and people in moderate circumstances must buy the packed butter as it is cheaper. The poison in this case was probably lead, dissolved from the jar by the agency of the fatty acids; as ptomaines, being nitrogenous bodies, cannot be derived from fats.

CHROMIC ACID FOR SWEATING FEET.—In compliance with an order of the Medical Department of the Prussian War Ministry the following was reported concerning the use of chromic acid in the treatment of sweating feet among the military:

1. According to the great majority of army physicians, chromic acid acts more promptly than any other remedy, and is of at least equal efficacy with the salicylic preparations. Its application immediately and considerably improves the marching capacity of the men suffering from the evil. It is unanimously reported that the fetor disappears very soon after the first application.

2. The remedy is cheap, clean, and easily applied.

3. It is to be regarded as harmless when applied in proper amount and strength. The weaker solution must be used first; and when this fails, but is well borne, then the stronger may be resorted to.

4. The applications must be made by the physician himself, or else by the assistant under his direct supervision.

5. Open sores on the feet must be healed before chromic acid is applied.

6. The proper mode of application appears to be the painting of the thoroughly washed and completely dried feet, by means of a camel's hair pencil, with a 5 to 10 per cent. solution in water of the acid, a short time before retiring. In many cases a single application is sufficient; in most cases, however, two to three treatments must be made to attain a cure or improvement. Should a repetition be necessary an interval of eight to fourteen days must be allowed to elapse, when the hardened epidermis will have been cast off.

Forty-two per cent. of those treated were cured, 50 per cent. improved, and 8 per cent. not cured. About 0.75 per cent. suffered from slight inconvenience, such as blistering, eczema, etc., caused chiefly by the use of the stronger solutions.

—*Deutsch. Militärärztl. Zeitschr.*, No. 5.

ELECTROLYSIS IN THE TREATMENT OF STRICTURE OF THE RECTUM

was the title of a paper read by Dr. Robert Newman, of New York, in the Surgical Section of the American Medical Association.

He reported twelve cases in detail, the first of which had been treated in 1871; all of which had occurred in his own practice. The *modus operandi* is virtually the same as in stricture of the urethra. A good galvanic battery is used, and the negative electrode is introduced per anum to the seat of the stricture, while the positive sponge electrode closes the circuit, and is placed in the hand of the patient, or on some other part of the body. The strength of current applied varies from five to fifteen or even twenty milliampères, according to the seat of stricture, the nature of the neoplasm, the size of the electrode, and other conditions. The *séance* may last from five to fifteen minutes, and under certain circumstances may be prolonged to thirty minutes. No force should be used, the electrode should be kept steadily against the stricture, and only guided until the electrolytic action does the work of enlarging the caliber, and then the instrument passes the obstruction. The electrodes have at one end a metal bulb of copper or brass, which is silver plated, some are flat, others round; the latter more egg-shaped; they are made in sets of different sizes. The stem of the electrode, except the extremities, is insulated with hard or soft rubber, some stiff; but most of them are flexible. Sometimes needles are used as the negative pole. *Séances* may be repeated in one or two weeks. The report of the first case is interesting and complete, and proves the perfect success of the treatment by a post-mortem specimen; the patient having died later of peritonitis. The microscopical examination of the specimen found no heterologous tissue, and nothing strictly neoplastic.

All the other cases are minutely reported, and documentary evidences added from different reliable sources.

In recapitulating the facts in these twelve cases, we find some interesting items. It seems that females are more subject to rectal strictures than males, as out of twelve cases only two were males. Their ages run mostly between thirty and forty, the youngest was twenty-four, the oldest sixty-two years of age. The two males were comparatively young men, respectively twenty-three and twenty-six years old. Eight cases were single, four were multiple strictures. The duration of the malady was from six months to twenty years, the causes varied, but hemorrhoids and constipation were important factors. Other causes were syphilis, venereals, enteritis, and dysentery. A rectal stricture, however, may follow any inflammation of the rectum. One case had the complication of five fistulæ, commencing in rectum and ending externally in different parts, in vulva and gluteal regions. As soon as the stricture was cured the fistulæ healed up without any treatment. Only two cases had no previous treatment, two had medical, and the balance surgical treatment; six of which had been operated upon with the knife; yet not in a single case had the previous treatment been successful; all were entire failures; and all that can be claimed in some exceptional instances was temporary relief, followed by relapses. Even the most sanguine operator will admit that proctotomy must be followed by the use of a rectal bougie at intervals. If we compare other methods with electrolysis, we find that the latter has at least improved every case, and in the majority of instances has effected a cure. The three cases, 5, 6, and 8, were certainly improved; but in the end may not prove satisfactory. One patient had too many complications, and could not have been permanently benefited. The second was an aggravated case, and the patient too poor to attend to herself, or even to come regularly for treatment. The case was then operated upon, and afterwards she had to use a rectal bougie regularly, by which means she kept the stricture from closing up again, but after four years had a relapse, with complications, and finally died. The improvements in the third case, No. 8, have been graciously acknowledged by several surgical celebrities; the patient, however, had to leave the city, thereby interrupting the treatment, and a papillomatous growth, which by some was considered cancerous, complicated the case to such a degree that a cure could scarcely be expected under any treatment. These cases are given just as they were, without claiming any success. The remaining nine cases, however, were cured by the electrolytic treatment; and as far as known no relapse has taken place, the time varying from one to ten years, excepting one case, from which nothing has been heard.

The best results were obtained from the method used in the treatment of urethral strictures by electrolysis—*i. e.*, by metal bulbs as negative, and weak currents at intervals; but from the nature of the parts treated, the current can be applied stronger and oftener than in the urethra. In the latter a current of five milliampères is considered strong, while we may in the rectum increase the current to fifteen and sometimes to twenty milliampères; prolong a *séance* from ten to thirty minutes and repeat it in four days.

Stronger currents and the treatment by needles have not proven as successful.

Dr. Newman hopes not to be called too sanguine or an enthusiast, when he makes the following conclusions:

1. Electrolysis in the treatment of stricture of the rectum is not a panacea, on the contrary, failures happen, in fact failures may be expected if the stricture is due to carcinoma.

2. Electrolysis will give improvement to the rectal stricture, when all other means have failed.

3. Electrolysis will cure a certain percentage of cases without a relapse, better than other modes of treatment, and without the necessity of using an after-treatment, or using bougies.

4. Fibrous inflammatory strictures are most amenable to treatment.

5. The best method of treatment is by a metallic bulb as negative, weak currents, and intervals of four days to two weeks. (Further experience, however, may change this rule.)

From other reliable sources more cases of successful treatment by electrolysis are added, as also extracts from letters, as follows:

1. One case of stricture of the rectum treated with electrolysis by Samuel Benton, M.D., M.R.C.S., of London, and in a private letter Dr. Benton writes: The two patients, whom I treated for stricture of the rectum by electrolysis, and published the cases, have remained well, and are permanently benefited.

2. Dr. W. T. Whitmore, of London, writes, that he has treated cases successfully with electrolysis. His paper was read at a meeting of the West London Medico-Chirurgical Society, and is not in press.

3. Dr. W. E. Stephenson, of London, writes: "Strictures of the rectum can, like all other strictures, be treated by electrolysis. The amount of success achieved by these means, depends upon the nature of the obstruction; in some cases a cure can be effected."

4. One successful case by Dr. S. T. Earle, Jr., of Baltimore, who has kindly sent the note. It was a case of syphilitic stricture of the rectum of long standing, treated successfully by electrolysis, no other remedy or medicine being used during the treatment. Previous operation by posterior linear proctotomy gave no permanent benefit. The result of electrolysis has exceeded his most sanguine expectations, and the patient has had no relapse.

PHENACETINE.—Dr. Mahnert found that phenacetine, in doses of gr. 13½, and in children, gr. 4½, given about two to three times daily acts nearly as a specific in acute articular rheumatism.

Large doses only once administered are preferable to small doses frequently repeated, and have, except hyperidrosis, no other bad after-effect, whether weak heart or cyanosis, though the temperature may fall to 95°.

As an anti-neuralgic he used it in the lancinating pain of tabes, and the neuralgic pain of the trifacial nerve with marked good results.

—*Deutsche Med. Wochenschrift*, 5, 1888.

BROWN-SÉQUARD ON THE HYPODERMIC INJECTION OF THE TESTICULAR LIQUID.—In a communication to the Sociéte de Biologie, Brown-Séquard offers the following notes as confirming the results already obtained:

If M. Brown-Séquard no longer possesses youth, as far as his age is concerned, he certainly has found it as regards vigor. He finds himself thirty or forty years younger, and all persons with whom he is brought in contact can testify to the marked change which has taken place in him since he commenced the injections of the testicular liquid. His power of resistance to fatigue is notably increased, so much so that he was recently enabled to make two voyages to Havre and to Boulogne without experiencing the slightest lassitude; he reaffirms that intellectual work has become much easier to him, and that the act of defecation no longer requires any assistance. But one injection has been made since June 1 (two weeks), notwithstanding which the vigor is still conserved.

It is not to an organic modification that we must attribute a change so rapid, but to a dynamic action of the testicular liquid. We know, besides, the influence of the spermatic secretion on the muscular and intellectual power, and all abuse of coition is sure to be followed by the loss of the forces and of the intelligence. M. Brown-Séquard states that persons who are abstemious in this regard for a certain length of time will find themselves more vigorous, and he quotes the example of a professor in London, who having to perform some difficult work, remained absent from his wife for about twenty days in total abstinence.

As early as in 1869, in the lectures given at the École de Médecine, M. Brown-Séquard studied the action of the glands for the purpose of determining whether they did not produce an internal secretion, and in this way bring on a modification of the blood. It would be well if the chemists would take up this study and inform us on the point. Uremia, which has given rise to so many theories, may be due to an action of this kind.

In terminating Brown-Séquard asked those who experiment to make researches in this new direction which he has outlined. It would be interesting to know what would take place in women, not only under the influence of injections of this liquid, but also after an injection of a liquid which could be obtained by compression of the ovaries. He also makes an appeal to the good will and devotion to science of the female practitioners of medicine. The above is that which has been accomplished and that which concerns us.—*La Tribune Médicale.*

ETHER IN HEART FAILURE.—Dr. M. Heitler saw in a patient over sixty years old, with atheroma of the bloodvessels and hypertrophy of the left ventricle, in whom suddenly insufficiency of the heart developed, with œdema of the lungs, and dyspnœa and cyanosis, all the dangerous symptoms disappear immediately after the injection of ether.

The seizures repeated themselves several times, and were every time marked off, with the ether injection, with the same prompt result. He noticed the same results of ether in weak heart in consequence of acute diseases, and recommends it for such cases very highly.

In heart failure, due to degeneration of the heart muscle, the result will only be transient; but if due to weakness only, or dilatation of the heart, it may save life.—Pester Pr., 5, 1888.

SEVERAL cases have lately been reported of "induced intoxication;" that is, a water drinker who passed the evening in company with a number of hilarious spirits, whose beverages were not represented by the formula H_2O, ended the sitting as drunk as his companions. Cut this out and show it to your wife next time.

Medical News and Miscellany.

THERE were 1187 deaths in New York last week.

THIRTY-EIGHT people suicided in Berlin during June.

GINSENG is gathered in the Catskills for export to China.

THE hot weather tells strongly on the city death record.

SEVENTEEN cases of diphtheria in Salem, Mass., since July 1.

A MAN in Danville, Ill., is said to have died lately of hydrophobia.

CHOLERA infantum prevails among Dover, Del., babies.—*Record.*

BLACK diphtheria is said to have broken out in a Minnesota town.

CHOLERA infantum caused 40 per cent. of the deaths in Brooklyn last week.

THE annual reports of ice cream poisonings are now beginning to come in.

THE Camden Board of Health is discussing the subject of a garbage crematory.

SIXTY cases of typhoid fever are reported in Wilkesbarre, and an epidemic is feared.

FOUL smells from a vacated canal bed at Huntingdon are blamed for the sickness there.

MORPHINE taking is said to be a dangerously common habit among Parisian ladies.

MANY ladies of Montreal are trying to have the McGill University opened to women.

THE best food for sick babies is the raw white of egg in cold water. Next comes raw beef.

DR. WILLIAM ELMER, of Bridgeton, died of Bright's disease, June 27, in his seventy-fifth year.

A BRIGADIER-GENERAL of the British Army stationed at Madras has been stricken down with leprosy.

SURGEON DUNCAN, who was supposed to have yellow fever, but really had remittent fever, has recovered.

DR. ALICE BENNETT has in view the establishment of a training school to fit nurses especially for handling the insane.

DR. RICHARD THOMAS, of Lancaster, died on July 14, of apoplexy. He was surgeon to a Jersey regiment during the war.

A CHINESE leper was discovered in the Sacramento jail recently. He had been sent there from Folsom for refusing to pay a poll tax.

THE French Government has commissioned Dr. Lowenthal, Professor at Lausanne, to go to Tonquin to test the efficacy of "salol" as a destroyer of the cholera microbe.—*Times.*

PARIS threatens to build three more Eiffel towers and erect a sanitarium on the four. This approaches our balloon idea.

CHARCOAL crackers may be readily prepared for dyspeptics by taking any ordinary crackers and burning them to a crisp.

A NEW method of wasting time has been instituted at the University of Pennsylvania, entitled the Department of Psycho-physics.

DR. S. WEIR MITCHELL will take his accustomed ocean voyage this summer, and while in England will visit Sir Morell McKenzie.

THE Italian Parliament is earnestly discussing the project of reclaiming the malarious districts about Rome, by means of cultivation.

DR. G. D. SCHOALES, of 1428 North Eleventh Street, was fined $25 by the Board of Health for failing to report a case of diphtheria.

DRS. JACOB HAY and W. S. Roland, of York, have been appointed to fill two vacancies in the United States Examining Board of that city.

THEY have only waked up to the necessity, in London, of having ambulances for wounded horses, and are starting a subscription for that purpose.

DR. CHAILLE states that the average life of woman is longer than that of man, and in most parts of the United States woman's expectation of life is greater.

A CASE of typhoid fever occurred in Harbor Creek, near Erie. On searching for the causes three decomposed toads and a lot of angle-worms were found in the well.

THE death of Francis S. Saltus, half brother of Edgar Saltus, is attributed to sulfonal. People who treat themselves have only a short time for experimentation.

DR. HENRY M. HURD, superintendent of the State Hospital for the Insane at Pontiac, Mich., has accepted the office of Superintendent of the new Johns Hopkins Hospital at Baltimore.

A WELL of impure water has caused typhoid fever in Parth Valley, and thirty persons have been afflicted within the past ten days, a physician among them. Three persons have died.—*Times.*

LESSENING the protection against disease is short-sighted economy. Owing to a failure on the part of Congress to make an adequate appropriation, the quarantine must be greatly cut down.

DR. PHILIP F. BRAKELY, the oldest practitioner in Northern New Jersey and a leading surgeon and physician, died at his home at Belvidere, of heart disease, aged seventy-four years.—*Times.*

"MEGALOCEPHALITIS" is the delicately euphemistic method by which the Philadelphia *Times* refers to what would in blunt English be dubbed "big-head fever." This affection, according to our classical contemporary, is especially prevalent among political office holders.

A TOUGH FIELD:—We heard the other day of a field that was so hard on the doctor that he had to give up his practice for three years, passing that period in a saw mill, in order to recuperate.

A NEWSBOY called at a doctor's office in Cincinnati, last week, and offered the medical man a half box of cigarettes "if he would make him feel better." He was suffering from scarlatina. Hence his rashness.

AN Alabama woman who had complained of stomach ache for eight years died, and in her stomach was found a piece of cloth thirteen feet long. So says the *Ledger*, but we would not care to vouch for the tale.

DR. MANLUFF, of Philadelphia, who is visiting in Dover, rode half a block at the latter place on a bicycle a day or so ago, to avoid the muddy streets, and for this he was arrested and fined $2.60.—*Record.*

THE Boston *Herald* in complimenting a young woman who graduated first in a class of forty aspirants in dentistry, suggests that the dentist's chair will lose some of its horrors when presided over by a fair female form.

DR. JOHN H. MUSSER, a graduate of the University of Pennsylvania, and for several years connected with the Philadelphia, University and Presbyterian Hospitals, has been elected Assistant Professor of Clinical Medicine at the University.

NEW YORK is going about the summer's work in the right way. She gets forty physicians to go and see the poor in the tenements, and pays the doctors, instead of letting them work for nothing and giving the credit to the societies.

Patrick Dunn, of Nevada, has a method still simpler than that of Brown-Sequard's for regaining youth. He has discovered a spring, and all that is necessary is to bathe a few times, drink the water, and presto, the ancient is a youth again.

A STORY is going the rounds to the effect that a two-year-old locked himself in to avoid a doctor, but the physician, equal to the emergency, put a ladder to the window, climbed in, and made the necessary application to the young strategist's throat.

HOW TO KEEP COOL.—Drink hot water, eat cold meat, avoid hot soups and ice water, take a hot bath twice a day, do your work in the early morning and evening, and from 11 A.M. to 4 P.M. keep in the darkest recesses of your house, clad only in pajamas.

ALMOST A FRANKENSTEIN.—A man with an artificial face has been attracting much attention at an English watering place. He has an artificial cheek, eye, and palate, fitted by a surgeon of Bristol. He eats without the slightest difficulty, and speaks distinctly.—*Times.*

APROPOS of the Bishop case the papers are raking up all the authentic and unauthentic cases of suspended animation ever heard of, with which to regale their readers. The fact is such that instances are exceeding rare, and it is a pity that the disproportionate fear people already have should be still farther excited.

PROF. HOWELL, of Johns Hopkins University, is quoted as saying that "many well substantiated cases are on record of the beard and hair growing long after the body had been interred." Surely this absurd popular error has not received sanction from such a man.

THE birth of a four-legged child in Indiana is plausibly explained by a daily paper on the theory of adaptability to environment. The Indianians have been doing little else than kicking since the 4th of March, and this occupation gives rise to a need for more legs.

DUKE CHARLES THEODORE, of Bavaria, a skilful ophthalmologist, is winning the affection and esteem of many of Bavaria's poor by his gratuitous services in their behalf. His wife, the Duchess, is his able assistant, and "performs the part of nurse and general benefactor."

COMMENT UNNECESSARY.—Raw ham and bologna sausage had for years been favorite articles of diet with Joseph Palmi, aged thirty-four years, of New York. He died at Bellevue Hospital of trichinosis. His muscles were literally alive with the parasitic worms.—*Daily paper.*

TO avoid catarrhs a family journal advises its readers to "keep the mouth shut." It occurs to us that certain other complaints might often be avoided by the same method, such as epistaxis, and ecchymoses about the eyes, and law suits, and razzle-dazzle, and matrimony.

THE Philadelphia Almshouse keepers have been granted a new trial, because the jury's verdict had "nothing to do with the case." It was much like that absurd termination of a trial one occasionally sees, in which the defendant is found innocent, but must pay half the costs.

THE *Ledger* suggests that Brown-Sequard is behind the times with his great discovery.

Similar medicaments have been sold here for a long time. See pictures of "before" and "after."

None genuine unless the proprietor's name is blown on the bottle. Beware of imitations!

DR. TODD, of Georgia, is quoted in the San Francisco *Bulletin* as saying that the average length of life in the United States is longer than in any other country, namely, fifty-five years. The truth is that the average length in the United States is shorter than in any other country, namely, twenty-three years.

SIX hundred and seven deaths in Philadelphia last week. While one hundred and twenty-eight deaths are recorded from cholera infantum, there are 27 children dying from convulsions, 5 from diarrhœa, 12 congestion of the brain, 6 debility, 2 cholera morbus, 1 colic, 1 dysentery, 18 inflammation of the brain, 18 inflammation of the stomach and bowels, 19 inanition, 1 jaundice, 53 marasmus and 6 teething, and out of this list there are probably large numbers who really succumbed to the same causes as those which induce the disease known as cholera infantum.

ACCORDING to a Pittsburgh physician the bowlegs prevalent in that city are attributable to the descent of the hills by young children, in whom the ankles yield to ease the strain on the limbs.

If this be so then the children in Newburg, N. Y., and other places on similar spots, ought to have "hillside" feet, caused by tramping along those shocking steeps.

THE Press has been inquiring into the gastronomic habits of the Philadelphia doctors, and the following items show them to be truly men of taste: Dr. S. Weir Mitchell likes fillet of tenderloin with mushrooms, Thomas Biddle and Leonardo Judd take kindly to goose liver, while Dr. Da Costa prefers calves' brains and seltzer, and Dr. Cleeman calls for curried lobster or broiled woodcock.

CALLAGIN: "Doctor, haven't you been attending on old man Gilfullaw?"

Doctor: "Yes."

Callagin: "How is he to-day?"

Doctor: "He is beyond the reach of medical assistance, I fear."

Callagin: "What! Is he dying?"

Doctor: "Oh, no. He's broke.

THE International Medico-Legal Society has formed a permanent organization as a result of a highly successful meeting held in New York last month. The President of the new Society is Clark Bell, Esq., of New York, and among the vice-presidents is the name of Prof. John J. Reese, of this city, whose life-long devotion to this branch of medical and legal learning is thus appropriately recognized.

MR. MUMM, whose name is sufficiently well known, has lately run foul of the California Grape Growers and Winemakers' Association, by saying that no good champagnes could be made in this country. Mr. Arpad Haraszthy, of the Association, maintains in an open letter to Mr. Mumm (*The Analyst*) that the latter in making such a statement manifests either remarkable ignorance or mendacity.

AMONG Chinese remedies are tiger's blood, ground blood, bear's gall, asses' glue, tree bugs, elephant's gall, fossil crabs, fossil teeth, fowl's gizzard, "insects of nine smells," Job's tears, cow hair, glass, rhinoceros horns, cow's knee, puff balls, dragon's teeth, straw, hedge-hog, skins, dried silk worms, snake skins, crab's eyes, horse tails, and centipedes. Compare a pharmacopœia of two hundred years ago before sneering too loudly.

A MEMORIAL TO PRESIDENT FETTER'S WIFE.—A room in the Medico-Chirurgical Hospital has been handsomely furnished by the pupils of Girls' Normal School as a memorial of Mrs. George W. Fetter, wife of President Fetter, of the Normal School. A handsome crayon portrait of the late Mrs. Fetter is given a position of prominence among the pictures. The room was tendered to the Hospital by Misses Sarah McBride, Helen Dodge, Georgia B. Palmer, Anna Mull, and Anna Hume, in behalf of the school, and was accepted by Dr. Montgomery and Miss Atwood for the Hospital.—*Record.*

MANY of the papers are printing sensational accounts of the horrible tortures one suffers who dies by electricity, citing alleged cases in proof. It will be noticed that these stories come from electric lighting superintendents, who are trying to demonstrate that their currents are not suddenly fatal; but any one who is acquainted with the experiments performed in Edison's laboratory, will know how much credence to give to these reports.

A VERY important question has been raised as to the certainty of death following electrical accidents. In New York a dog which was pronounced dead by an expert is said to have recovered during the following night, after having been placed for some hours in the earth. In this case the current was so powerful that the wire had burnt an inch into the dog's flesh.

In case of accidents by electricity it is well not to give up efforts at resuscitation too soon.

A SICK woman in a railway train in England recently received her death through having her head struck, while it was out of the window, against a mail bag, which was suspended near the train in order to be caught by the mail van in the rear. The *Hospital Gazette* in relating the case, says that it will be very difficult to find a remedy for this danger. We know of a simple one: Put the mail van in front of the passenger coaches, as it is in this country.

A "PHYSICIAN of eminence," in London, is said to have called kissing one of the most common causes of the spread of disease, and to have also intimated that the practice itself is a disease. Indiscriminate kissing of babies and general promiscuous kissing is certainly dangerous and to be discountenanced, but we should dislike to see the "disease" altogether eradicated. Our theory is that we have to suffer a certain amount of disease in any event, and this being so, we prefer to acquire it in this way.

THIS year the direction of the athletic sports at the University of Pennsylvania was taken away from the students and vested in the Faculty. The result has been a phenomenally disastrous season in base ball, boating, etc. The base ball club went to pieces before the season was half over, after vainly seeking for a club it could best.

Better let the boys manage their own sports, and if they can make no better showing, send them back to their books.

THE Second International Congress of Hydrology and Climatology will be held at Paris, on October 3 to 10, at the Trocadero Palace. In addition to the regular work of the Congress, excursions will be made to Pierrefonds, Compiègne, Enghien, the Observatery at Parc de St. Maur, the City of Nancy, Gerardmer, Bussang, Luxeuil, Vittel, Contrexeville, Martigny, and Bourboune. Communications should be sent to M. le docteur F. de Ranse, à Neris (Allier), the Secretary-General.

Subscriptions for membership should be addressed to the Treasurer of the Congress, M. O. Doin, 8 Place de l'Odeon, Paris, with postal note of twenty francs.

THE practical unfitness of women as physicians appears to be demonstrated at the Philadelphia Women's Medical College. As the older members of the Faculty drop out their places are gradually being filled by men. When Dr. Bodley died her place was filled by a man. Dr. Dickson resigned, and instead of putting in Emily Dubois, a graduate of the school, fully competent to fill the position, Dr. Wm. Parish was selected. Dr. Marie Formad applied for the Chair of Pathology, vacated by her brother, but again the place was assigned to a man. The logical deduction is that the Women's College is unable to develop from its own graduates suitable incumbents for these positions.

A NEW hospital for women in Philadelphia is to be opened at the northeast corner of Forty-first and Ogden Streets. The new Institution is exclusively under the management of women, Dr. Elizabeth L. Peck being the Resident Physician. The West Philadelphia Hospital for Women begins its work with very limited funds, and the Managers hope for liberal contributions of money, furniture, old linen, carpets, dishes, cutlery, or anything that can be utilized in the work. It is expected also that generous help will be extended through annual subscriptions of sums of from $1 upward. The hospital begins its work on Monday in dispensary and out-door service, and will receive a few house patients for a moderate compensation, not yet being pecuniarily able to take charity patients in the house.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from June 30, 1889, to July 13, 1889.

MCPARLIN, THOMAS A., Colonel and Surgeon. Under the provisions of the Act of Congress, approved June 30, 1882, by direction of the acting Secretary of War the retirement from active service this date, by operation of law, is announced. Colonel McParlin will repair to his home. Par. 2, S. O. 157, A. G. O., July 10, 1889.

TOWN, FRANCIS L., Lieut.-Colonel and Surgeon, U. S. Army. Promoted Surgeon, with rank of Lieut.-Colonel, to rank from July 10, 1889. Vice A. K. Smith, promoted.

SMITH, ANDREW K., Colonel and Surgeon. Promoted Surgeon with rank of Colonel, to rank from July 10, 1889. Vice McParlin, retired.

CORSON, J. K., Major and Surgeon. Leave of absence for one month granted. Par. 2, S. O. 65, c. s., Department of the Columbia, is extended one month. Par. 1, S. O. 45. Headquarters, Division of the Pacific, June 24, 1889.

CHAPIN, A. R., Captain and Assistant-Surgeon. Leave of absence is granted for twenty-five days, to commence on or about July 2, 1889. Par. 6, S. O. 145, Division of the Atlantic, June 27, 1889.

GORGAS, H C., Captain and Assistant-Surgeon. Leave of absence for one month is granted, to take effect on the arrival of a medical officer to relieve him. Par. 2, S. O. 84, Headquarters, Department of the Missouri, July 3, 1889.

GIBSON, R. J., Captain and Assistant-Surgeon. Reports arrival July 2, 1889, at Camp Lewis, Fisher's Island, N. Y., in compliance with Par. 5, S. O. 133, Division of the Atlantic, which designated him as Medical Officer for the encampment (rifle practice) at Fisher's Island, N. Y.

PERLEY, H. O., Major and Assistant-Surgeon. Is ordered to accompany troops from Fort Wayne, Mich., to Gognac Lake, Mich , to encamp there with the Michigan State troop from August 8 to 13, 1889. Par. 1, S. O. 154, Headquarters, Division of the Atlantic, July 9, 1889.

PERLEY, H. O., Captain and Assistant-Surgeon. Is granted fourteen days leave of absence, to commence about July 14, 1889. Par. 2, S. O. 154, Headquarters, Division of the Atlantic, July 9, 1889.

BEALL, GEORGE T., Captain and Medical Storekeeper. Leave of absence is granted for two months, by direction of the Secretary of War. Par. 8, S. O. 148, A. G. O., June 27, 1889.

CHERBONNIER, ANDREW V., Captain and Medical Storekeeper. Will, in addition to his present duties, take charge of the office and perform the duties of acting Assistant Medical Purveyor in St. Louis, Missouri, by direction of the Secretary of War. during the absence of Captain George T. Beall, Medical Storekeeper. Par. 2, S. O. 151, A. G. O., July 2, 1889.

INES, F. J., Assistant-Surgeon. Will proceed from Fort Lyon, Cal., to Camp near Oklahoma City, I. T., and report to the commanding officer for duty, relieving Captain W. C. Gorges, Assistant-Surgeon, who, when so relieved, is authorized to avail himself of the Leave of absence granted him in Par. 2, S. O. 84, c. s., Department of the Missouri. Par. 1, S. O. 87, Department of Missouri, July 9, 1889.

BRECHEMIN, LOUIS, Captain and Assistant-Surgeon. Is ordered to Illinois National Guard, near Springfield, Illinois, during remaining portion of encampment. Par. 1, S. O. 159, A. G. O., July 12, 1889.

BALL, R. R., Lieutenant and Assistant-Surgeon. Leave of absence is granted for fifteen days. Par. 3, S. O. 87, Department of the Missouri, July 9, 1889.

Changes in the Medical Corps of the United States Navy for the week ending July 13, 1889.

WHITE, S. STUART, Assistant-Surgeon. Ordered to the Naval Hospital, Brooklyn, N. Y.

WHITE, C. H., Medical Inspector. Detached from the "Trenton" and wait orders.

NORFLEET, ERNEST, Passed Assistant-Surgeon. Detached from the "Trenton" and ordered to the "Monocacy."

AMES, H. E., Passed Assistant-Surgeon. Detached from the "Monocacy," proceed home and wait orders.

HARMON, G. E. H., Surgeon. Detached from the "Constellation" and ordered to the Naval Academy.

LOWNDES, C. H. T., Assistant-Surgeon. Detached from the "Constellation" and ordered to the Naval Academy.

WHITE, S. STUART, Assistant-Surgeon. Detached from the "Trenton," July 7, 1889.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service from June 10, 1889, to July 13, 1889.

FESSENDEN, C. S. D., Surgeon. To proceed to Cairo, Ill., on special duty, July 8, 1889.

LONG, W. H., Surgeon. Granted leave of absence for twenty-eight days, June 18, 1889.

AUSTIN, H. W., Surgeon. To proceed to Cairo, Ill., on special duty, July 8, 1889.

IRWIN, FAIRFAX, Surgeon. Granted leave of absence for ten days, July 6, 1889.

MEAD, F. W., Passed Assistant-Surgeon. Granted leave of absence for thirty days, June 24, 1889.

MAGRUDER, G. M., Assistant-Surgeon. Relieved from duty at Baltimore, Md., to report to the Supervising Surgeon-General for duty as acting chief clerk and attending surgeon, July 10, 1889.

GOODWIN, H. T., Assistant-Surgeon. Granted leave of absen e for thirty days, July 8, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 568. | NEW YORK AND PHILADELPHIA, JULY 27, 1889. | The Medical Register. Vol. VI, No. 134.

PAGE

CLINICAL LECTURE.

NEURITIS. By Wharton Sinkler, M.D. - - 289

ORIGINAL ARTICLES.

THE PROPER FOOD OF INFANCY AND CHILDHOOD. By B. F. Hart, M.D., Brownsville, Mo. - - - - - - - - - - - - - - - - 291

REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY. By William R. D. Blackwood, M.D., Philadelphia - - - 295

THE POLYCLINIC.

PENNSYLVANIA HOSPITAL:
Hip-joint Amputation. *Ashhurst* - - - 298
Pediculi Capitis. *Longstreth* - - - - - 298
Typhoid Fever. *Longstreth* - - - - - - 298
False Teeth. *Longstreth* - - - - - - - 298

MEDICO-CHIRURGICAL COLLEGE:
Removal of Uterine Fibroids *Montgomery*, 298

JEFFERSON HOSPITAL:
Cystotomy. *Nancrede* - - - - - - - - 298
Osteotomy. *Nancrede* - - - - - - - - 299
Salivary Calculus. *Nancrede* - - - - - 299
Prospective Digital Divulsion. *Barton* - 299
Abscess of Tibia. *Barton* - - - - - - 299
Wiring a Fracture. *Barton* - - - - - - 299

EDITORIAL.

HYDRO-THERAPEUTICS - - - - - - - - 300
A TYPHOID SCARE - - - - - - - - - - 301

ANNOTATIONS.

The Treatment of Whooping-cough - - - 302
Milk Sugar in Cardiac Dropsy - - - - - 302
A Medical Index - - - - - - - - - - 302

LETTERS TO THE EDITOR:

Treatment and Management of Inflammatory Diarrhœa in Children. *Hutts* - - - 303
Cincinnatti Letter. *McKee* - - - - - - 303

THE INQUIRER.

Assistance Requested. *Frankhauser* - - - 304
Effects of Antifebrin. *Endicott* - - - - 304

PAGE

BOOK REVIEWS.

Psychology as a Natural Science Applied to the Solution of Occult Psychic Phenomena. *Raue* - - - - - - - - - - - - 304
Wood's Medical and Surgical Monographs - 304
The Old Hospital and other Papers. *St. John Roosa* - - - - - - - - - - - - - 304
Physicians' Leisure Library. *Davis* - - - 305
Papers Read Before the Medico-Legal Society of New York - - - - - - - - - - 305
Third Annual Report of the State Board of Health of Ohio - - - - - - - - - - - 305

GLEANINGS.

Dr. R. Waldo's Monument - - - - - - - 305
MEDICAL INDEX - - - - - - - - - - 306
INDEX TO VOLUME V - - - - - - - - 308

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Clinical Lecture.

NEURITIS.

(Delivered May 29, 1889, at the Orthopœdic Hospital.)

BY WHARTON SINKLER, M.D.

Reported by WILLIAM B. STEWART.

GENTLEMEN: The subject of my lecture this afternoon is neuritis, or, as its name implies, an inflammation of a nerve. It may be in one or all the nerves of the body, and is known as poly- or multiple neuritis. It has been recognized as a distinct and separate affection within the last few years. It may affect the sheath of the nerve or the substance between the nerve fibers. The causes are various, as from direct or indirect injuries. A dislocation of the head of the humerus will often cause a neuritis of the whole arm from bruising, or pressure on the musculo-spiral nerve, which is most common, and disturbs the function of the parts to which the nerve is distributed. It may also come from cold. Another form known as neuritis migrans occurs in the periphery of a nerve and goes to its main trunk, and may be due to a cut or other injury; a cut causes a violent degree, and sometimes induces intense constitutional disturbances such as fever, pain, etc. It may come from syphilis or metallic poisoning. Lead palsy is generally recognized as a neuritis, and the majority of physicians hold to this belief, but it is uncertain; I myself think there is no doubt of it. It was thought that it was more common in the right arm than the left, but I do not think that observations have confirmed that view. If you take the most common form, paralysis of the extensors, we find it due to injuries of the musculo-spiral nerve.

Now, alcohol taken into the system in undue amounts causes a peripheral or multiple neuritis, and this is the only form that is caused by it. Neuritis is more common from the use of alcohol than any other cause. Gonze states that it is most common in women, but I think that I have seen as many cases in men as in women.

Sometimes it comes on, in multiple neuritis, with weakness of the extensors of the hands, wrists, fingers and legs; and at the same time, there is some transient mental disturbance, and as it progresses all the muscles of the members and trunk are affected, and the patient ultimately dies of respiratory paralysis; but before death there occurs marked mental disturbance. The beginning is complicated by pain, tenderness, feebleness, formication, prickling, constant jagging and quite acute pain along the course of the nerve. Moist heat and hot water applied along the course of the nerve will often give relief. This form is mostly alcoholic, and if seen early enough, you can count on a recovery. The first indication is to stop the use of alcohol at once, even though it is difficult to keep it from them. The muscles should be treated with massage; electricity is not good in the beginning, except galvanism to the nerve trunk when there is irritation, but when the irritation is less you may use the faradic. As to recovery, you often have contractions and disturbed sensation for a short time.

Closely allied to multiple neuritis is an epidemic form met with in Japan, that presents the symptoms of ordinary neuritis. These epidemics extend for a great length of time, and many of the people die or are disabled by it.

Another form that resembles it is the leper's neuritis, where the sensory nerves are more commonly affected than the motor. Neuritis may involve all the nerves of the body. Swelling occurs with exudation in the sheath of the nerve or the interstices in the sciatic, due to cold, injury, or a cut. It may involve the peripheral nerves of the skin, as in erythema nodosa or urticaria nodosa, in which the nerves in that region are in the state of inflammation.

Neuritis is much more important than it used to be, for by a knowledge of it we now know many forms of palsies to be peripheral instead of central, as formerly thought. What condition of things do we find in the nerves? There is an inflammation of the nerve, with heat, redness, and swelling; the vessels of the sheath are considerably engorged and the sheath itself distended by an exudation. Sometimes this exudation is in the sheath and sometimes in the interstices of the nerve; sometimes in the nerves themselves, with degeneration. Something like leucocytes are thrown out in the nerves, and the axis cylinder undergoes changes as well as the nerve fiber. The myelin is broken up, and the intervals become longer. The connective tissue increases over the substance of the nerve, and nothing but a fibrous cord remains in its place.

The most violent forms of neuritis are in the upper extremities, and may involve the whole arm or a single nerve. When the head of the humerus is thrown out of place the brachial plexus is pressed on to a certain extent, and a consequent neuritis extends down the arm. The greatest trouble appears to come from the reduction of the dislocation. I have in mind the case of a man who had an old dislocation, and shortly after it was reduced he got a neuritis. There are great disturbances in the skin, which is swollen, red, *shiny*, or even bullæ or small vesicles appear over the distribution of the nerve, that will last for months or even years, as occurred for three years in the case just cited. Many have it as the result of a fracture, with the neuritis extending to the shoulder or the hand. This is a common cause of trouble even where you have a perfect union of the bones. In these cases we have a neuritis, migrans, and consequently very limited, as in the case I now intend to show you. This woman had a fracture of the humerus in the upper third two months ago, and was treated well, with perfect union of the bone. She was left with pain in the shoulder and stiffness in the shoulder-joint, and on examination I found that the deltoid muscle had escaped injury, but the supra- and infra-spinatus muscles were much wasted, showing that the supra-scapular nerve had been affected. Generally, the supra-scapular and circumflex are involved at the same time. The circumflex nerve is often injured, and it is a common thing to see wasting of the shoulder. Many have it in the musculo-spiral nerve, as in the case of a man who had a cut over that nerve, and when healed the parts were palsied. Pressure over this nerve in a drunken sleep is a common cause of neuritis. Lie down for a short time on your arm, or let it rest over the sharp edge of a chair for a short time, and it "goes to sleep," and you lose its power for a time, and if continued for a length of time neuritis results. Dr. Price had a patient in whom he had wrist-drop that occurred during etherization for an operation, in which the arm rested across the sharp edge of the table for several hours. The ulnar nerve is often injured where it passes around the internal condyle of the humerus, as by striking the "crazy-bone" or by pressure, and a neuritis is produced that lasts a long time. The symptoms are, first of all, numbness followed by the parts feeling as if asleep; loss of power of motion, and various trophic changes.

I have here a patient in whom the median nerve is involved. It is a case of long standing, and I wish to show the results. In June, 1887, this lady, aged 73 was a seamstress, but did not do much work for several years past; she was never very strong, and was easily tired. Her left arm began to be numb, followed by pain, swelling, and redness. Pain on pressure over the course of the nerves, especially felt in the fingers and hand, and in the median and brachial plexus. The result has been that the little and ring fingers were affected, and some of the redness and glossiness still remain. Has had supra-orbital neuralgia, but has been much improved by the use of electricity. At one time she could not use her hand at all. She was given ergot internally. This is a simple case of rheumatic neuritis. Occasionally you will see cases come on without any cause, as in the case of one who had been confined to bed for nine years, and on getting up had intense pain in the arm, with loss of power; swelling of the fingers, with red, glossy skin, and contraction of the fingers; no history of pressure or injury, but came on slowly of itself without any assignable cause.

We have a form of neuritis, as I said, that is ascending, and occurs as a result of injury or cold; quite common after cuts by glass. I have here a woman, who was cleaning a window last November and the glass broke and made a cut over the knuckles of her three fingers. The wound healed, and in three weeks she came in with inability to extend the fingers, and it was found that the extensors were cut. On February last the tendons were united, under antiseptic precautions, with complete union and free motion of fingers. In one week after the wound was healed she felt numbness and pain in her fingers. Here is a case, then, where the ulnar was affected and then the disease extended to the musculo-spiral and median nerves. Has constant burning pain and shininess on the hand, and the course of the nerves is painful to the elbow-joint. After faithful and prolonged treatment with massage and electricity she can use the hand, but the joints are still enlarged, red, and glossy, and her little finger is slightly flexed. These are the trophic changes that you hear of.

Sometimes the hand burns and pain extends to the shoulder. Injury to the ulnar nerve extends to the brachial plexus or other nerves. Do not be too hasty

in the use of electricity, as it will increase the trouble when improperly used. Use a weak, descending current along the nerves; heat, hot water, poultices, hypodermics of cocaine, and massage. Diagnosis is easy. Between a peripheral palsy of the upper extremity and a paralysis from a central brain lesion it is one of interest. Lack of disturbance of sensation would indicate that it was not a peripheral lesion—electricity also shows this.

The electrical conditions are, first of all, the muscles respond to the faradic current, and, if anything, the response is too ready. As the nerves degenerate there is loss of reaction, and it is not until this reaction of degeneration sets in that it is time to use electricity.

Original Articles.

THE PROPER FOOD OF INFANCY AND CHILDHOOD,

AND NEEDFUL SANITARY ENVIRONMENTS.

By B. F. HART, M.D.,
BROWNSVILLE, MO.

SINCE a large proportion of the race die in infancy, it follows that whatever offers greater security to infancy and childhood and tends to throw around that stage of existence the protecting shield of scientific truth, must conserve a good purpose, and be in accord with approved medical work, which has for its object the prevention, abortion and cure of disease, and the prolonging of human life.

Much progress has been made in certain departments of medicine within the past few years; so much, indeed, that the obscurity through which disease has heretofore been seen, seems to be rapidly passing away and giving to the future of medicine an outlook as promising as the most sanguine dared to expect. But in the midst of this progression, however, there appears to be an evident retrograde in things pertaining to the welfare of childhood. Nature dictates certain food and sanitary surroundings for the child, which are at present greatly ignored. Shall the infant be deprived of the God-given right to draw sustenance from its mother's fount according to creative design, and have the salutary laws of its being set aside, is a question of grave import. Those who study it in the right direction and in the best interest of childhood, will deserve no mean praise, since it lies at the very root of the well-being of the race. In cities, especially, it would seem that baby foods without number, wet-nursing, cow's milk fresh and condensed, have to a very large extent superseded the good old time-honored way of nourishing the babe at the mother's breast. This is unquestionably wrong, and in direct violation of the first law of our being. Neither mother nor child can violate this law without paying the penalty, unless in rare and exceptional cases. He who created all things, adapting everything to a special purpose, must in the very nature of the case, have known what was best for mother and child, and so ordered it in creation. The female who wilfully refuses to nurse her young without a sufficient cause, deserves the severest condemnation, and is unworthy to wear that name dearest of all others and around which so many memories love to linger—mother.

Statistics abundantly show that women who nurse their offspring are infinitely better off in every respect. The risks of the lying-in period are greatly reduced. They are much less subject to all those diseases peculiar to the puerperal state; the womb contracts better, and involution takes place more readily and more effectually, and the long list of chronic female affections is reduced to the minimum. This is what might naturally be expected from a physiological and philosophical consideration of child-bearing. The lacteal secretion diverts the fluxion of blood from the womb where it has served its purpose; thus relieving the congestion and giving the parts a chance to assume the ante-pregnant condition. This is certainly a wise provision of nature, and may not be arrested with impunity. How short-sighted and inconsiderate on her own account must be the mother who would thus act, even should she have no regard for the welfare of her infant. And what may be said of the medical adviser who frequently recommends or tacitly acquiesces in such a course? That he has studied medicine to a poor purpose; and must meet a fearful responsibility at the bar of God when all these sacrificed little ones shall appear against him.

The mother's milk, then, is the proper food for every infant, and nothing should deprive it of this natural nourishment, unless the mother is suffering from some constitutional taint; such as consumption, mental derangement, cancer, scrofula, epilepsy, syphilis; or whose blood is so much impoverished as not to supply healthy nourishment, and the drain on her system becomes too prejudicial for her good. Rarely, a change may be required in a few cases, because the milk disagrees with the child, although nothing is apparently wrong. Such cases, however, are seldom seen, and may generally be remedied by changing the food of the mother.

Owing to overmuch physical exertion of the mother or the too free play of mental irascibility, the milk is rendered colicky or otherwise unsuited, and should be changed suitably by removing the cause. Again, unseasonable nursing is often a great worry and tax on the mother, and very detrimental to the child, subjecting it to disquiet and pain, and in too many cases producing downright sickness. It is believed that very few mothers have any regular or stated periods for nursing, which is quite necessary for the good of both mother and child. It seems to be taken for granted that when a child cries, nourishment is wanted. Too often its little stomach is already oppressed and unduly distended with food, and it finds vent to pain in crying. An infant should have the breast regularly about every four hours, and it will thrive well, be free from pain, and generally free from crying, unless it has been spoiled by too much handling or rocking. Such a child is quite a little treasure, and in the language of the poet, is a "well-spring of pleasure" to all the household. Overfeeding is no doubt a serious cause of sickness in infancy. In consequence of overfeeding the baby cries, and then is too often drenched with catnip and other teas, and

dosed with medicines which meet no indications and prove more or less injurious. It is a frequent habit in such cases to administer opiates in some form of soothing syrup, or alcoholic toddies, to quiet the child and produce unnatural slumber; and thus the round is continued days in and months out. Such a course can have no other than a bad effect on a nervous organism that is most delicate, and responds so readily to morbid impressions, to say nothing of consequent impaired digestion, which strikes directly at the seat of life, since the stomach is the laboratory upon which all the vital processes depend. While the child may live and grow under such treatment it is very obvious that its start in life is at a disadvantage, and it is not going too far, perhaps, to say that the current of its future may be sadly changed for the worse. Sometimes the infant is permitted to contract the habit of sucking its thumb, which is likely to affect it injuriously in several ways. In the act its arm rests across the chest and not unfrequently produces deformity of the same, to the great injury of its thoracic organs in after life; besides, through reflex or sympathetic action it is likely to cause an irregular and unnatural flow of the salivary and gastric juices, thereby impairing the function of digestion. This habit may have the effect also, to some extent, of pumping air into the stomach.

Through ignorance or want of attention on the part of the mother, the infant often suffers severely, diseased action sometimes being set up by arresting free respiration by the use of tight garments, and covering the head too closely with bedclothes to protect from cold, or in the use of nets to keep off flies; thus compelling the child to rebreathe its cast-off exhalations, and an atmosphere that to a large extent has already been deprived of oxygen, and consequently is unfit for use and very unhealthy. From this cause doubtless death reaps an abundant harvest from the infantile world. About the great sanitary laws applicable to infancy and childhood, the majority of parents are most deplorably ignorant, and a little sympathetic excitement only tends to increase that state of things.

A strong case in point came home to the writer many years ago. It was in the latter part of August. No rain had fallen for three months. Creeks had dried up, the ground was cracking, vegetation parched, and the thermometer ranged in the nineties, when a gentleman gave him a call to visit his child six miles in the country, and implored great haste, as he said the child was dangerously ill and might die before his arrival. He found a six months' infant at the bottom of an old-fashioned box cradle, wrapped up in three big blankets, with nothing but a part of its face and the little blue eyes to be seen. Its breathing seemed to be running away, and the pulse was too rapid to be counted. In answer to the question, why it was so wrapped, the mother said to prevent the child from catching cold; something not likely to happen under the circumstances, if it had been left naked on the ground all day. The child's wraps were removed, and it was placed on a pallet on the floor, where remaining an hour, its breathing, pulse, and temperature were found to be perfectly normal. Meantime, no doubt, the anxious parents thought they would have to send for some other doctor who would do something for the little sufferer.

To the utter astonishment of the parents, they were informed that the child was all right and needed no medicine; and none was given, although a better opportunity never happened to do a little humbugging and make a cheap reputation by administering some colored water. In those days many people thought medicine ought to be taken like pouring soot into a sink-hole; and as none was given on this occasion, the sequel came out six months after, when then father, in settlement, objected to a full charge. On being asked about the child's recovery, he said he had never seen one do so well. The question was put why he sent for a physician, and he said, to cure the child, of course. He was then asked if it were not done, according to his own showing, in a most satisfactory manner. Seeing that he was entrapped effectually, and after having it explained to him that although no medicine was given, in all probability the life of the child had been saved, since had it remained in the condition found a short while longer serious and perhaps fatal disease would have been the consequence, he took in the situation fully, and willingly paid the charge. This child, perhaps, had a touch of cholic, and the parents becoming alarmed at its cries, failed to exercise common sense, and instead of benefiting it by their attentions, were actually placing its life in jeopardy. The case may serve to illustrate a great many minor ones continually occurring in the practice of any physician in full business even at the present day, and but too plainly shows that people generally need a vast amount of education on sanitary matters with reference to the wants of childhood. Another grave error committed by parents, especially in the poorer classes, is allowing the babe to have a chair at the table and partake of the ordinary food of the family at too early a stage in its existence. It makes a good hand and does its best, but the food being wholly unsuited to its powers of digestion, cannot be used without telling to its disadvantage.

But, owing to death or unfavorable constitutional disease of mothers, or their utter refusal to discharge the motherly duty, many children have to be otherwise provided for, and hence, other plans of nourishing the baby have to be considered.

As a general thing, next in importance and reliabilty to the mother's milk comes that of the cow, given by the spoon or the bottle. The milk from the ass and the goat is said to approximate more nearly that of the human, but its use is not generally practicable. Statistics drawn from various sources prove that the feeding of cow's milk to infants gives better satisfaction than anything else, except the mother's milk. While this is true, the statement needs some qualifications. The mortality of infants fed in this way runs very high or reasonably low, according to the condition of the milk when given. Milk that has been drawn from the cow long enough to have undergone fermentative change does not meet the wants of infantile nature to the fullest extent,

and, indeed, it frequently becomes a source of disease, which may terminate in death. Just like other food, then, it makes all the difference in the world as to whether the milk is perfectly pure and in a healthy state, and more especially is this required for the delicate organs of children. With milk fresh from the cow, the child should be fed about one and a half to two ounces regularly every four hours for the first month, and afterwards the amount gradually increased. This milk should not have been drawn from the cow over four hours before it is used, diluted one-half with water that has been previously boiled, warmed and sweetened at the time of giving. Occasionally a little lime water added answers a good purpose when it is indicated.

In all methods of nourishing the feeding should be entrusted to the mother alone, or to some one interested by ties of consanguinity; for upon its faithful performance depends the fate of the child. The utensils used in feeding should be disinfected by boiling water at least twice a day. The want of attention to this simple requirement has caused the death of untold thousands of promising infants. The use of cow's milk under the most favorable circumstances is when it is given immediately after milking and before it gets cold, the sooner the better. Milk as it comes from the teat is the most perfect emulsion known, and is most easily digested; but in a very short time, almost immediately, the oil globules begin to separate, and no device of man has ever been able again to reëstablish the same relation, and consequently it fails to bring about, when digested, so high a state of vitalization. This has been demonstrated, time and again, by old people and others of enfeebled vitality using the milk fresh drawn, resulting in a wonderful change for the better, giving flesh, strength, and health. This requirement can only be fulfilled under favorable circumstances, but wherever practicable it will well pay for the outlay. Another circumstance of almost equal importance, is to use the milk from a healthy cow; one that receives comfortable treatment, reasonable exercise, fresh, pure air to breathe, plenty of good, pure water, and a nourishing mixed food suitable to her wants. No poor, unhealthy cow should furnish the milk supply to an infant under any state of the case.

It is believed that under such treatment as is herein outlined for child and cow, the mortality rate would be very little higher than in children who draw nourishment from the mother's fount. In cities, owing to the difficulty and the impossibility, in a large proportion of cases, of obtaining good, fresh milk, other plans are resorted to, with only partial success. Many use condensed milk, and a goodly number of children live; but this is a risky business, as it is impossible to tell the condition of the cows from which the milk was obtained, or how much care has been used to keep the milk pure and have it canned under the most favorable circumstances. Still it is better than no food. To aid digestion, it is the custom now-a-days, to some extent, to peptonize the milk foods, but for a healthy child with good milk this is believed to be unnecessary.

Wet-nursing is also used to considerable extent in cities, and if under auspices of the most favorable kind, it would probably be superior to cow's milk.

It is known, however, to those who have investigated the subject pretty thoroughly, that, as a general thing, it proves quite fatal to infants submitted to the trial. The objections come from many quarters. As a matter of fact, the death-rate of infants reared on this plan is very high. Most of those engaged in wet-nursing are professionals, who have their own babes put out to be fed on manufactured foods of various kinds, and nearly all such babes die from neglect and the want of proper food in a short time. These wet-nurses are of very unreliable character, and most generally rank quite low in the moral scale. Many of them are suffering from constitutional diseases of a bad kind, which makes their lacteal fluid undesirable, if not absolutely dangerous. They practice their calling for the money that is in it, without much regard for the welfare of the child entrusted to them, and from previous habits of life can have little sympathy with their enforced surroundings. The potency of opiates and alcoholic stimulants are but too well known to them, and they fail not to use that knowledge to drug their charge into quiet, and sometimes into the grave. This feature of wet-nursing is not overdrawn by any means, as has been attested by numerous instances which have occurred. Again, while their milk might be good for their own babes it does follow that it would answer so well for those of entirely different constitutions, physically, mentally and socially.

Children nursed in this way have had their tempers and dispositions radically changed from that of brothers and sisters nursed by the mother; and this has happened so often that its truth can scarcely longer be called in question. With the milk drawn from this source the child takes also the cast of disposition of its foster mother, which may go with it through life to its great prejudice. The loose passions and perturbations of mind to which these nurses are subject from their previous mode of life, make their milk unsuitable in quality and often quite unhealthy.

This plan of wet-nursing makes infant mortality double, in consequence of the desertion of two children by their mothers. There are exceptional cases in cities where a good wet-nurse may be found, and under the direct supervision of the child's mother all things work together for good, and in smaller towns and country districts this not unusually happens. Other mothers there are, who having become disgusted with adulterated cow's milk and the wet-nurse experiment, rest their faith in the various foods, so plentifully manufactured and extensively advertised at the present day. These foods are generally produced after the formulated thoughts of Baron Liebig, and while they appear plausible enough theoretically, their practical use often fails to meet preconceived expectations.

But allowing that infant foods are not all without merit, still they cannot take the place of human milk; besides, they are quite too expensive for the poor to use. Babies in cities, being emaciated to mere shadows on many of these foods, have been sent to the country and put upon cow's milk, when, presto!

the little fellows have new vitalized blood generated, take on flesh, assume a lively disposition; thus changing and transforming, in fact, the whole current of their lives. Wonderful was the display of foods and various compounds for the young and the old at the Exposition Building in St. Louis, on the occasion of the meeting of the American Medical Association in May, 1886, and doubtless the same display is made at each successive annual meeting. This remarkable exhibition for medical men to gaze upon, suggested the thought whether doctors and everybody else were not getting cranky on the subject. There is evidently a craze in this direction, perhaps a crazy fashion that is having its day.

If infant foods, proprietary and patent medicines shall continue in vogue with increasing demand, as appears to be the order of the day, a time will come before long when there will be little use for the mammary glands or doctors either.

Now, while this judgment is herein recorded against artificial foods generally, it is but fair and just to say that they differ greatly in value, some being almost worthless, or worse, and others serving a fairly good purpose, and may be allowable under certain circumstances. That there is quite a difference between the farinaceous (Liebig) and milk foods for infants, has been clearly shown from chemical analysis and fully demonstrated by clinical experience. So that when their use is determined on, it becomes a question of chosing the best. And since in cities it is most difficult to get good cow's milk and meet all the requirements of cleanliness and purity, and as wet-nursing comes high, with other objections, a dry food consisting of baked flour and sterilized dried milk partially digested, to which only water has to be added, would probably be the best substitute in a great many cases for the mother's milk. Under like surroundings cow's milk used alone should be sterilized before giving it to the child, by some economical process, preferably by Soxhlet's apparatus.

A very good substitute for these patent infant foods is boiled flour; in fact, there can be little doubt of its being infinitely better than many of them, when added to properly prepared cow's milk, especially if diarrhœal trouble exists. This flour is prepared by putting good flour in a small bag and keeping it in boiling water for two or three days, though it is unnecessary that the water shall boil all the while. The inner part only of the flour thus boiled should be used. The process of boiling makes it easy of digestion, changing some of it to dextrine. Added to cow's milk, a teaspoonful or two of this flour will subserve a good purpose. The question of infant feeding is one of paramount importance, because it strikes at the very foundation of human growth and vitality. Faulty nutrition in infancy leads to structural changes in the thoracic and abdominal organs, and tends to dwarf manhood and womanhood; just exactly what happens, as is very well known, to the young and grown-up of all animals under like circumstances. Under such conditions, individuals and nations are bound to lose prestige and go into a state of gradual deterioration. The great mortality of infancy presses this question to the notice in figures most alarming. One-tenth of all children born in this country die before the end of the first month; and in 1888, more than one-third of the children born in New York City died before the end of the first year.

This is a fearful mortality, and it shows that something is radically wrong in the nourishment of infants and in their environments as well.

True, mortality tables show that death does not reap so broad a swath in rural districts, the rate being only half as great; and it is owing to this fact that cities continue to grow and flourish in the face of such heavy mortality, since they unceasingly draw largely upon the fresh, active blood and vigorous constitutions of country life. The tenement-house system in cities does very much toward making this unfavorable showing for them in the death-rate. In addition, the heat, dust, impure air and water, the large quota of bacteria swarming on every side, and the continual prevalence of contagious and epidemic diseases come in for a large share of blame.

While not entirely as helpless as infancy, childhood and youth, in all its stages to maturity, requires watchful care and helpful interposition of medical and sanitary science.

The child, during these stages of youth, should be instructed through its parents that the use of alcoholic stimulants, narcotics, and tobacco are unnatural, supply no want in the system, and exercise a most baneful influence on the young; and that a habit is then formed through which these deleterious agents in after life, are but too frequently used to great excess, resulting in the most deplorable consequences to health, morals, mental soundness, and even jeopardizing life itself. Tea and coffee are commonly used by children and not without injurious effect. They would thrive and do much better on milk and water as diluents with other food. These drinks interfere with digestion and unduly stimulate the brain; and as nervous activity runs highest at this stage of existence, they are liable to do incalculable injury. Too much meat and too little fruit is given to children. The various cereals, fruits, and vegetables are the natural, proper, and most healthful diet for children; and this idea should be instilled into them when young, so as to make a lasting impression. The less meat they take the more healthy will they be; and abstaining therefrom, their prospects for a vigorous old age and a long life will be greatly enhanced.

It has been clearly established that many diseases come from meat-eating; and as time elapses many others, little dreamed of now, will be traced to the same source. Every day brings to light something new in this direction, and points with unerring certainty to the manifold dangers attending this indulgence. How important, then, to fix a contrary habit in childhood's young bloom! Equally important is it to teach a child moderation in the use of food, one of the great evils of to-day being intemperance in eating; and this should be indelibly impressed upon the minds of the young.

Not only is there a vast amount of gluttony in the land, but people generally eat too much and too often

for either comfort, health, or long life. The stomach should have sufficient rest between meals to come to the work every time with pristine vigor, and then night-mare and dyspepsia would be names soon forgotten. Coranro, the Italian nobleman, after he had been given up by his doctors to die at the age of forty because of previous excesses, subjected himself to the spare diet of twelve ounces of solid food per day, and comtinued it till he became a centenarian. No man ever enjoyed old age more happily. Free from pain, sickness, and despondency, he was ever buoyant in mind and body; and gives the most delightful experiences ever recorded of old age. Such a joyous experience of life may happen to others who do likewise. Children should form the habit and practice on it through life, of attending to nature's call to evacuate the bowels on the first intimation; and thus, in all probability, remain forever unacquainted with the harrassing troubles of constipation and hemorrhoids.

Practising faithfully on these rules, sleeping in rooms well ventilated and as high above ground as possible, taking frequent baths, enjoying to the fullest extent the free air of heaven and the glorious sunshine, with an endless amount of exercise, ought, and doubtless will, make of children healthy and long-lived men and women, just in accord with the original intention.

REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY.

By WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

FARADISM IN SUBINVOLUTION AND KINDRED DISORDERS.

PARSONS calls attention to the use of faradism in uterine subinvolution and passive congestions. His extract in the London *Medical Recorder* does not give the particular method of application, but in my own practice I have found it necessary to apply the electrodes directly to the womb, and preferably by one pole to the fundus—the other to the cervix to prevent too much lateral diffusion.

Galvanism in Gynæcology.—Dr. Ford, of Utica, alludes (at the eighty-third annual meeting of the New York State Medical Society) to galvanism in tubal diseases, and instances cases of hydrosalpinx of great severity rapidly cured by galvanism. Many cases of metritis, pelvic cellulitis, and ovaritis, in which fixation of the organs took place from extensive adhesions, were relieved under currents of two hundred ma. Subperitoneal or mural fibroids did not entirely disappear in any instance, but all the growth was checked, and in most instances the tumor was reduced to very small dimensions.

The same results were obtained by Dr. Parsons in a uterine tumor, the character of which was not decided. Bleeding followed an attempt at aspiration, but none attended electro-puncture. The mass was reduced four-fifths in bulk, and had not returned in one year after treatment.

Extraction of Foreign Bodies from the Eye by the Magnet.—Laquer refers to the employment of Hirschberg's electro-magnet for the removal of steel fragments from the ocular ball, and urges care in its use to prevent undue laceration.

Hubbell records the notes of two cases in which steel was removed from the vitreous. It is important that a free path be afforded the foreign body should it have fallen below the wound of entrance, lest further lesion be caused by the drawing forward of the sharp fragment of metal.

In several cases known to myself broken fragments of needles and metallic splinters have been removed from the hands by exposure to the powerful magnetic field of dynamos at lighting stations, and some of the employes at these places are quite expert in this branch of minor surgery.

Electricity in lieu of Laparotomy.—Goelet gives his views in an extended paper in the New York *Medical Journal* concerning the substitution of either current, in many cases of pus-tubes, myomata, and pelvic depositions after inflammatory action, for the ordinary abdominal surgery. Whilst in the main his conclusions are correct, it is apparent that much of the absence of caustic effect in the vagina under high currents is due to insulation of the free surface of the electrodes by the materials used to cover them. Three hundred or more ma. in the vagina will produce caustic effect if the whole force passes, no matter what the covering of the electrode may be.

Electricity in Gynæcology.—Bradford refers to cases of dysmenorrhœa from stenosis as cured in six sittings under eighty ma. Menorrhagia gave way to galvanism in two instances and metrorrhagia in one, where a cure was established in three months without drugs.

In the absence of villous endometrium, I have, for three years past, found faradism superior to galvanism in hemorrhagic tendency, for the malady is generally due to flabby and enlarged uterus, which is rapidly and thoroughly condensed by induction currents.

Photo-electrical Ophthalmia.—Dubinski, of Kronstadt, has observed peculiar ophthalmic disorders in the case of thirty sailors who were constantly exposed to strong electric lights. A curious part of the phenomena is that the symptoms occur during sleep. The patient is awakened by intense peri-orbital pain, profuse lachrymation ensues, with severe photophobia. This lasts for an hour to three hours, and then sleep ensues. Next morning nothing is felt except the tired feeling of overwork. There is palpebral œdema, a venous retinal pulse, and hyperæmia of the papilla. The difficulty occurs only during sleep, either at night or in the daytime naps.

I cannot find any similar trouble, after careful examination, in any of our employes in this city. Men who are exposed here to constant arc light of high power do not thus suffer, and there evidently is something in the surroundings of these sailors, or constitutional defect not prevailing here.

Galvanism in Cancer.—Dr. J. Inglis Parsons, of Chelsea, England, has made some interesting notes on four cases of carcinoma of the breast in which strong currents were used. The doctor depends largely on the effect of suddenly interrupted currents, and does not appear to attach importance to the purely electrolytic effect of galvanism.

The advantages claimed for this method of treatment are as follows:

1. There is no destruction to the normal tissues of the body, and if recurrence should at any time occur, its progress can be immediately stopped, and the treatment repeated as many times as necessary. Life would by this means be prolonged indefinitely, provided that metastatic deposits had not occurred before the commencement of the treatment. So far, cases able to bear the full strength required have shown no signs of recurrence.

2. Patients are not obliged to lie up, but are able to get about on the day following the application.

3. The current can be passed through almost any part of the body, and thus arrest growths which could not by any possibility be otherwise treated.

CASE I.—August 15, 1888. A. L., aged thirty-eight, married, Family: four children; three miscarriages; last, three years ago.

Family history: Mother died from asthma; father, alive and well, aged sixty-four. No history of cancer in the family.

Previous history: Has never at any time had any abscess or swelling in the breast, nor had any difficulty in nursing. Seven months ago she suffered from shooting pains in the left breast, and then noticed a lump there for the first time.

Present condition: On the inner side of the left breast there is a hard nodule, the size of a walnut, and a second one three times the size on the outer side, infiltrating the surrounding tissue. On the skin of the areola a distinct tumor can be seen; the nipple is also retracted. In the axilla are three enlarged glands. She complains of shooting pains in the breast and down the arm.

Diagnosis: Carcinoma of the breast. Mr. Bryant very kindly saw this case for me, and confirmed the diagnosis.

August 23.—Operation: Ether was given, and an interrupted voltaic current, slowly raised to four hundred milliampères, was applied to the breast and tissue round in every direction. During the application the pulse became stronger, while respiration was not affected. At each make and break, the arm and shoulder were jerked up.

August 25.—No rise of temperature or discomfort followed beyond a slight feeling of *malaise*. The pain has all gone.

August 30.—Operation repeated.

September 15.—The glands in the axilla treated in a similar way, and she was sent home.

October 18.—No return of pain. The mass in the breast and the glands in the axilla are smaller and harder.

Februrry 6, 1889.—She still has no pain, and the condition of the growth remains unaltered. General condition excellent.

March 12.—Patient continues to be quite well.

The extreme height was six hundred milliampères in any of the four cases given by Dr. Parsons, but I have carried the force to an ampère in one instance of uterine cancer in which needles were employed in positive electrolysis. The patient was not unfavorably affected by the current, but having been captured by an enthusiastic gynæcologist, I lost her. Six months afterwards she was better, but had refused operative interference at his hands. One of Dr. Parsons cases of mammary cancer had heart disease, but she did not suffer from the current. In such an instance I would certainly use puncture in in high currents to avoid diffusion from large electrodes.

The details of the doctor's manipulation are not clear. He speaks of *interrupted* currents, and refers to the alternative change in polarity of the needles. Unless reversion by a proper switch was practised this could not occur, and electrolysis goes on at the polar regions notwithstanding preconceived theories on anyone's part. The procedure is certainly one suggesting full trial, for no evident injury can be done, and the idea of using the knife is so distressing to others as to prevent early operation.

The diagnosis in these cases is apparently correct; in fact, it was confirmed by competent surgeons in some of them, Mr. Bryant amongst others.

I believe that Dr. John V. Shoemaker, of this city, is now investigating this question, and a report will be given hereafter.

Electric Cataphoresis.—Dr. Frederick Peterson reported to the Academy of Medicine recently the results of a number of carefully conducted experiments as to the enhanced diffusion of drugs endermically applied under galvanism. He has shown the futility of the Adamkiewicz electrode, which a New England physician, not long ago, boomed so much. The drugs chiefly employed were aconitine, cocaine, and chloroform, and his conclusions are as follows:

The cataphoric action of the constant current is beyond doubt or question.

The use of the Adamkiewicz electrode or of chloroform for cataphoresis is altogether inadmissible.

My own experiments have been chiefly with cocaine and aconite.

With the former, or with the two combined, a deep anæsthesia may be produced in conjunction with the anode, sufficient for the relief of pains in superficial nerves, or for small operations—such as the painless removal of cutaneous growths, or the electrolysis of hair roots.

The anæsthesia may be made rapid by the use of strong currents—an advantage in neuralgias—or slowly produced with a current imperceptible to the patient.

Wherever and whenever the anode is employed for the relief of pain, its efficacy will be greatly increased by moistening it with a ten to twenty per cent. solution of cocaine.

Rubbing the skin with a little alcohol or chloroform, to remove the oil globules previous to the application, will hasten the effect.

He suggests the use of electric cataphoresis for other purposes than that of producing topical anæsthesia. Wherever, for instance, iodine is used as a local application over swellings or tumors, the galvanic anode will greatly add to the efficacy of the medicament.

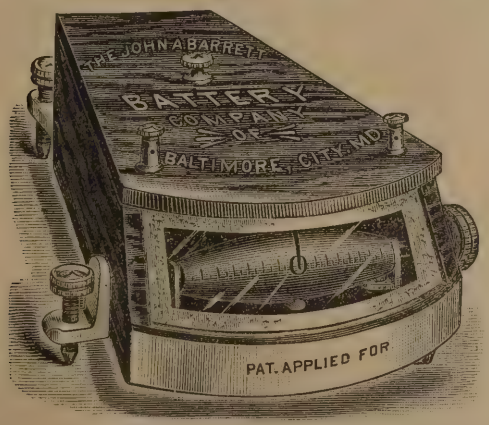
I have used cataphoresis for some time past in varied neuralgias, in sciatica, in earache and toothache; in otalgia a few drops of a solution of one grain of

atropia-sulphate to the drachm of water applied under galvanism to the canal, will relieve the pain in a few minutes in the ordinary attacks seen in children.

W. H. Walling writes concerning electricity in gynæcology in the "TIMES AND REGISTER," of June 22, basing his remarks upon a single case, and deducing from the experience gained the conclusion that currents of from two to thirty milliampères are sufficient for the reduction of myomata. He states that he never saw a case in which pain was not caused by mild currents, and inferentially decries the use of the so-called high application. It is a new idea in electrolysis to hear of "cauterization" by *twenty* milliampères for *three minutes*, but as the polar application was apparently indifferent (or changed from time to time), not much testimony could be secured on this point from the example noted. I have never, in many hundreds of cases, known of discomfort, let alone pain to be caused by fifty milliampères, and I often employ over a hundred without comment on the patient's part. He states: "I cannot coincide with those who claim that no pain is caused by such applications, agreeing rather with Dr. Martin, of Chicago, that if properly used they do not cause sufficient pain to require an anæsthetic." How many cases he bases his opinion on is not disclosed.

Electrical Illumination of the Bladder.—Mr. E. H. Fenwick writes concerning this in the *British Medical Journal*, and believes that the procedure is "performed rapidly and routinely in private or out-patient practice," and usually without anæsthesia. He also thinks that "cystoscopy is, if it be gentle and purposive, as free from risk as routine catheterism or sounding." This is encouraging, but young electro-therapeutists should not rush in frantically with a view of discovering the hidden diagnosis in difficult cases. They may come to a different conclusion, even if nothing else happens to them.

New and Improved Apparatus.—Messrs. Queen & Co. have added a condenser to the discharging-rods of their static-electric machines which increases the density of the direct spark decidedly. The device



consists of a metallic and vulcanite plate which is substituted for one of the balls, and it is readily put on or removed. The piece can be applied to any of their Toepler-Holtz machines, and it is inexpensive.

The John A. Barrett Company of Baltimore, Md., has added a new mil-am-meter to their list of apparatus, which has several advantages. Short, astatic needles are used, but the pointer of aluminum is four inches long, hence minute movements are multiplied. The magnetism is uniform and constant at any point of the country, as the system is not influenced by terrestrial magnetism. It has three independent reading scales. The interior connections are automatic and readings are direct, no multipliers being needed.

The uses of electricity are ever multiplying. Who could ever have dreamed that the electrical current manufactured by the public lighting companies conveyed along the streets would be switched off on special wires to go into the very mouths of the people! It is a fact. A man sits down in a dentist's chair nowadays and has his teeth repaired by the huge dynamos that are used for feeding the street lights. The patient lies back in a darkened room (if it is a dull day), an incandescent light illuminating the caverns of his mouth. The tooth is washed with water heated by electricity. It is dried and kept dry during the filling by air heated in the bulb of a little blowpipe by two red-hot platinum points. It is gouged and scraped, and scoured, and hammered, and sawed by little instruments that wriggle around on the end of the same electric current.

"Yes," says a dentist laughing, "and if you fall asleep during the operation we can just give you a little shock to wake you up."

Scientist Jansen, of the Mendon Observatory, has recently been engaged in examining the electric lights on the Eiffel tower, in the Paris Exposition grounds, with a spectroscope. He finds that at a distance of eight miles oxygen is present in a group of electric rays, tested after the manner of a solar spectrum. Prof. Jansen, therefore, concludes that this effect is due to oxygen in the atmosphere. There is no oxygen evident in a solar spectrum. The spectra of the sun are white.

Natural Electricity.—An extraordinary tale comes from Burmah. Mr. Ronald H. King, an electrician well known to the Burmese, while on a prospecting and shooting expedition in the island of Labuan, is said to have discovered a mineral from which electricity can be obtained without apparatus of any kind whatever. The mineral is described as being in the form of a black stone, of excessive hardness, and very great specific gravity, being nearly as heavy as platinum. A small block in the shape of an irregular cube, measuring 4.3 inches one way, by 5.2 inches the other way was brought away, and, on bringing it into the testing-room, a strong effect was noticed upon the galvanometer. At first it was thought that the mineral was an ordinary loadstone, but on tests being made, it was found that the force was more akin to that of an electro-magnet, and that a strong current would flow when the mineral was connected in a circuit. Further tests revealed that a difference of potential of forty-seven volts could be detected at the extremities, the internal resistance of the mass being twenty ohms. The block appears to waste away very slightly, leaving a slight gray powder upon the surface when connected up for some time. The electrician now uses the block to light a couple of incandescent lamps in his laboratory!

The Polyclinic.

PENNSYLVANIA HOSPITAL.

HIP-JOINT AMPUUATION.

ASHHURST presented a man about thirty years of age, whose left leg was to be disarticulated at the hip-joint to stay the progress of a malignant tumor developing in the stump of a previous thigh amputation. The patient had a history of being struck on the knee fifteen years ago, with a baseball, the sequence of which was the development of a fibroid tumor, which was removed. In 1887 a second slight injury caused the development of a tumor of a different kind, which was also removed and shown to be surrounded by a capsule. It appeared again in the diffuse form, when a high thigh amputation was performed. Malignant tumors, remarked the professor, are not infrequently found to be surrounded by a capsule. Cunningham, of Manchester, Eng., reported a case in which he had found a scirrhus tumor enclosed in a capsule. In performing the operation an abdominal tourniquet was used to control hemorrhage; pressure being made on the left iliac artery at or near the bifurcation of the aorta, and sufficiently strong to stop pulsation in the left femoral artery. The efficiency of this method of controlling hemorrhage was well demonstrated in that the operation was a comparatively bloodless one. The femoral artery was ligated before being cut, to guard against any mishap. A circular incision was made, care being taken to exclude every evidence of malignant growth in the parts reserved.

Pediculi Capitis.

For relief from these evidences of health (?) Longstreth recommends the application of soda solutions in the form of a poultice. The glue surrounding the egg which is fastened to the hair is dissolved by solutions of soda. The only objection to their use is that they change the color of the hair. But this should not militate against its use upon children. Baking or washing soda may be used as the needs of the case require. The hair should first be thoroughly soaked with a saturated solution, then it should be covered with a cloth saturated with the solution. The head should be then covered with oiled silk and bandaged.

In cases of typhoid fever, says Longstreth, where the mesenteries are involved, the application of fatty poultices to the abdomen is of immense value.

Persons having false teeth are more liable than those who do not have them, to swallow irritable poisons unawares. False teeth diminish the extent of sensitive surface.—*Longstreth.*

MEDICO-CHIRURGICAL COLLEGE.

REMOVAL OF UTERINE FIBROIDS.

THE patient was a colored woman, thirty-five years old, married, and had one child seven years since. Three years ago she noticed that her abdomen was enlarging, and it has distended steadily until the present time.

She also began to experience increasing trouble from pressure on bladder and rectum. There was a constant and annoying sensation of weight in the abdomen.

Upon making an examination, an irregular mass could be felt in the abdomen, extending up on the right side to the right hypochondriac region. This growth was movable.

Another irregular mass, felt below filled up the pelvis, and over the anterior surface of the abdomen, low down, could be distinguished a number of small nodular bodies. A diagnosis of multiple fibroid was made.

As the patient suffered so much from pressure symptoms and the weight of the mass as to render her unable to earn her living, she was very anxious to have the growth removed.

The operation was performed July 16, by Prof. Montgomery, assisted by Prof. Stewart, and Drs. West and Dorland.

When the patient was under the anæsthetic, the nodular character of the tumor and its irregularities could plainly be seen, on account of the thin and flabby abdominal walls. An incision was made, beginning one inch above the pubes and extending to just below the umbilicus. Several corkscrews were inserted into the mass above, and with some difficulty it was withdrawn down and out. As the growth was raised below it was found to be partly intra-ligamentous on the left side. The broad ligament was accordingly divided on either side, whereupon it was noticed that the cervix was long enough to form a pedicle. A rubber ligature was accordingly thrown around the cervix and the whole mass cut away. Pins were passed through the stump at right angles and Cintrat's serre-nœud applied to the pedicle just below the pins. Considerable difficulty was experienced in controlling the bleeding vessels on either side, owing to the large amount of raw surface exposed. After securing all these vessels, a drainage-tube was placed behind the stump, and the abdominal walls closed.

Since the operation the patient has had so little pain that only one dose of one-fourth grain of morphine has been given. The drainage-tube was removed on the third day. Her highest temperature has been only $100\frac{2}{5}°$ F.

JEFFERSON HOSPITAL.

CYSTOTOMY.

A MAN who for over a year had felt much pain, in the neck of the bladder, and who after urinating passed more or less blood, was thought by his physician in the country to have a stone in the bladder and came down to the hospital for the purpose of having this removed.

The surgeons were unable to find any stone, being able to make out only a ribbed or rugose condition of the bladder walls.

For the purpose of giving that organ rest, however, and to make a still more thorough examination it was thought best to perform a cystotomy. Nancrede entered the bladder by the infra-pubic route, having

made his incision in the median line. No calculus could be discovered, but digital examination disclosed a more or less papillomatous condition of the vesical mucous membrane. Several small masses were removed with the forceps. A catheter was then inserted through the wound into the bladder and the patient returned to the wards.

OSTEOTOMY.

This man presents a marked deformity of the left femur at its lower third, forward and outward. Six weeks ago his thigh was broken, and when he came in here, a few days since, he had a very neat plaster-of-Paris dressing on, and there was good union of the fractured ends; but, strangely enough, the dressing reached only up to the seat of the break, and hence this unsightly and troublesome deformity. The patient, a man, wishes to be relieved, so I shall rebreak that bone. I can do that either by first puncturing a small opening to the bone by means of a tenotome, drilling holes in the femur and then breaking it; or I may make a longitudinal incision to the bone just long enough to admit this chisel, and by the aid of a mallet, chisel the bone in two.

Instruments for both methods are here, but I shall choose the latter plan.

Having reached the bone with my chisel, I turn it at right angles to the incision and strike firmly with the mallet. This mallet I consider especially good. It is in the form of two cones with their apices together, and the handle connected at the slenderest point. These cones are filled with lead, making a good weight—one pound—in a small bulk, and also giving a sound as dull as that of a wooden mallet—an important point in private operations. After cutting partly through the bone in center and sides, I am able to break the remainder with the aid of several of my assistants.

The leg is now quite straight, and is not appreciably shortened. He will be put to bed with extension to the leg, and sand bags on either side for a few days, after which a plaster-of-Paris dressing will be applied. The operation has been done antiseptically, and I fear no untoward consequences.

For drainage I have put a few strands of catgut into the wound, and you notice that I take particular care to place them close together.

If the strands are allowed to be scattered, the effect of capillary attraction is lost, and they are of no use.

Moisture is also necessary, so I cover the wound with a piece of oiled silk.—*Nancrede.*

SALIVARY CALCULUS.

Here is a patient with an enlarged gland of the neck to be removed. Instead of making the ordinary incision, I shall make one in the line of future wrinkles, so as to make less deformity.

At the first cut I strike something hard and gritty, and you see I have removed a number of small calcareous particles; so that I believe we have here calculi in the submaxillary gland. Instead of cutting, then, I shall curette the rest of this, for in a place like this it is just as well to use the knife as little as possible, The facial artery is near this spot, and it would be no desirable complication to cut that.

—*Nancrede.*

PROSPECTIVE DIGITAL DIVULSION.

Barton brought before the class a little patient of about three years of age, suffering from obstruction of the cardiac orifice of the stomach. This obstruction is probably due to a tumor, detected by dulness on percussion.

The case was admitted by Barton to the wards for further observation; and if the statements made by the parents are verified, he purposes opening the abdomen, and if he fails to restore the caliber of the œsophagus by dilatation from the stomach or by removal of the tumor, he intends to perform gastrostomy.

ABSCESS OF TIBIA.

Here is a young man who has suffered great pain in the tibia for the last year, and I intend to trephine, with the expectation of finding a collection of pus. Upon trephining it was found that the tibia had undergone much thickening, and an abscess cavity was found that contained about an ounce of pus. The bone was then opened for some three inches, the whole length of the pus cavity, after which this was thoroughly cleansed and packed with mercurial gauze.—*Barton.*

WIRING A FRACTURE.

A case of ununited fracture was presented, which was of six months' standing. The accident had happened from the patient's having been caught in a rapidly revolving belt, and had resulted in four fractures of the forearm—two of the radius and two of the ulna, the latter compound. But one of the four fractures had united.

Barton first exposed the points of fracture, freshened with the saw all the edges, drilled and wired the fragments in position. The operation was performed antiseptically. The parts were at once put up firmly in a plaster dressing, and so far there has followed no constitutional disturbance whatever.

BANQUET TO TRAILL GREEN.—A magnificent banquet was lately given at Easton to that eminent and honored member of the medical profession, Traill Green, A.M., M.D., LL.D.

Many distinguished men were present and vied with one another in complimenting this aged and much loved man.

Jokes, merriment, good speaking, and good viands were the order of the evening, and everyone left much pleased with the happy event.

THE yellow fever scare in Brooklyn came at a particularly bad time for at least one of the principals—Dr. Bogert, who attended Dr. Duncan, the patient. The health officers quarantined Dr. Bogert, locking him up in a house, guarded by two policemen; where according to private advices he was perfectly furious, because at that very time he was looked for by a fair maid in Montreal whom he was to wed.

It seems now that after all Dr. Bogert was right; the disease was simply remittent fever.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, July 27, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

HYDRO-THERAPEUTICS.

THE history of water as a remedial measure is replete with interest and affords the clearest demonstration of the instability of therapeutic propositions and the influence of prevailing thought upon the latter. From the day of Hippocrates, who wrote the Tract de usu Liquorum, and Asclepiades, who was dubbed "Psychioloutes," because of his advocacy of water in the treatment of diseases, some of the most eminent teachers and practitioners of medicine have been its warm supporters, and laymen, who have left their impress in history, have benefited from its practical application. Among the latter, in ancient times, it may be of interest to mention the Emperor Augustus, the poet Horace, and the philosopher Seneca. The tendency of the leading men in the past to form systems based upon some idea propounded and taught by themselves, has relegated many valuable therapeutic measures into the ranks of empiricism. Water has suffered more than all others, rising now and then to great popularity, only again to fall into desuetude. The literature of this remedy exceeds that of any other, except blood-letting, occupying twelve and a half columns of the Surgeon-General's index catalogue. So long as medical questions were surrounded by a philosophical nimbus, and speculation was the chief guide in the treatment of disease, so long did water experience the vicissitudes of other remedies. But since the utilitarian idea has become predominant and since it has become the chief aim of the physician to cure disease rather than to speculate upon it, the recognition of so-called empirical measures in therapeutics has become more pronounced. The advent of Priessnitz has, during the past half century, brought the practical results of hydro-therapeutics prominently before the lay public and through this channel before the medical profession. This is only a repetition of the history of other remedies.

Fortunately for suffering humanity several scientific physicians studied the methods of Priessnitz seriously, although the Paris Academy of Medicine condemned it in 1842. Lubanski and Fleury, in France, Van Housebronk, in Belgium, Schedel, Virchow, and, most enthusiastic and scientifically exact, Winternitz, in Germany, Gully and Howard Johnson, in England, are only a few of the men to whom we owe the combined clinical and scientific demonstration of hydro-therapeutics, which places the latter upon an enduring basis.

The advances made in the theory of fever, which began in Virchow's great work, have gradually led to more firmly establishing hydrotherapy in acute diseases, especially in typhoid fever. The works of Juergensen, Brand, Vogel, Naunyn, Glenard, Tripier, and others, have yielded the marvelous result, that the mortality of typhoid fever has been reduced from 25 per cent. to 2 per cent., and the end is not yet.

The preëminent therapeutic value of water finds eloquent expression in a series of clinical lectures, now being published by Von Ziemssen, whose graphic style, clear exposition of clinical points, and practical methods of treatment forcibly remind us of that brilliant clinician Trousseau. In the lecture (No. 10) on Tuberculosis, occurs the following passage: "I cannot finish the chapter without mentioning hydro-therapeutics, which here as well as in the already developed tuberculosis play an *extraordinarily important rôle*." In a lecture on Chronic Stomach and Intestinal Diseases (No. 12), he says: "I have frequently mentioned the thermic methods which were used with advantage in the cases described. I cannot here enter upon hydro-therapeutics in general but desire to impress upon you the fact that they act very favorably upon disturbances of the digestion and especially upon chronic stomach catarrh, atony of the mucosa lining, and of the muscularis, etc."

In the lecture on Scarlatina (No. 14), he says: "It remains, therefore, the most prominent aim to maintain as much as possible the power of resistance of the organic cells, and to spur the energy of the innervation. In the first rank stand here hydro-therapeutics, etc."

Similarly does Von Ziemssen express himself on its value in neurasthenia and other diseases. The testimony of so practical a clinical teacher cannot be disregarded. Indeed, the large number of institutions now in Germany, under the guidance of trained and scientific hydro-therapeutists, affords evidence of the regard in which the method is held by practical men.

It is singular that the practical turn of the Yankee, who is so quick to adopt everything profitable, has not yet asserted itself in this promising field.

The reason may be sought in the fact that "hydropath" and "water-cure" have become a stench in the nostrils of decent men. The empiricism of the practitioners who have endeavored to build them up as a sect, has alienated the profession and has thus

prevented the recognition of the true value of a scientific hydro-therapy.

Even the great work of Winternitz in English translation (Wm. Wood & Co., 1886), appears to have been overlooked by the profession, if we may judge by its fruits. A careful perusal of this scientific and practical exposition of hydro-therapeutics will surely rescue the latter from neglect and add a mighty weapon to the physician's armamentarium. We hope to present this subject frequently to our readers, and we anticipate a revival of hydro-therapeutics methods, which since its introduction by the father of medicine, legitimately belongs to its domain.

A TYPHOID SCARE.

THERE is an apparent attempt on foot to create a panic upon the subject of typhoid fever. Our position upon the subject of public hygiene has surely been stated with sufficient clearness and emphasis for all to comphehend it. But we have *no* sympathy with the movement in question, which we believe to be founded upon mistaken premises. The point of attack at present is the Schuylkill water; which might be better and might be very much worse.

The experience of Plymouth, and of many another localized outbreak of typhoid fever, shows that the materies morbi of this affection may exist in water and that comparatively large bodies of water or running streams may become contaminated to such an extent that every susceptible person partaking of the water in its natural state may contract the disease. But the history of these outbreaks proves entirely too much for the theory of the alarmists. The epidemic at Plymouth affected practically every person who was susceptible to the disease; and died out for want of material to work upon. In the smaller outbreaks recorded, where an infected well has been the source of trouble, the same rule has inured; every person being attacked who made use of the water for drinking.

This is our principal reason for believing that the drinking water in Philadelphia is not at fault. In Plymoth over one-third of the population was affected. The same ratio would give Philadelphia 400,000 cases! Instead of this, we have a little over a hundred cases reported last week; of which 11 proved fatal. It must be remembered that the drinking water is not the only means by which the germs of typhoid fever find access to the human body; though in epidemics it is the most important avenue. The air of infected privies is capable of imparting the disease. The use of bedding into which typhoid stools have been discharged, and the gases generated in sewers, into which typhoid stools have been thrown, are as capable of propagating this fever as is infected water. In a great city of over a million inhabitants, such sources of contagion may easily exist in number sufficient to account for every case of typhoid now reported, without resorting to the infected water theory, which fails because it proves too much.

The distribution of typhoid fever favors the explanation here given; for it is easy to see why the disease should prevail along a street lined with elegant mansions, all connected with the same sewer, when a small street in the rear, with a poorer class of residents, crowded more closely, with less breathing space, poorer food, less knowledge of domestic hygiene, should be free. The water-infection theory utterly fails to explain such anomalies; the sewer-infection theory renders it difficult to see how the facts could be other than they are.

With a palpable inconsistency, the parties who are railing at the Schuylkill water, say but little about the fact that the region supplied with Delaware water furnishes the larger number of typhoid cases. To those unacquainted with the Kensington district this would seem an argument in favor of the water-infection theory. But, even here, the facts are not in accordance with the histories of undoubted epidemics from water infection. The great sewers of Philadelphia nearly all pour into the Delaware River; and this sewage is carried up and down by the tide, so that at times it is impossible to avoid pumping this polluted water into the reservoirs. If the water be allowed to remain for a few days, the coarser impurities subside, and the water has a fairly good appearance and taste; though it is never comparable in purity to the Schuylkill water. In these subsiding reservoirs we find precisely the conditions for the cultivation of a general epidemic. The sediment of organic matter, disturbed only when the periodical cleaning occurs, offers a suitable nidus for the propagation of the typhoid bacillus. That a general infection of the people of Kensington has not occurred, is pretty good proof that the drinking water is not at fault.

Apart from this, there are other causes which may account for the prevalence of disease in this section of the city. The people are generally poor; their homes are unsanatory. Along the river front, many cellars are washed by the tide, which in some cases brings the sewage-laden water up to within a foot of the floor. Short sewers run directly down to the river, and the tide backs the effluvia up into the houses connected with these drains. Some years ago the writer made an investigation which showed that along the margins of the Cohocksink Creek the death-rate was far greater than in the rest of the Sixteenth Ward; and that the increase was in such diseases as phthisis, diphtheria, scarlatina, and cholera infantum. The creek has been since covered over; but Gunner's Run still remains, with its stagnant, inky stream, dotted with masses of offal from the slaughter houses, an open sewer in the heart of a populous district. Though a merciful Providence seems to have prevented the infection of the Delaware water with typhoid germs, it contains organic impurities of other varieties, in quantities sufficient to cause a great deal of sickness.

These causes of a generally sickly condition, together with the crowding of the population and the

general ignorance of sanitary laws, appear to us quite sufficient to account for the greater prevalence of typhoid fever in Kensington, without invoking the presence of Klebs' bacillus in the drinking water.

There is a method by which the dangers existing in the water, not only of typhoid fever but of every other affection the germs of which may be carried in water, can be prevented. It is absolutely innocuous, certainly efficacious, and so little costly that the poorest housewife may avail herself of it. All that is necessary is simply *to boil* the water which is used for drinking or cooking, and allow it to cool before straining it. Even a filter is unnecessary; and may possibly prove a source of danger.

When so simple a remedy is at the hands of everyone, requiring so little intelligence or skill in its application, is it not allowable for even the most earnest sanitarian to hesitate, before giving in his adhesion to the cry for an expenditure of thirty millions for new aqueducts?

Annotations.

THE TREATMENT OF WHOOPING-COUGH.

IT is a well recognized axiom in therapeutics that a multiplicity of remedies furnishes a fair indication of the incurability of a malady, and that the more loudly these remedies are vaunted the less efficient they are as a rule. Whooping-cough has long been an opprobrium medicorum. Unlike many other diseases of long duration, this disease announces itself in the most obtrusive manner. That its unmistakable note carries alarm to the stoutest heart of a mother, was illustrated a few days ago to the writer, who in approaching his office on his semi-weekly visit, was surprised by seeing four children and two ladies grouped upon the stoop. "There is a case of whooping-cough inside," was the anxious greeting offered by the alarmed mothers.

Amid the multitude of remedies proposed for this malady, it is difficult to steer clearly. A recent paper by Dr. Genser, reported in the *Wiener Klin. Wochenschrift*, No. 2, affords some interesting data, which will prove of value to our readers, because they represent a calm and judicial deduction from the material of a large outdoor pediatric service.

Referring to nasal insufflations of pulv. resin. benz., which Michaelis, of Hamburg, had found efficient in 75 per cent. of 300 cases, he states that he had applied them in thirty-six cases, without being able to confirm M.'s results. While our personal experience is in the same direction, and leads us to agree with Genser, that this is an unpleasant method which is sometimes followed by more severe paroxysms, and that the difficulty of applying it to young children is sometimes insurmountable, the fact remains that the small number of Genser's cases cannot be accepted as evidence against Michaelis' much larger experience. Insufflations deserve a further trial.

Of antipyrin, on the contrary, Genser speaks favorably from a trial of one hundred and twenty cases. He regards it as the most effective treatment at the present time. It was easily administered, it diminished rapidly the intensity and number of the attacks, and shortened the duration of the disease, especially in recent cases. Complications occurred less frequently. It proved quite innocuous, there being only one case of eruption from it. The dose should begin with one and one-half grains per diem for every year and should be increased to two grains if needed. Demme, Robin and Germain Seé have demonstrated in their experiments on the tissue changes during antipyrin administration, that it inhibits the reflex powers. It may in this wise diminish the number of the paroxysms.

The facility of administering antipyrin to children and its non-interference with the organic functions place it in the first rank of all our remedies, although all remedies are secondary to proper hygienic management, cleanliness, a plentiful supply of fresh air and good food.

We will be glad to receive reports on this remedy from our readers, provided they have been carefully recorded.

MILK sugar in cardiac dropsy is regarded by Germain Seé as the most reliable and least harmful diuretic. He attributes the good effects of a milk diet almost exclusively to the lactose. One hundred grammes (3⅛ oz.) lactose will produce an enormous diuresis, increasing the daily discharge in twenty-four hours to two and one-half liters, and daily overreaching this, until on the third day, four to four and one-half liters are voided. Milk sugar, therefore, removes cardiac dropsy surely and rapidly, and only fails if Bright's disease complicates it. It is usually well borne and may be continued for eight or ten days or longer, with intermissions. When cardiac dyspnœa co-exists, Seé resorts to iodide of potassium.

A MEDICAL INDEX.

IN this number will be found an index of the original articles published in our exchanges, especially those which are of interest to the practitioner. This index will be continued each week; so that the subscribers to the TIMES AND REGISTER will be enabled to see at a glance what papers have appeared during the preceding week on any subject specially interesting to them, together with the names of the authors. The exceeding richness of the literature of medicine renders it impossible for any journal to present even in the briefest abstract a tithe of the valuable papers which are published. This Index will enable our readers to send for copies of the original journal containing any article they want. This is experimental, and it depends upon our readers whether it will be continued. Our space is necessarily limited, and we wish to utilize it to the best interests of those who support the journal. If this Index meets with their approval, we would be glad to have them say so.

WHAT are all the abominations to be gathered from drinking water, as compared with those we give our children in cheap confectionery?

Letters to the Editor.

TREATMENT AND MANAGEMENT OF INFLAMMATORY DIARRHŒA IN CHILDREN.

THIS disease is one of the most fatal, and during our summer practice we generally run across a few little patients suffering with it, who exhaust our medical skill. So dangerous a disease should be carefully studied by every physician.

The first thing to be considered is the hygienic management. Such patients should be placed in a well ventilated room, or in late evening they may enjoy the outdoor air. I forbid placing them in a closed cradle for their resting place, as it is too heating and will exhaust them much sooner.

Next comes the dietetic treatment. Children suffering with an acute attack should be debarred from food for the first twelve or twenty-four hours, during which time, if they seem to be eager for drink, you may allow ice cold barley water every half hour. After this time has elapsed you may let them nurse, if they had previously been nursing, but, if bottle fed, you should withdraw the milk diet altogether and resort to wine whey, barley gruel, juice scraped from raw beefsteak, or some good prepared food.

If the child has been nursing I think nothing is superior to the mother's milk. If from any cause the child has to be removed from the mother's breast a wet nurse should be selected, and if that cannot be had I prefer fresh cow's milk. Cow's milk should be prepared as nearly as possible to represent the mother's milk.

If the stomach is very irritable, I prefer giving the milk peptonized.

Thirdly, the therapeutic treatment. On seeing my patient first, if the bowels are costive I give a cathartic; if they are moving gently and the stools are acid, I prefer as a cathartic Rochelle salts; and if they are alkaline I give castor oil; but if the bowels are moving very freely and my patient is much exhausted, I at once resort to my regular treatment.

In this I make opium my base and use adjuvants according to the reaction of the fecal matter; if acid, giving alkalies, and if alkali, giving acids. My experience has led me not to deal with the liquid preparations, and especially the weaker ones, unless my case on hand be exceedingly mild, or if my patient is over six months old. I use nothing but the powdered opium. The powdered opium is more constipating and more lasting in its effect than the liquid preparations.

In prescribing powdered opium I usually give to a child, one year old, one-fifth of a grain with ten grains of bismuth every two or three hours, watching carefully the effects of the opium on the system.

I never fear danger in giving opium to a child of that age, and persist in it, unless its pupil fails to respond to light, when I limit myself to the weaker preparations. While I make opium my base, I also give the chalk mixture, adding to each dose one grain each of salicylate of soda and saccharated pepsin. If I peptonize the milk I leave off the pepsin, giving it at intervals of four hours.

I believe in pushing the opium until you put the bowels at rest, and I think that no harm is done by arresting them as promptly as possible, if it is done in the acute stage of the disease, but after that has passed off, I think it harmful to force a check on an inflamed mucous membrane. For sick stomach, liq. calcis or a little soda may be added to the milk.

Local Treatment.—Stupes applied to the abdomen, composed of equal parts whiskey and turpentine, and occasional light mush or flaxseed-meal poultices, changed three times daily, will generally suffice.

This has been my plan of treatment for the past three years, and has proved in my hands most satisfactory.

A. L. HUTTS, M.D.

SALLYVILLE, S. C.

CINCINNATI LETTER.

DR. W. W. Dawson is congratulated on all hands by his many friends on his being able to preside at the recent meeting of the American Medical Association. His health had for some time threatened to prevent him from this honored duty.

Dr. J. T. Whittaker is spending the summer at Lake Chautauqua, as has been his custom for some time. By regularly visiting this resort he has built up a good summer practice there, and makes his summer's outing rather profitable.

Dr. N. P. Dandridge, after presiding over the section on surgery at the American Medical Association, at Newport, has gone on to Nova Scotia, where he will spend the summer, returning in September.

Dr. P. S. Connor, who delivered the Address on Surgery before the general sessions at Newport, will remain in the New England States till fall.

A case of Diabetes Insipidus, with favorable termination, was the subject of a paper read before the Cincinnati Medical Society, by Dr. Philip Zenner, Clinical Lecturer on Diseases of the Nervous System, Medical College of Ohio. He reported the case for the encouragement it might give in the management of similar cases, and for the therapeutic suggestions it may afford. The case was that of a boy twelve years old. He passed large quantities of urine, which had the appearance of distilled water. It contained neither albumen nor sugar, and had a specific gravity of less than 1001. Incontinence of urine compelled him to wear a rubber bag, and in this way the urine was measured and found to be about twenty-seven and one-half pints in twenty-four hours. The treatment consisted of electricity, antipyrin, and valerian. Antipyrin was given in seven and one-half grain doses three times a day, and powdered valerian root, one-half teaspoonful, three times a day. The electrical treatment consisted in the application of the galvanic current to the cervical sympathetic and to the spine, especially over the region of pain. The current used was of moderate intensity, the applications being made daily the first month, subsequently two or three times a week, each of about ten minutes duration. The improvement in the polyuria and the condition of the bladder was exceedingly slow, while other symptoms were ameliorated more rapidly, the appetite soon returning, and the pain entirely subsiding in a month or two. The improvement, though so slow

at first as to be scarcely noticeable from week to week, yet towards the last it was very rapid. He did not suffer from thirst, and drank very little. The specific gravity of the urine finally became normal, and he could hold his urine all night. As recovery in diabetes insipidus is extremely rare, especially in cases of a year's duration, it is very reasonable to attribute the cure, in part at least, to the therapy. He thinks all three remedies had a hand in the cure.

E. S. McKee.

The Inquirer.

ASSISTANCE REQUESTED.

I should like a little help in these two cases, for they have obstinately refused to yield to the treatment I have tried:

Case I.—A woman; thirty-eight years old; married. She complains of a continual drowsiness, saying that she could sleep all the time. There is a history of intermittent fever nine years ago, and this trouble, now growing worse, she has had ever since. She complains of nothing else, but has an anteflexed uterus. At times she will go to sleep while conversing. I have given her salines, quinine, strychnine, and the like, but without effect.

Case II.—A man, thirty-three years old, finds that his beard is growing white in spots about as large as a silver dollar. He has three or four such areas on his face; otherwise, he is in excellent health.

J. W. Frankhauser, M. D.

Shortlesville, Pa.

REPLYING to the articles of Drs. Saylor and Penney, on the Unpleasant Effects Following the Antifebrin, I would suggest that the cause of trouble in Dr. Saylor's case was too large a dose, and too low a temperature to indicate antipyretic treatment; in Dr. Penney's case, too frequent a repetition of the dose. The action of the drug begins in from one-half to one hour, reaches its maximum in about three or four hours; therefore, it is wrong to repeat the dose sooner than *three* or *four* hours, and if done bad or unpleasant results are sure to follow. I have used antifebrin quite extensively, and have had no unpleasant experiences to enter against it.

R. H. Endicott, M.D.

Oakdale, Cal.

Book Reviews.

Psychology as a Natural Science Applied to the Solution of Occult Psychic Phenomena. By C. G. Raue, M.D. Philadelphia: Porter & Coates, pp. 541, 1889.

Matters pertaining to the hidden and recondite are now no longer topics of discussion among an exclusive few dreamers, philosophers, metaphysicians, transcendentalists, and the like, but they are now subjects of conversation among the commonalty; and the words "psychics" and "psychology" are as common with the callow school boy and the pink and whitehigh school girl as "physics" and "physiology" formerly were.

One is liable at any moment to be engaged in a discussion as to the merits of therapy, and to be questioned on the difference between "phenomenon" and "noumenon," and on one's opinions about hypostasis, eschatology, avatar, etc.

All this is interesting, showing, as it does, that the scope of general reading is growing wider, and that the boundaries of general thought are widening.

Dr. Raue has undertaken in the first place to present psychology as a natural science, and in the second place to solve various occult phenomena by means of this science. His success we consider rather problematical, but at any rate he has written an interesting work, one that shows a careful study of his subject and a wide research.

The first part of the volume he devotes to an exposition of psychology as a natural science, and in the second part he applies this to the explanation of occult phenomena, such as mind-reading, hypnotism, thought-transference, and the like, making a very readable book.

Wood's Medical and Surgical Monographs. Vol. II, No. 3. Contents: General Orthopædics, Including Surgical Operations. By Dr. August Schreiber.

This volume ably keeps up the excellent standard held by these monographs.

It is written in a plain and clear style, and illustrated with a large number of cuts of various deformities, apparatus and instruments, so that the work cannot fail to be of interest and assistance to the practitioner who has anything to do with this branch of medicine.

Wood's Medical and Surgical Monographs. Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. Vol. III, No. 1. July, 1889.

The July number of this excellent series is especially interesting. It contains the following papers: Cancer and Cancerous Diseases, by Sir Spencer Wells, Bart. F. R. C. S.; Cardiac Dyspnœa and Cardiac Asthma, by Dr. S. Von Bosch; The Influence of Menstruation, and of the Pathological Condition of the Uterus on Cutaneous Diseases, by Dr. L. Greillety; Tension as Met with in Surgical Practice; Inflammation of Bone; Cranial and Intra-Cranial Injuries, by T. Bryant, F.R.C.S.; Antisepsis and its Relation to Bacteriology, by Dr. J. Nendorfer.

The Old Hospital and other Papers. By D. B. St. John Roosa, M.D., LL.D. New York: Wm. Wood & Co., 1889.

This is a second and enlarged edition of the author's work called "A Doctor's Suggestions." Three new papers have been added.

The author says that the "central idea of the papers is an attempt to define and adjust the relations of the medical profession to the community which it serves," certainly an object much to be commended. The papers are interesting and readable, especially that on the "Coming Medical Man." Dr. Roosa gives him an authority and a power in the community that, judging from the advances made in past years, will hardly be reached before the dawn of the millenium.

PHYSICIANS' LEISURE LIBRARY. GEO. S. DAVIS, Detroit, Publisher. THE TREATMENT OF THE MORPHINE HABIT. By E. P. HURD, M.D.

This is simply a translation of one chapter of Erlenmeyer's great work on the morphine habit, but it is the chapter of greatest importance to us—that of treatment.

There is also appended a report of a number of cases treated by Erlenmeyer's method, for the further guidance of those who have to handle patients afflicted with this most obstinate habit.

PAPERS READ BEFORE THE MEDICO-LEGAL SOCIETY OF NEW YORK, from its organization. First Series. Third Illustrated Edition. New York: The Medico-Legal Journal Association.

The papers in this volume are of the most commendable character and will prove instructive and interesting alike to the physician and to the legal man. Such societies as these, where doctors and lawyers meet on terms of equality, to exchange views about this or that pertinent subject, or to discuss a paper on a topic about which all are concerned, cannot fail to be of the greatest advantage.

Those who cannot have the pleasure of being present at these meetings may, nevertheless, receive in great part the benefit of them by reading the Transactions. Such a paper, for instance, as The Sphere, Rights and Obligations of Medical Experts, by James O'Dea, M.D., cannot fail to be of value to any medical man who may be called to the witness box in that capacity.

THIRD ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF OHIO FOR THE YEAR ENDING OCTOBER 31, 1888.

Every year the reports of our different State Boards of Health are becoming more compendious and more valuable. The work of these boards cannot be too much commended and encouraged.

In this country the whole matter of such reports may be said to be in its infancy, but there are great possibilities and probabilities in store as to our knowledge of the conditions favoring or discouraging the rise or spread of the various diseases considered generally. These great probabilities make us deeply regret the short sighted political jobbery, noticed in some of the States, which tried to cut down to a starving rate, appropriations for a purpose of such vital importance to every lover of life and health.

Gleanings.

DR. KERR, of Rockford, Ill., has gone to Europe to study the treatment of hydrophobia.

DR. D. A. CHEEVER who has resided in Peoria, Ill., since the war, is going to take up his residence in Champaign, of that State.

DR. LESTER E. SHOCH, No. 1922 Diamond Street, Philadelphia, was last Thursday appointed by the Director of Public Safety, a Vaccine Physician of the Twentieth District, comprising the Thirty-second Ward.

DR. HARRY BAILEY returned to his home in Pekin, Ill., from Europe where, for a year, he has been visiting the large hospitals of London and Dublin.

CAIRO, Ill., has erected a handsome monument to the memory of Dr. Roswell Waldo, at Mound City, in recognition of his services in the yellow fever epidemic in 1878.

DR. J. F. FOX, formerly of Troy, but now a resident of London, and a member of Parliament, will take up his residence in this country again, either in New York or Albany.

DR. J. H. PHILLIPS of Preston, Minn., has been appointed a member of the State Board of Health, *vice* Dr. Hand of St. Paul, deceased. Dr. Phillips is a very popular physician, and was a member of the last legislature.

DR. T. W. BATTLE, an old and highly respected physician of Columbus, Ga., died at his residence Sunday, June 16, after an illness of considerable duration. The deceased was seventy-three years of age and leaves a wife and eight children.

THE medical board of pension examiners in Dubuque, Ia., now consists of Drs. M. H. Waples, J. S. Lewis, and George A. Staples. The latter was appointed to succeed Dr. M. E. Connelly. The board now consists of one Democrat and two Republicans.

THE semi-annual meeting of the medical society of Fulton county, New York, was held at Gloversville, Tuesday, June 18. Modern Treatment of Wounds was the subject of a paper read by Dr. F. Drury, of Breadalbin. Dr. W. C. Wood read a paper on Lazy Therapeutics. Miss M. Helen Cullings was admitted to membership.

OBITUARY.—At a recent meeting of the County Medical Society of Dansville, N. Y., a tribute to the memory of the late Zara W. Joslyn, who died April 25, was read. Dr. Joslyn was born in Cayuga, N.Y., November 6, 1815, and was graduated at Castleton, Vt., Medical College in 1842, and was very much respected.

DR. ISAAC W. MARTIN died June 20, at his residence, at Des Moines, after an illness of three weeks. Dr. Martin was born in Tippecanoe County, Indiana, November 11, 1838. He has been county physician and was for a time connected with the medical department of Drake University. He leaves a wife and one son. He was a prominent society man.

THE Coroner's jury of Clay Center, Kansas, brought in the verdict that the killing of J. P. Wellington, of Wichita, a St. Louis drummer, by Dr. J. P. Stewart, was justifiable homicide. Wellington was attempting to break up the family of Frank Head, whose wife was Dr. Stewart's daughter. Upon being encountered in the street he was first caned by the irate physician and then shot through the brain. The doctor gave himself up, but has since been entirely exonerated.

MEDICAL INDEX.

Abdominal tumor (lecture), Goodell. Med. and Surg. Reporter, July 6, 1889.
Abortions: criminal, House. Ind. Med. Jour., July, 1889.
Address, Ohio S. M. Society, Conner. Cleveland Med. Gaz., June, 1889.
Conn. M. Society, Porter. N. E. Med. Monthly, July, 1889.
Ontario Med. Assoc., Henderson. Canada Lancet, July, 1889.
Alcoholic trance, Crothers. Med. Record, July 6, 1889.
Ankle injury, Woods. Cleveland Med-Gazette, June, 1889.
Anæsthetics in natural labor, application of, Charpentier. Provinc. Med. Jour., July, 1889.
Aneurism of aorta, Drewry. Va. Med. Mo., July, 1889.
Antiseptics, inhibitory action of, McCaskey. Med. Record, July 13, 1889.
Aural, clinical observations, Green. Boston M. and S. Jour., July 18, 1889.
Behandlung der chronischen gonorrhöe ueber die, Max Cender. Archiv. fur Dermatologie und Syphilis.
Belgium and her insane institutions, Bell. Medico-Legal Jour., June, 1889.
Blood changes in renal diseases, Jones. Practit., July, 1889.
Boric acid, gynecic uses of, Potter. Jour. Am. Med. Assoc., July 13, 1889.
Bulbar paralysis, report of a case, Bartlett. Albany Med. Jour., June, 1889.
Case of membranous croup with recovery, Johnson. Maryland Med. Jour. July 6, 1889.
Case of poisoning with water gas, with new method of treatment, Cleaveland. Boston Med. and Surg. Jour., July 11, 1889.
Case of spinal apoplexy, Brune. Occidental Med. Times, July, 1889.
Cat-gut, preparation of, Schapps. Med. Record, July, 13, 2889.
Chest percussion don'ts, Mays. Med. and Surg. Reporter, July 6, 1889.
Chill or rigor, Pearse. Provincial Med. Jour., July, 1889.
Clinical and forensic study of France, Thwing. Medico-Legal Jour., June, 1889.
Complications of diseases, Gwin. Va. Med. Mo., July, 1889.
Compound, comminuted, depressed fracture of the skull, Frank. Am. Pract. and News, July 11, 1889.
Constipation, McKinney. St. Jo. Med. Herald, July, 1889.
McKinney. Kas. Med. Jour., July, 1889.
Consumptives, duty towards, Woodbridge. Cleveland Med. Gaz., June, 1889.
Continued fevers of Kansas, McVey. Kansas Med. Jour., July, 1889.
Coroner's office. N. Y. Med. Jour., July 1, 1889.
Diabetes, treatment of, Carreau. Med. Record, July 13, 1889.
Diagnostic value of reflexes, Sharkey. London Lancet, June 29, 1889.
Diarrhœa, infantile, Critzman. La Tribune Méd., June 27, 8889.
Dithio-salicylate of soda, Lindenborn. Berl. Kl. Woch., June 24, 1889.
Diurnal and nocturnal excretion of urine, Wilson. London Lancet, June 29, 1889.
Drunkenness, distinctive forms of, Wright. Alien. and Neurol., July, 1889.
Dysentery, Utter. Phys. and Surgeon, June, 1889.
Ear, removal of foreign bodies from, Barclay. N. Y. Med. Jour., July 13, 1889
Eczema, treatment of acute stage, Mackintosh. Pract., July, 1889.
Effects of mercury and syphilis upon the nervous system, Hasbrouck. Cal. Med. Jour., June, 1889.
Electro-cataphoresis, Pennington. Md. Med. Jour.. July 6, 1889.
Eucalyptus in headache, Lewis. Med. News, July 20, 1889.
Entero-colitis in infants, Babcock. Med. Rec , July 13, 1889.
Enterorrhaphy, Matas. N. O. Med. and Surg. Jour., July, 1889.
Epithelioma, Taylor. Jour. Cutan. and Gen.-Ur. Dis., July, 1889.
Extra-uterine pregnancy, Werder. N. E. Med. Monthly, July, 1889.
Eye diseases, hot water in, Conner. Canada Lancet, July, 1889.
Fissures of the rectum, Nolder.
Floating kidney, Berry. N. O. M. and S. Jour., July, 1889.
Food and drink, Bonavia. Provincial Med. Jour., July, 1889.
Four cases of phthisis treated by inhalations of hot air, Sears. Boston Med. and Surg. Jour., July 11, 1889.
Fracture of skull, Frank. Am. Pract. and News, July 6, 1889.
Genito-urinary notes, Stein. Jour. Cutan. and Gen.-Ur. Dis., July, 1889.
Gonorrhœa and cystitis, Palmer. Jour. Cutan. and Gen.-Ur. Dis., July, 1889.
White, *Ibid.*
Hernia cerebri, Rodenstein. N. Y. Med. Jour., July 6, 1889.
Warren. Kansas Med. Jour., July 1889.
mistaken for uræmia, Remington. Med. Record, July 6, 1889.
Park, Canada Lancet, July 1889.
Peters, *Ibid.*
Schenck, *Ibid.*
Van Lennep, Hahn. Monthly, July, 1889.
Higher graduate instruction and specialism in medicine, Turnbull. Med. Bulletin, July, 1889.
Hochgradige Ichthyosis im Sanglingsalter, Róna. Archiv. für Dermatologie und Syphilis.
Hydrargyrum Salicylicum (Ueber), Hahn. Archiv. für Dermatologie und Syphilis.
Hysterectomy, Benjamin. Med. Record, July 6, 1889.
Hygiene of the army (official report). La Tribune Méd., June 27, 1889.
Hydrocele, double, with double hernia, Souchon. N. O. M. and S. Jour., July, 1889.
Hypertrichosis, treatment of, Jamison. Practitioner, July 1889.
Human Calorimetry, Ott. N. Y. Med. Jour., July 13, 1889.
Hysterectomy, Douglas. N. Y. Med. Jour., July 13, 1889.
Hysteria, pathogenesis of, Barbour. Am. Pract. and News, July 6, 1889.
Heredity, Hervouet. Gaz. Méd de Nantes, July, 1889.
Inebriety, medico-legal, Haigh. N. C. Med. Jour., June, 1889.
Influence of the corpus striatus and the optic thalamus on the bodily temperature, White. London Lancet, June 29, 1889.
Influenza, Merrill. Northwestern Lancet.
Insanity of childbirth in relation to infanticide, Heyzer. Medico-Legal Jour., June, 1887.
Intestinal disinfection, Uffelmann. Berl. klin. Woch., June, 24, 1889,
Jaborandi as a parturifacent, Moss, N. O. M. and S. Jour., July, 1889.
Journalists' duties, Wile. N. E. Medical Monthly, July, 1889.
Kola nut, dietetic and therapeutic value of, Firth. Practit., July, 1889.
Labor, macerated fœtus complicating, Post. Med. Rec., July 13, 1889.
Lithium in mineral waters, James. St. Louis Med. and Surg. Jour.
Malarial hæmaturia, Howard. Tex. Cour. Record, June 1889.
Mammary glands, Peck. Hahn. Monthly, July, 1889.
Measurement of the sense of smell in clinical examination, Lwaardemaker. London Lancet, June 29, 1889.
Menstrua, retained, Longshore. Kas. Med. Jour., July, 1889.
Mercury, Pope, Hahn. Monthly, July, 1889
Mesenteric cyst, Lochlein. Berl. klin. Woch., June 24, 1889.
Midwifery, aseptic, etc., Broughton. N. C. Med. Jour., Sune, 1889.
meddlesome, Gardner. Kansas Med. Jour., July, 1889.
Milk supply and disease, the connection between, Davies. Provincial Med. Jour., July, 1889.
apparatus for sterilizing, Cheesman. Med. Rec., July 13, 1889.
Morbid anatomy, pathology and treatment of hernia (abstract of third lecture), Lockwood. Brit. Med. Jour., June 29, 1889.
Movements of the lower jaw, Luce. Boston Med. Jour., July 4, 1889.
Murderer's dying confession disproved, Cotting. Boston Med. and Surg. Jour., July 4, 1889.
Myxœdema, Romme. La Tribune Méd. June 27, 1889; Hibberd, Ind. Med. Jour., July, 1889.
Nasal obstruction in its relation to the administration of anæsthetics, Silk. Jour., Laryng. and Rhin., July 1889.
septum, Porcher. Va. Med. Mo., July, 1889.
Nephrectomy for cyst of kidney, Malherbe. Gaz. Méd. de Nantes, July, 1889.
Neurosis, acute trophic in the insane, Helweg. Alien. and Neurd., July, 1889.
Night terrors in children, Ullman. Albany Med. Jour., June, 1889.
Nitro-benzol, toxic effect of, White. Practit., July, 1889.
Nitro-glycerin, a substitute for alcohol in cases of emergency, Burroughs. London Lancet, June 29, 1889.
in cardiac affections, Blair. Ind. Med. Jour., July, 1889.
Note on a case of cholecystotomy, Tait. London Lancet, June 29, 1889,
Notes on acquired leprosy, Hutchinson. Brit. Med. Jour., June 29, 1889.
Observations on the unity of phthisis and tuberculosis, Huber. Med. News, July 6, 1889.
on sulphonal, Kavanaugh. Med. News, July 6, 1889.
Om Karcinom paa Lupus, Nielsen. Hospitals-Tidende, June 19, 26, 1889.
Opening address to the section of practice of medicine, materia medica, and Physiology, Shattuck. Boston Med. and Surg. Jour.
Ophthalmia neonatorium, Sinclair. S. Pra. July, 1889.
Orga., Van Denburgh. Hahn. Monthly, July, 1889.

Osteo-sarcoma, excision of superior maxilla for, Scherck, N. O. M. and S. Jour., July, 1889.
Otitis, suppurative, McGill. S. Praet. July, 1889.
Ovarian cyst, Weed. Cleveland Med. Gaz., June 1889.
Oxygen inhalations, Thompson. Med. Record, July 6, 1889.
Pancreatitis, acute, Fitz. La Riforma Medica, May 1, 1889.
Parasitic skin disease. Galvanism in Wessinger. Jour. Cutan. and Gen. Ur. Dis., July, 1889.
Paring and suture-clamp forceps, Joye. N. Y. Med. Jour., July 13, 1889.
Pasteurism, in Palermo de Blasi. La Riforma Medica, May 1, 1889.
Pathogenesis of hysteria, Barbour. Am. Prac. and News, July 11, 1889.
Perforating gastric ulcer (case), Cromise, Albany Med. Jour., 1889.
Pneumonia, diagnosis of acute, Sympson. Practit., July, 1889.
Wells, Jour. Am. Med. Asso., July 13, 1889.
Pleurisy, Bowditch. Med. News, July 20, 1889.
Phthisis of the larynx, on the treatment of so-called, Sedziak. Jour. Laryng, and Rhin., June and July, 1889.
Poisoning by antifebrin, Gibbons. Md. Med. Jour., July, 6, 1889.
Pollution of drinking water, Bidwell. Med. Bulletin, July, 1889.
Puerperal fever (case), Christopher. Cincinnati Lancet Clinic, July 6, 1889.
Puerperal fever, Shollenberger. Denver Med. Times, July, 1889.
Pyrexia, a result of interrupted tissue nutrition, Brown. Med. and Surg. Reporter, July 6, 1889.
Railway spine, Bremer. Alienist and Neurol., July, 1889.
Rectal fissure, Nolder. Kas. Med. Jour., July, 1889.
Rectum, villous tumor of, Cook. Med. Record, July 13, 1889.
Relationship between chemical structure and physiological action, lecture, Brunton. Brit. Med. Jour., June 29, 1889.
Report on cases of sepsis, sarcoma and cancer, treated with carbonate of lime and bromide of arsenic, Wight. Med. and Surg. Reporter, July 6, 1889.
Report on two cases of Alexander's operation, Baker. Med. Bulletin, July, 1889.
Results of ten years compulsory notification of infectious diseases in Jarrow, Munro. Lond. Lancet, June 26, 1889.
Retention of urine, Lanneau, N. O. Med. and Surg. Jour., July, 1889.
Rhinitis, diagnosis and treatment of, Knight. N. Y. Med. Jour., July 13, 1889.
Rheumatismus aus gonorrhoicus oder syphilis, Schuster.
Ringworm of the scalp, prophylaxis, Leviseur. N. Y. Med. Jour., July 13, 1889.
Septo-pyæmia, Chilton. Northwestern Lancet, July 1, 1889.
Some affections of the genito-urinary organs (snmmary of three lectures), Hill. Brit. Med. Jour., June 29, 1889.
notes on mediastinal disease in childhood, Edwards. Occidental Med. Times, July, 1889.
on the gynæcological affections of mental alienates, Galbraith. St. Louis Med. and Surg. Jour., July, 1889.
unusual injuries, Bird. Australian Med. Jour., May 15, 1889.
Spine, surgical interference in fractures of, Dandridge. J. A. M. Asso., July
State medicine, popular progress in, Lindsley. J. A. M. Asso., July 13, 1889.
Stricture, urethra, Perkins. Boston Med. and Surg. Jour., July 18, 1889.
Sunstroke, Carpenter. Am. Pract. and News, July 6, 1889.
Surgery of the central nervous system, Winslow. Med. News, July 20, 1889.
Stricture, deep urethral, Keyes. Jour. Cutan. and Gen. Ur., July, 1889.
Stein, *Ibid.*
Bryson, *Ibid.*
Summer diarrhœa, prevention, Northridge. N. Y. Med. Jour., July 6, 1889.
Carhartt. K. C. Med. Index, July, 1889.
Illness of infants. Laws of Life, July, 1889.
Suspension method, Openchowski. Berl. Kl. Woch., June 24, 1889.
Suspension in the treatment of affections of the spinal cord, Shaw. St. Louis Med. and Surg. Jour., July, 1889.
Syphilis, Greenough. Jour. Cutan. and Gen. Ur. Dis., July, 1889.
Burnett, *Ibid.*
King, *Ibid.*
Brocq., *Ibid.*
Testicles, influence on organism. N. Y. Med. Jour., July 6, 1889.
Traumatisms of the cranium in their relations with mental alienation, Christian. Arch. de Neurol., July, 1889.
Treatment of gastro-intestinal catarrh in infants, with especial reference to irrigation of the intestines, lecture, Davis. Med. News, July 6, 1889.
Tubercular meningitis, adult, Czarnowski. N. O. Med. and Surg. Jour., July, 1889.
Tuberculosis, acute miliary, Munro. Med. News, July 20, 1889.
of pericardium and bronchial lymph glands, Tower. Boston Med. and Surg. Jour., July 18, 1889
Two cases of albuminuria complicating pregnancy, Huntley. Maryland Med. Jour., July 6, 1889.
cases of benign papillomatous bladder growths, successfully removed by the perineal route, Watson. Boston Med. and Surg. Jour., July 11, 1889.
cases of cerebral pyrexia, W. Pasteur, M.D. London Lancet, June 29, 1859.
The Lebkuchner case, Field. Medico-Legal Jour., June, 1889.
Therapeutic value of gurjun oil in leprosy, Foy. Med. Press and Circular, June 26, 1889.
Ueber das Alter, den nrsprung und die benennung der syphilis in Bosnien und der Hercegovinia, Leopold Glück. Archiv für Dermat. und Syphilis.
Uterine inertia, forceps in, Taylor. Denver Med. Times, July, 1889.
Vulva, melano-sarcoma of, Taylor. Jour. Cutan. and Gen.-Ur. Dis., July, 1889.
Vulvo-vaginitis in children, Currier. Med. News, July 6, 89.
Ventilation of public buildings, Crespi. Provinc. Med. Jour., July, 1889.
Yellow fever, Maxwell and Jones. Va. Med. Mo., July, 1889.
Nelson, Med. Record, July 13, 1889.

INDEX TO VOLUME V.

Original Lectures.

Chorea, L. Harrison Mettler, A.M., M.D., Philadelphia, Pa., 172
Clinical lecture, J. Wm. White, M.D., 361
Epilepsy, L. Harrison Mettler, A.M., M.D., Philadelphia, Pa., 241
Locomotor ataxia treated by suspension, Prof. Charcot, 292
Medico-Chirurgical College — medical clinic, Frank Woodbury, A.M., M.D., 289
Study of heart disease, John Aulde, M.D., 363
Tar and apomorphine in the treatment of winter cough, William Murrell, M.D., F.R.C.P., London, 169
Treatment of Urethral Strictures by electrolysis, Robert Newman, M.D., New York, 337

Addresses.

Argument for commutation of sentence. Case of People *vs.* Sarah J. Whiteling, Alice Bennett, M.D., 265
Ninth inaugural address, Clark Bell, Esq., 217
Some phases of cancer, Thaddeus A. Reamy, M.D., Cincinnati, O., 313
Valedictory address to the graduating class of the Medico-Chirurgical College, James E. Garretson, A.M., M.D., 317

Correspondence.

Allegheny County Medical Society, 65
Cases which trouble us, 376, 328–186
Challenge of Drs. G. E. Brewer and W. K. Otis to Dr. Robert Newman, 303
Chorea, 400
Dr. George B. Young's letter, 281
Dr. Keyser's letter to Dr. Shrady, 137
Dr. Vansant's letter, 304
Dr. Wm. C. Wood's letter, 209
Inflammation of the breast, 352
Letter from Geo. Minges, 353
Medical Examining Board, 88
Medico-Legal Society, 255
New treatment of locomotor ataxia, 255
Our Cincinnati letter, 161, 206–279
Points on piles, 353
Recent work at the Pathobiological Laboratory State University, 328
The fly's foot as a germ medium, 353
Provident Dispensary gouge, 88
Treatment of tonsillitis, 114, 139
Virginia State Examining Board a farce, 186
Visit to the Medico-Chirurgical Hospital of Philadelphia, 113

Editorials.

A Correction, 113
dead failure, 112
indications for adonidin, 182
Agnosticism in medicine, 14
Alopecia areata, 39
Altering the returns, 133
"Another challenge," 303
Annual holocaust, 158
Antiseptic value of creolin, 86
Athletics and scholarship, 157
Blood-letting in pneumonia, 13
Bookkeeping, 14
British Medical Association, 15
Chronic alcoholism, 64
Clubs for working women, 159
Consumption in cows, 158
Cold bath in typhoid fever, 202
Dangers from electric wires, 182
Decision of the Pardon Board, 526
Dedication ceremonies, 111
Diet and disease, 181
Disseminating disease, 229
Doctored returns, 137
Dr. Gowers' resignation, 158
Editorial changes, 134, 230
Endorsing the Medical Examiner's bill, 252
Ethical advertising, 159
For the regulation of Prussian midwives, 87
Generous Donors, 203
Hereditary saturnism, 301
Hyperacidity, 229
Inflammation of the breast, 228
Isolation hospitals, 301
Justice or mercy? 204
Kept the students in Virginia, 181
Kiappyr, a new fermented milk, 397
Life tenure in medical offices, 300
London hospitals, 230
Manipulative treatment, 374
Manifestations of rheumatism, 276
Medical allusion in works of fiction, 350
boycotting, 13
New York, in 1800, 396
inspection of factory operatives, 276
Examiners' bill, 326
Medicine for mothers, 63
Misstatement and injustice of the late Virginia State Medical Examining Board, 133
Modern view of diphtheria, 136
Mortuary statistics and life insurance, 85
Mystical miseries, 203
Need of good English, a boomerang, 252
New method of massage in gynæcology, 398
in rupture of the perineum, 87
use for salol, 277
Old dedication copies of medical works, 397
Opium as a purgative, 157
Opposition to examination, 86
Pathological transcendentalism, 183
Pepsin preparations, 277
Phosphatic diabetes, 302
Preliminary education of medical students, 372
Proposed medical legislation in Pennsylvania, 134
Quackery at home and abroad, 349
Recent literature of pepsin, 253
Report of the Illinois State Board of health, 204
on the yellow fever epidemic, 110
Resistance of the organism, 300
Restriction of medical practice, 277
Seventeen thousand one hundred and thirteen in 1887, 15
Sale of proprietary medicines containing alcohol, 85
Sanitary benefits of underground drainage, 275
Seductive scheme, 205
Sir Morell Mackenzie censured, 111
Sloyd Training, 63
Small parks for cities, 159
Somatic and cellular death, 112
Snubbed by Dr. Mackenzie, 202
State Board of Health for Florida, 86
Steam-heated railway coaches, 277
Suspension in locomotor ataxia, 230
The couveuse, 205
Doctor, "limited" (?), 229
farce of the late Virginia State Medical Examining Board, 134
farce of the report of the Virginia State Medical Examining Board, 181
new Jacksonville, 326
Register's combination, 396
use and abuse of alcohol, 182
of the bichloride of mercury, 63
treatment of croup, 39
of tonsillitis, 38
Therapeutic value of hypnotism, 62
test in tertiary syphilis, 373
Training of nurses, 112
Treatment of whooping-cough, 62
Unilateral esculapians, 135
Unjustly censured, 159
Vital statistics of Philadelphia, 37

Book Reviews.

Annual Report of the Supervising Surgeon-General of the Marine Hospital Service, 278
Archives de Physiologic de Pathologique, 137
Atlas of Venereal and Skin Diseases, Prince A. Morrow, A.M., M.D., 400
Cazeaux and Tarnier. The Theory and Practice of Obstetrics, P. Cazeaux, 231
Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis, and Treatment, Robert Taylor, A.M., M.D., 41
College Botany, Prof. Edson S. Bastin, 376
Compendium of Dentistry for the Use of Students and Practitioners, Jul Parreidt, 232
Congestivc Neurasthenia, or Insomnia and Nerve Depression, R. G. Whittle, M.D., F.R.C.S., 231
De la Dermatite Herpétiforme de Duhring Par le Dr. Brocq, 16
Electricity in the Diseases of Women, with Special Reference to the Application of Strong Currents, G. Betton Massey, M.D., 303
in Diseases of Women, 113
Exploration of the Chest in Health and Disease, Stephen Smith Burt, M.D., 161
Fifteen Hundred Cases of Fistula, Piles, and other Diseases of the Rectum: a Review, Samuel Benton, L.R.C.P. (Lon.), M.R.C.S., and L.M. (Eng.), 278
Fifty Clinical Charts, James C. Wilson, M.D., 40
Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult and Advanced Life, Considered

in their Physiological, Social, and Moral Relations, William Acton, M.R.C.S., 161
Hand-book of Skin Diseases, Arthur Van Harlingen, M.D., 232
Insane in Foreign Countries, William P. Letchworth, 352
International Medical Annual and Practitioners' Index, 375
Pocket Medical Formulary, C. Sumner Witherstine, M.S., M.D., 185
Lecons de Gynæcologie Operatoire, par Vulliet et Lutaud, 16
L'Enseignement et l'Organisation de l'Art Dentaire aux Etats-unis; Rapport Adressé à M. l'Ministre de l'Instruction Publique, par le Dr. Kuhn, 16
Lectures on Nervous Diseases, from the Standpoint of Cerebral and Spinal Localization and the Later Methods Employed in the Diagnosis and Treatment of these Affections, Ambrose L. Ranney, A.M., M.D., 184
Living Matter: its Cycle of Growth and Decline in Animal Organisms, C. A. Stephens, 184
Manual of Instruction in the Principles of Prompt Aid to the Injured, Alvah H. Doty, M.D., 375
Masso-therapeusis, or Massage as a Mode of Treatment, William Murrell, F.R.C.P., 160
Materia Medica and Therapeutics, John B. Biddle, M.D., 376
Medical Bulletin Visiting List for 1889,40
Merck's Index of Fine Chemicals and Drugs for the Materia Medica and Arts, E. Merck, 376
Papers on Dermatology, E. D. Mapother, M.D., 400
Pathology and Treatment of Displacements of the Uterus, B. S. Schultze, M.D., 160
Clinical History, and Diagnosis of Affections of the Mediastinum, Hobart Amory Hare, B.Sc., M.D., 206
Photographic Illustrations of Skin Diseases, Geo. H. Fox, A.M., M.D, 40
Popular Science Monthly, 43–160–278, 375
Practical Treatise on Nervous Exhaustion (Neurasthenia); its Symptoms, Nature, Sequences, Treatment, George M. Beard, A.M., M.D., 184
Psychology as a Natural Science Applied to the Solution of Occult Psychic Phenomena, C. G. Raue, M.D., 400
Psychic Life of Microörganisms; A Study in Experimental Psychology, Alfred Binet, 327
Rectal and Anal Surgery, Edmund Andrews, M.D., LL.D., and Edward Wyllys Andrews, A.M., M.D., 232
Report of the Pennsylvania State College, 40
Suggestive Therapeutics, a Treatise on the Nature and Uses of Hypnotism, H. Bernheim, M.D., 327
Swine-plague, Hog-cholera, D. E. Salmon, 232
Text-book of Medical Jurisprudence and Toxicology, John J. Reese, M.D., 161
Tongue in Diagnosis, C. Coleman Benson, M.D., 278
Transactions of the Michigan State Medical Society, 278
Treatise on Headaches and Neuralgia, including Spinal Irritation, and a Disquisition on Normal and Morbid Sleep, J. Leonard Corning, M.A., M.D., 15
Wood's Medical and Surgical Monographs, 15–113, 376

Abstracts.

Absorption of the tissues of the oral cavity from pressure—calomel as a diuretic, 139
Abdominal wound followed by fistula of the colon, 401
Aconite root, 254
Action of chloride of ethylene, 17
of sulphonal, 239
Active solution of santonin, 285
Acute exacerbations during chronic bronchitis, 307
Akromegaly, 331
Alcohol in erysipelas, 211
Alcoholic inebriety, 139
An interesting case, 44
Anthrarobin, 236
Antigastralgic drops, 89
Antipyrin, 306
and analgesin compared, 17
in chorea, 356
in ocular therapeutics, 17
Anti-blennorrhagic remedies, 211
Antiseptics in ophthalmology, 260
nasal surgery, 234
Anthropology, 92
Artificial respiration in opium poisoning, 260
impregnation, 188
Astragalus mollissimus, a new mydriatic, 189
Astigmatism in epilepsy, 44
Best exercise for children, 116
Blennorrhagia, 39
Bone grafting in man, 198
Bronchiectasis with a peculiar affection of the tibiæ, 401
Bryonia alba, 286
Can carbolic acid cut short enteric fever? 164
Calomel as a diuretic, 139
Case of cancer of the eyelid, 356
of cavernous metamorphosis of the ovaries, 354
of tuberculosis of the vagina without coexistent tuberculosis of other pelvic organs, 333
Catechu draught, 223
Chloride of methyl, 403
Chloroanæmia, action of iron in, 333
Chironia angularis, 190
Chemical reaction for cholera, 000
Clinical report on sulphonal, 18
Cod-liver oil substitute, 336
Cocaine pills for toothache, creatin, 284
Compound syrup for whooping-cough, 40
Constipation in women, 236
in infants, 70
Cremation, 42
Criticism of science, 20
Crude pyroligneous acid in chronic pharyngitis, 17
Cure of grave alcoholic hepatitis, 42
Decussation of the conducting fibers of the cord for voluntary movements, 189
Diagnosis of tumors of the copora quadrigemina, 308
Diarrhœa of phthisis, 90
Dislocation of the eyeball, 318
Double-jointed people, 333
Dystrophia musculorum, 402
Eczema partly cured by vaccination, 164
Economy of nervous energy, 256
Electricity in phthisis, 212
Electrolysis in stricture of the urethra, 43
Electrodiagnosis, 190
Elixir of saccharin, 190
Epithelioma developed upon the site of a chancre, 1105
Erythrophlæin in the eye, 259
Etiology of acute fibrinous pneumonia, 257
Exalgine, 402
Expectorant, 309
Extreme weakness and cardiac depression in typhoid fever treated with cocaine, 223
Feeding in fever, 140
For burns, 237
the gastralgia of neurasthenia, 89
Gelatin as a food, 235
Genesis of unilocular ovarian cysts, 356
General carcinosis, 377
Gonorrhœa, 223
Guaicol in phthisis, 284
Hellebore in heart, 190
Hepatic incompetence in children, 20
Heredity, a physiological and psycho-
Historic notes, 12
logical study, 69
Hoàng-nan, 437
Hooping-cough, 42–309
Homeriana in phthisis, 304
How to distinguish antifebrin from phenacetin, 238
Hydrofluoric acid treatment of phthisis, 355
Hydrophobia, 17
in Brazil, 115
Hydroxylamin in skin diseases, 216
Hypodermatic injection of salt water, of camphorated oil in adynamia and weakness of the cardiac muscle, 92
Hypnotism, 117
Hysterorrhaphy, 17
Imperialine, 236
Inconveniences of antipyrin, 115
Infantile asphyxia, 89
morality, 140
typhoid fever, 89
Influence of chloral upon the resisting power of the respiratory nervous centers, 43
of the epileptic paroxysm upon the elimination of medicines, 43
of electric light upon the eyes, 378
of internal temperature upon convulsions, 190
of nervous excitation upon the salivary secretion, 89
Intercricothyroidean laryngotomy, 231
Interesting figures, 236
Intubation of the larynx in diphtheritic laryngitis, 256
Intussusception, 237
Is oatmeal digestible? 68
Judicial medicine in Austria, 403
Manganese compounds in dysmenorrhœa, 402
Manual evacuation of the bladder, 320
Means of disguising the bitter taste of quinine, 91
Medical effects of unroasted coffee, 141
education and practice, 210
Microbes, 187
Migraine, 286
Mixed anæsthesia, 120
Mixture of fissures of the breast, 280
for inhalation in whooping-cough, 42
for whooping-cough, 72
Motor activity of the human stomach, 334
Moral and sanitary use of Housetops, 98
Morphine and codeine, 188
Muscular antagonism, 189
Naphthol in granular conjunctivitis, 188
Nasal insufflations, 42
myxomata, 305
Nerve-stretching in tabes, 310
New antidote for morphine, 353
antipyretic "pyrodine," a warning, 70
name preferred, 42
procedure for destroying tattoo-marks, 257
theory of inflammation, 19
treatment of aneurysm, 353
use of the phonograph, 404
sign of pericarditis, hemiciana, 309

Nephritis as a sequel of whooping-cough, 378
Neurasthenia or nervous exhaustion, 44
Nitrite of ethyl and spirit of nitre, 209
Number of physicians to every 100,000 inhabitants, 236
Oil of yellow sandwood in diseases of the genito-urinary system, 402
Oleate of zinc in gynæcology, 43
On the action of erythrophlæin on the heart, 256
Pampoukis and solon chomatianas, 332
Paranoia; delusions of jealousy, 493
Pharmaceutical specialties in England, 237
Phenacetin and antipyrin, 355
Phosphorated cod-liver oil, 333
Phosphorus poisoning, 43
Physiological action of hedwigia balsamifera, 259
Picrotoxin as a new antidote to morphine, 310
Poisoning by hydrochloric acid, 190
Poisoned by rye bread, 504
Pommade for the protection of the hands of surgeons, 236
Powder for ozœna, 333
Prevention of urethra fever, 209
Propagation of measles and diphtheria, 307
Proteus hominis capsulatus, 310
Prophylaxis of typhoid fever, 89
Puerperal eclampsia, 17
Pyrodine, the new antipyretic, 43, 70
Quinine and hæmoglobinuria, 332
Reaction of degeneration in a case of primitive sciatica, 42
Remarks on the pathology and diagnosis of gall-stones, with reference to their treatment with olive oil, 19
Remote effects of otitis, 92
Respiratory variations of the heart rhythm and pulse, 000
Result of inhalation of the chloride of ethylene, in the pure state, upon the eye, 90
Retinal hemorrhages of malarial origin, 190
Roman baths at Treves, 259
Saccharin, hydroxylamine, 190
Salicylate of mercury, 403
Seasickness, 286
Seborrhœa sicca, 148
Significance of cough and the use of expectorants, 240
Some late formulas, 332
points in management of typhoid fever, 285
tenotomies for the correction of heterophoria, 43
Sozoiodol, 211
State of the blood after an epileptic attack, 378
Statistics of dreams and sleep, 356
Subdural hemorrhage from abnormally situated cerebral veins, 402
Succinamide of mercury in subcutaneous injections in syphilis, 190
Suppository for cystitis, 141
Suppurative calculous cholecystitis, 378
Supposed bacillus of cancer, 335
Sycosis menti, 44
Symptoms of cocaine intoxication, 90
poisoning, 237
Terebene in the cough of phthisis, 115
Turpentine in the bronchitis of children, 90
Test for mercury in the urine, 115
for sugar in the urine with the phenylhydrazins, 91
Therapeutic action of jaborandi, 91
Thymol in the treatment of typhoid fever, 259
in diabetes, 237
Tincture of Drosera in whooping-cough, 142
Toxic action of edible mushrooms, 305
Treatment in cases of the brick-dust deposit, 116
of ascites and general dropsy with milk diet, 68
of diphtheria, 115
of epilepsy by the constant current, 189
of itch at Hospital St. Louis, Paris, 285
of locomotor ataxia by suspension, 335
of nævi by electrolysis, 188
of scarlatina and its complications, 260
of typhoid fever, 69
of piles, 235
of phthisis, 164
Turpentine baths for rheumatic pains, 333
Ueber die methode um der contagiositat der tuberculosen sputa vorzebeugen, 235
Upon the ferments in the urine in various pathological conditions, 91
the test for albumen in the urine, 90
Urea and uric acid in the urine of the ill, 239
Urine and the fluid of ascites in cirrhosis of the liver, 331
Value of creolin in ophthalmic practice, 258
Weil's disease, 330
Year's work in abdominal surgery, 331

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 569.

NEW YORK AND PHILADELPHIA, AUGUST 3, 1889.

The Medical Register. Vol. VI, No. 135.

PAGE

ORIGINAL ARTICLES.

DIETETICS. By J. T. McLaughlin, M.D., Springfield, O. - - - - - - - - - - - - 313

THE INDICATIONS FOR, AND LIMITATIONS OF, THE OPERATION FOR THE REMOVAL OF THE UTERINE APPENDAGES. By E. E. Montgomery, M.D. - - - - - - - - - - 315

THE INFLUENCE OF MEDICAL JOURNALS ON THE MARCH OF SCIENCE. By T. D. Crothers, M.D., Hartford Conn. - - - - - - - 317

LARGE NÆVUS OF THE FOREARM—TREATMENT. By A. C. W. Beecher, M D. - - - - 320

RECENT MEDICAL CASES. By Henry A. Riley, Esq., New York - - - - - - - - 321

THE POLYCLINIC.

PENNSYLVANIA HOSPITAL:

Rheumatic Fever. *Longstreth* - - - - - 322
Typhoid Fever. *Longstreth* - - - - - - 322
Miscarriage *Longstreth* - - - - - - - 322
Administration of Ether. *Hunt* - - - - 322

MEDICO-CHIRURGICAL HOSPITAL:

Non-bacillar Phthisis. *Waugh* - - - - 322

JEFFERSON HOSPITAL:

Removal of the Astragalus. *Barton* - - 323
Abscess from Ligature. *Barton* - - - - 323

EDITORIAL.

A COSMOPOLITAN JOURNAL - - - - - - - 324

PAGE

ANNOTATIONS.

The Mississippi Valley Medical Association, 324
Inebriety as a Disease - - - - - - - - - 324
Anti-Pasteurists - - - - - - - - - - - 325

LETTERS TO THE EDITOR.

Medicating Air. *Burroughs* - - - - - - 325
Phlegmasia Dolens. *Ludlum* - - - - - - 325

THE INQUIRER.

Journal of Homœopathics - - - - - - - 327
Summer Diarrhœa - - - - - - - - - - 327
Water Weed. *Rhea* - - - - - - - - - 327
Mode of Extracting Liquid Recommended by Brown-Sèquard - - - - - - - - - 327

LEADING ARTICLE.

THE TECHNIQUE OF HYDRO-THERAPEUTICS. By Simon Baruch, M.D, New York City - 327
Hydro-therapeutic Antisepsis. *Stolpinsky* - 328
Hydro-therapeutic Management of Typhoid Fever. *Fuerbringer* - - - - - - - 328
Suspension Treatment of Tabes Cases *Bruns*, 328
Baths in Variola. *Hartge* - - - - - - - 329

BOOK REVIEWS.

The Physiology of the Domestic Animals. *Smith* - - - - - - - - - - - - - - 329
Manuel de Médecine. *Malgaigne* - - - - 329
The History of Education in Florida. *Bush* - 330

PAGE

The History of Education in Georgia. *Jones*, 330
History of Higher Education in South Carolina. *Meriwether* - - - - - - - - - - 330
History of Higher Education in Wisconsin. *Allen and Spencer* - - - - - - - - - 330
The History of Education in North Carolina. *Smith* - - - - - - - - - - - - 330

PAMPHLETS - - - - - - - - - - - 331

MEDICAL INDEX - - - - - - - - - 331

GLEANINGS.

Tribune Fresh Air Fund - - - - - - - - 333
Chest Measurements. *Mashkovski* - - - 333
Continuous Secretion of Gastric Juice with Decrease of Free Acid Salts. *Puritz* - - 333
The Modern Waste of Health. *Oswald* - - 333
Massage of Abdomen and Lumbar Region as a Diuretic. *Polubinski* - - - - - - 333

MEDICAL NEWS AND MISCELLANY, 334

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 336

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xiv

Original Articles.

DIETETICS.

ON THE CHEMISTRY OF FOOD.

(Delivered at City Hospital, March 29, 1889.)

BY J. T. McLAUGHLIN, M.D.,

SPRINGFIELD, O.

LECTURE II.

IN preparing these lectures on dietetics, I am in the condition of the man with an overloaded stomach, having too much matter on hand to digest properly.

To understand dietetics intelligently, and to appreciate the value of foods, as well as to apply them in practice, it is essential to be at least somewhat familiar with the various tables, given by standard authorities.

1. The chemical analysis of starch, as found in different foods.

2. The percentage of such starch.

3. The proportion of sugar.

4. The percentage of oils or fats.

5. The chemical composition of such oils or fats.

6. The complete analysis of the composition of the various articles of food.

7. The nutritive proportion of different kinds of food.

8. Tables devoted to nitrogenous or tissue-making foods.

9. Others giving the carbonaceous or heat-producing foods.

10. Others calling attention to the foods in which the tissue and heat-making elements are largely blended.

11. Comparison of animal and vegetable foods.

12. With these we connect, of course, the various tables showing the time in which articles of food, as a rule, are digested.

Now, here, in the tables alone, is a sufficiency of matter, which, if presented in condensed form, would occupy the time of several lectures. Hence my allusion in the opening sentence. As these tabular statements, highly important as they are for close and earnest study, contain dry details, which can only be appreciated by comparison and prolonged attention, you will agree with me, that an occasional reference to them during this series of lectures will be amply sufficient.

Aside from these tables, which are the scientific guides, some other points deserve our attention, as preliminary and inseparably connected with the entire subject of dietetics.

1. The manufacture and preparation of articles of food. Leaving out the adulteration of foods, so reprehensible and injurious, we find that in other respects a diversity of opinion exists as to the proper manipulation of wheat, oats, barley, corn, etc. Now, while in ordinary flour any deficiency can be readily made up in the case of healthy persons by the addition of other foods, this is not so readily done in the case of the sick, or where the action of the stomach is weak. The tendency of the profession, therefore, is to demand what are called "health foods." Now,

while it is true that some of these productions are worthless, being thrown on the market by unscrupulous men for the sake of the money that is in them, it is also true, that scientifically and experimentally the theory and practice are correct. If we examine the tables and consider the condition of patients under treatment, the necessity and decided advantage of such prepared foods become apparent.

Now, without a desire to discriminate unfairly, or to do injustice to others who also prepare good foods, let me select two manufacturers to serve as an illustration of my meaning. Take, *e. g.*, the prepared infants' foods, and, according to the analysis of Dr. Bonn, of Germany, the American preparation of Carnrick's soluble food stands first on the list in view of its chemical composition and value, as regards both digestibility and nutrition. Its apparent superiority consists in its combining the flesh, heat, and bone-producing properties with easy digestion; for, to facilitate the latter, the milk introduced is previously treated with pancreatin, thus making the casein more suitable for feeble stomachs. The chemistry involved is happily applied.

Again, take the health foods prepared by the Sanitarium Food Co., and we have those that, in the very nature of the case, are admirably adapted for use in our practice. Thus in their "granola," prepared from wheat, oats, and corn, by long continued moderate heat and other processes, the starch and gluten are changed into already partially digested food, forming a concentrated article. In "wheatena," composed exclusively of wheat, and containing a large per cent. of gluten, we also have a partially heat-digested food, the starchy matter being converted into dextrine and dextrose, making it both agreeable to the taste and readily assimilable. And so with other preparations, among which I notice what they designate as "diabetic food," whose characteristic is, that it is chiefly formed of gluten, designed as a substitute for bran bread, lean meat, etc., in diabetics.

These references are amply sufficient to subserve my purpose. The medical journals are flooded with advertisements of such preparations, thus indicating the trend in this direction, and that the chemistry of food scientifically developed is professedly the fundamental basis of all such manufactures and preparations.

Let me say a word respecting the much abused superfine wheat flour. Now, it is true that this is largely composed of starch, and if this were the exclusive diet it would be comparatively a poor one; for we require not merely food-derived energy or heat, but also the flesh and bone forming elements. But let it be observed, to avoid extremes, 1, that bread made of such flour is not used exclusively as a diet; 2, that it contains essential ingredients; 3, that proper baking, forming a good crust, largely converts the starch into other materials; 4, and that sufficient mastication with the saliva in its marvellous quickness of action, changes the remaining starch into sugar. The baking process, thoroughly performed is the essential part; for the palatable and nourishing qualities of bread crust, and its digestibility, have been fully recognized by experienced nurses.

2. The position can be rightfully assumed that the digestibility and nutritive value of foods largely depends on the cooking. It may be somewhat humiliating to the physician, prepared with his long list and nomenclature of high sounding drugs, to confess how largely he is dependent upon the associated help of the good cook, but it is, nevertheless, the truth. A good physician with a poor cook, has a desperate case on his hands in low fevers, etc.; a poor physician with a good cook, has an invaluable ally to make up for his deficiencies; but a good physician with a good cook form a partnership that proves most highly beneficial, both in acute and in chronic cases, in the complaints of childhood and the diseases of men and women.

No matter how well selected may be the diet, if it is mistreated in the pot or oven, it loses its designed effect, and actually becomes, instead of a benefit, a positive injury. Here, in very critical cases, where life itself is with difficulty supported and sustained by careful dieting until a crisis is passed, the intelligent practitioner will exercise due caution and watchfulness.

Here, again, comes in the chemistry of food. In the baking process, already alluded to, we have by heat, not only the starch hydrated, but converted into dextrine and dextrose, and thus in part prepared for the action of the stomach, and in a state, too, that avoids the injurious fermentation. On the other hand, poorly made up and baked bread is both heavy of digestion and subject to such fermentation. One fruitful source of dyspepsia is poorly baked bread, and another combined with it is fried, instead of boiled, meats.

The intent of cooking is to prepare food for digestion, but if we are to judge from a great deal that is supposed to be cooked, the exact reverse of this seems to hold good. Even in so simple a thing as gruel for the sick we often have produced an extreme fatty "slop," weighted with spices to make it palatable, which would tax the digestive powers of a vigorous wood-chopper, and which, in the nature of the case, must prove hurtful to the patient. We may for special purposes select carbonate foods to supply needed fat and fuel, or nitrate foods for the muscles, or phosphate foods for the brain and bones, but injudicious cooking can utterly ruin the hoped for benefit to be derived from the same; and I venture the assertion, that the intelligent and discriminating physician can frequently trace his failure in successful treatment to the kitchen, where his knowledge and skill are counteracted by the ignorance of the cook. It should, therefore, not be regarded beneath the professional dignity of the physician to direct and investigate a work which is so intimately related to the health of his patients, and so fundamentally connected with success in practice.

The highest medical authorities are decided in their scientific and practical opinions on this very subject of cookery. Hence, we have establishments for the scientific training of cooks specially for the sick, and to impart this information generally, we have books devoted exclusively to "diet for the sick." These efforts are designed to reduce to prac-

tice in the kitchen the results of the laboratory in organic chemistry. The works mentioned contain many interesting facts, based on the conclusions of science, respecting concentrated foods of easy digestion, the chemical changes wrought by heat, the blending of oils with other material to avoid injurious effects, the observance of the elementary principles in the adaptation of food to various conditions and diseases, etc.

To illustrate the advance made in practical scientific cooking, we may take simply the making of beef-tea or extract. Science has shown that the old method of making beef-tea by boiling meat and water is a mistaken one. Dr. Holland, in his work, "Diet for the Sick," says: "The albuminoid or flesh-producing principle of meats is coagulated by hot water, and either remains in the meat or is skimmed off the extract as scum. The water has taken up the mineral salts and the flavoring principle, but is devoid of the nutriment commonly supposed to be dissolved in it. Soups and beef-tea are stimulating in their effect." One of the army surgeons prepared a recipe, which was issued by a circular order, for the use of the army. It is as follows: "Put a third of a pound of fresh beef, finely minced, into fourteen ounces of cold, soft water, to which four or five drops of muriatic acid and a little salt (from ten to eighteen grains) have been added. After digesting for an hour to an hour and a quarter, strain it through a sieve, and wash the residue with five ounces of cold water, pressing it to remove all soluble matter. The liquor will contain the whole of the soluble constituents of the meat (albumen, creatine, etc.), and it may be drank cold or slightly warmed. The temperature should not be raised above 100° F., as at the temperature of 113° F. a considerable portion of the albumen, a very important constituent, will be coagulated."

This is virtually the celebrated recipe of Baron Liebig. Here let me add this caution. This extract, as is readily seen, cannot be kept any length of time, but taking advantage of Baron Liebig's reputation, there is put on the market a "beef extract" called after him, which is not made after this formula, and, therefore, is condemned by eminent physicians because deficient in nutrient qualities. Dr. Dobell says of these: "It is important to bear in mind, that Liebig's extract of meat and other similar preparations contain very little, if any, nourishment properly so-called. . . . Their principal virtues belong to the class of stimulants. . . . When mixed with water they are excellent menstrua, in which to administer nutritive materials, such as eggs, oat meal, etc., but without such additions they are incapable of sustaining life for any length of time. Unless these facts are borne in mind, a patient may easily be starved unintentionally."

The chemical action and value of foods are apparent in every stage, and the more we learn of these the better we are prepared to appreciate their importance and enlist them in our practical service. How few, for example, realize the chemical action going on in the roasting of an apple. Some of the most agreeable, cooling, and delicious articles for the sick room are the different forms of vegetable jellies, or pectinacious foods. Now take, *e. g.*, the apple. In its unripe condition it contains but a small portion of pectine acid, but in the process of ripening the vegetable acids by their action produce pectine; for the malic, citric, and tartaric acids are enclosed in little cells, which this ripening action bursts open, so that these acids become diffused through the body of the fruit. Now, roasting or baking an apple is virtually only a very rapid artificial process of ripening, or, in other words, bursting the cells containing these acids and commingling them to form the compound, often so grateful and refreshing to the patient. The fire of the kitchen has a wonderful influence, conducive either to the comfort or discomfort, recovery or relapses and fatal issues of the patient, the invalid, and the well.

THE INDICATIONS FOR, AND LIMITATIONS OF, THE OPERATION

FOR THE REMOVAL OF THE UTERINE APPENDAGES.

By E. E. MONTGOMERY, M.D.,

Professor of Gynecology in the Medico-Chirurgical College, and Obstetrician to the Philadelphia Hospital.

THE enthusiasm engendered by a new remedy, or new surgical operation, is likely to lead to its applications in directions scarcely dreamed of by its originator; an application which very frequently the sober judgment of the future will not sustain.

Probably no operation has had a more widely extended application; no operation is fraught with more beneficial or injurious influences, as the indications for it may be correctly or incorrectly interpreted than that for the removal of the uterine appendages.

An operation that is capable of modifying the whole future of the individual, and her relation to those about her, should have its indications clearly set forth, and the limitations within which it should be performed distinctly outlined.

In studying the history of the procedure, we find it introduced and advocated upon three lines of indications:

1. To bring about the menopause, in what are known as the neuroses.

2 For the relief of symptoms arising from pathological conditions in the tubes and ovaries.

3. For the purpose of establishing the menopause because of grave and threatening disease in the uterus. While the general aims of the operation as here expressed are entirely legitimate, when confined to properly selected causes; it cannot be denied that the operation has been considered as indicated, and has been performed upon many women who might have recovered equally good health without mutilation.

The indications for operation may very properly be divided into physiological and pathological. The former comprises those done with a view to the establishment of the menopause without any reference to the presence of pathological conditions in the organs removed. The latter is done for the removal of diseased organs primarily, and may be partial or complete.

The pathological division may be classified as follows:

(*a*) The ovaries.

1. Inflammation, acute, chronic, suppurative (abscess) and perioöphoritis.
2. Displacement (prolapse, hernia).
3. Cirrhotic and cystic ovaries.

(*b*) The Fallopian tubes.

1. Inflammation, salpingitis.
2. Pyosalpinx.
3. Hæmato-salpinx.
4. Hydro-salpinx.
5. Fallopian pregnancy.

To the physiological class should be assigned:

(*a*) The uterus.

1. Uterine myomata.
2. Errors of development, absence or mal-development of the uterus with menstrual molimen.
3. Insuperable displacements, with severe nerve symptoms.
4. Insuperable obstruction to menstrual flow (may reside in the vagina).
5. Chronic metritis (areolar hyperplasia) with repeated abortions.

(*b*) The neuroses.

1. Mania, puerperal mania, menstro-mania, nympho-mania, etc.
2. Epilepsy, hystero-epilepsy, convulsions, cramps, dancing fits, etc.
3. Hysteria.

It is true that it is difficult to draw the line in making the distinctions herein mentioned. Many of the cases operated upon from a physiological standpoint, will be found to present pathological changes; but, when these conditions are so insignificant as to present no physical signs, and do not ordinarily produce symptoms necessitating operation, they may justly be classed as suggested.

In the development of the operation it has frequently been done as an empirical measure, without the indications either from a physiological or pathological standpoint being unquestionably marked. The physiological division has more probably afforded opportunity for the greatest abuse of this operation. All varieties of disordered nerve manifestation are likely to be exaggerated, preceding and during the menstrual period, which has led to radical operation when little was to be gained thereby.

The removal of the appendages in mania and epilepsy should be considered, as indicated, only when we can trace either in the origin or progress of the disease a close association with the performance of their function. It will not be sufficient to show that during the menses the individual is more likely to suffer with epileptic seizures, or to have an exaggeration of the intellectual derangement, but that the trouble either originated in menstrual disturbance, or in a marked degree occurs with the menstrual periods, and infrequently or to a slight extent only in the intervals. Where the disordered nerve condition can be traced to the influence of the sexual system, the removal of the appendages with the consequent cessation of the periodical congestion, has been attended with the most delightful results. On the other hand, where the operation has been done upon mistaken premises, the benefit has been unattained.

It is not to the credit of our humanity that a poor woman, so unfortunate as to be bereft of her intelligence, should be obliged to undergo the danger and discomfort of an operation of doubtful utility. Nympho-mania affords no hope of abatement through this operation. The ovaries and tubes, as have been well established in operations upon man and the lower animals, do not govern the sexual appetite, or the power to gratify it.

The orientalists recognized that the removal of the analogue of the ovary in the male, the testicle, did not destroy the desire or the ability for coition, and amputated the penis of the eunuch in addition to castration. Thence, the only plea for the operation in this form of disease should be to prevent conception. The writer has seen the appendages removed to arrest the practice of masturbation, but without the slightest favorable influence.

Hysteria, with the hydra-headed manifestations, has afforded the prolific field for the practice of this procedure; many cases, as experience has shown, could have been equally as effectually relieved by other plans of treatment, and have preserved their power of performing a woman's every function.

Certainly, in every such case, the operation should be held as a dernier ressort, and then performed, only after a full knowledge, on the part of the patient, of the influence it is likely to exert upon her future life.

The wisdom of establishing artificially the menopause should not be questioned, where the uterus is absent or faultily developed, with an effort apparent on the part of nature to establish the menstrual flow; in uterine displacements, non-restorable to proper position, and producing marked nerve symptoms; in cases of obstruction to the menstrual flow, congenital or acquired, whether existing in the vagina or in the uterus, when it is evident that these conditions cannot otherwise be readily and successfully overcome.

Chronic metritis, or the condition known as areolar hyperplasia, has been given as an indication for the operation. It cannot be disputed that in some cases of this disease, where, if anything, the state of inflammation exaggerates the susceptibility to pregnancy, and at the same time renders the uterus incapable of retaining and nourishing the developing ovum, the production of the menopause would add greatly to the comfort and health of the individual. The difficulty, however, of determining the cases in which it is expedient, and the danger of its abuse should render its performance infrequent.

The utility of the removal of the appendages for the arrest of hemorrhage and growth, in uterine myomata, has been too frequently demonstrated to be questioned. Many authenticated cases have been recorded, in which the operation has been followed by immediate arrest of hemorrhage, and subsequent marked decrease in the size of the tumor. It should be remembered, however, that the operation is not always followed by the menopause. Several patients operated upon by the writer have subsequently suffered from bloody discharge; in some amounting to hemorrhage; one has menstruated regularly for two years; another for six months. In consideration of this, it has seemed preferable, when feasible, to do supra-vaginal hysterectomy.

The pathological condition affords a field in which the indications for operation are more readily and accurately determined, and yet one in which the propriety of the procedure in individual cases may be questioned.

Suppurative inflammation in the ovary or tube should be considered a positive and imperative indication for the operation; the only question should be as to how soon the procedure can be accomplished. The condition is one of danger to the patient so long as it remains, far greater, indeed, than she would experience in its removal. This condition will be found complicated with chronic peri- or para-metritis, acute attacks of which it is frequently the cause. Indeed, it may be accepted as good practice, when a patient suffers from recurring attacks of either trouble, to make an exploratory incision with a view to the removal of the offending organs.

The presence of chronic inflammation in the ovaries and tubes is not necessarily an indication for operation. Many such cases readily recover under less severe and dangerous plans of treatment. Polk and Imlach have done good work in demonstrating that the separation of adhesions and shortening the broad ligaments by suitably applied sutures will prove curative in conditions that were supposed to positively indicate the necessity for the removal of the appendages.

The aim of the gynecologist should be to restore rather than to destroy diseased organs. It is not unfrequently found that pain in the ovarian region and its attendant reflex phenomena, is due to bands of adhesions between the ovary and loops of the intestines. The peristaltic action of the latter keeps the organ in a continuous state of congestion and irritation. Separation of these bands relieves the pain and discomfort, curing the patient as effectually as would the removal of the ovaries. We have a similar train of symptoms induced when the uterus is retroverted, and with the ovaries bound down by pelvic adhesions. Many of these cases do not require laparotomy to bring about a cure. Several have come to the writer's notice, where he has been able, by passing two fingers into the rectum and pressing up the cervix with the thumb in the vagina, to tear off the rectum from the uterus and set free the appendages. It is true that this plan of procedure is only applicable where the adhesions are of limited firmness. In extensive and firm adhesions the danger of laceration of the tube or the ovarian structure would be too great.

Oöphoraphy offers the preferable method of dealing with ovarian displacement, unless caused by marked enlargement from chronic disease.

The inflammatory adhesions, the complete destruction of function, and the reflex phenomena arising from the diseased condition, make the removal of the appendages advisable in the majority of cases of hydro- and hæmato-salpinx.

No one can practice abdominal surgery without appreciation of the great boon the introduction of this operation has been to suffering woman, and we cannot do better, in conclusion, than to urge:

1. That the operation for the removal of the appendages should be promptly performed in every case in which it is evident that relief cannot be otherwise secured.

2. It should be as a dernier ressort, where there is a hopeful prospect for restoration to health by less dangerous methods, or without the sacrifice of the reproductive function.

3. Its consideration should be dismissed in every case capable of restoration to health by other plans of treatment.

THE INFLUENCE OF MEDICAL JOURNALS ON THE MARCH OF SCIENCE.

(Read before the American Medical Editors' Association at Newport.)

By T. D. CROTHERS, M.D.,
HARTFORD, CONN.

IN January, 1889, there were published in this country and Canada, one hundred and forty-two journals which claimed to represent the science and art of medicine.

The influence these journals have on the march of medical science opens up a field of unusual interest.

The profession are every year depending more and more on medical journals for contemporaneous history, criticism, and guidance, and every year these journals are giving more accurate records of the movements of science, of the rise and fall of theories, of the evolutions and revolutions that follow along the line of medical scientific discovery.

The time has come when accurate conceptions and misconceptions of truth must seek a hearing through the press. Books are too slow, pamphlets are not read, the medical journals must present and defend the facts and theories continously and persistently. Any theory supported in books alone has little chance of attracting attention. No matter how absurd the theory may be, if it has an organ in the press, it will be heard. Hence, to-day, in this list of one hundred and forty-two journals we can trace a history of the empiric stage of science; we can see the superstition and credulity and the quackery which gathers about the birth of all truth; we can see the psychological growth and conflict of truth and error, and realize that all these journals of all degrees and kinds are unconsciously writing the history of the world's progress. We who are journalists, each hope that our work approximates to that ideal of absolute truth that we are striving after, above the levels of transient medical journalism, and along the very front lines of progress. The reality of our progress is in some degree realized by the constant appearance in the medical press of the latest discoveries and truths of medicine, and we feel that in some measure the march of science takes its shape and direction from our efforts. We who are the actors on this stage cannot fully realize our individual influence in the play, nor can we judge from the applause of the audience. We are too near each other, and our mental vision is too limited; but we can discern the imperfections of our work, and prompt each other from the wings. When some of our enthusiastic brothers find themselves overwhelmed with confusion by the discovery of having advocated some absurd theory, or defended some new remedy which proves to be inferior to cold

water, we can cover his exit with silence and charity. But when some of our brothers are attacked with dogmatism and have delusions that they are the central orbs of all science, or that other strange fatal disease, and its opposite, icy conservatism and frothy freshness, we put on garments of mourning long before life is extinct.

Bowing on the stage, or lounging in the wings, gives us some clear views of human nature and science. The search for truth and the effort to present it, brings out all the stars, the tragedians, the comedians, the supporters, and the army of figure heads.

As evolutionary optimists, we can catch glimpses of a progressive movement ever onward, although in our work this march of science seems like a confused advance and retrograde alternately. The incessant revolutions of theories and practices casts a shadow over our dogmatism and boasted exact experience, making it clear that the great drama of which we are actors and historians is beyond our present comprehension. The influence of medical journalism on the march of science, is also beyond our present comprehension. We can only draw some outline facts and apparent conclusions of this influence from a general study of the journals which claim to represent the science of medicine to-day. Of the one hundred and forty-two journals which began the year, death has claimed a certain number, but recruits have promptly filled their places, and it is safe to say there are no vacancies. But the long felt want is still urged. Journals come, and journals go, and the procession goes on.

Among the real scientific journals three distinct classes appear : The *general*, the *special*, and the *encyclopædic* journals.

The *general journals* aim to represent the entire field of medicine, to give papers and discussions covering every line of medical research. The claim of being practical and addressing themselves solely to the busy physician is often contradicted by the work. Such journals like the single volume text books fail, because the subject has outgrown the limits they would place upon them. A single volume text-book on practice or surgery can only be an outline view, more or less imperfect. So a general journal which attempts to spread the entire field of medicine before its readers, must do so in outline, and fail in many respects. The journals of to-day cannot do what was possible a quarter of a century ago. The heavy quarterlies are fast disappearing, and even the monthly is losing ground. Our journals must come weekly, and not far away the medical dailies will appear.

The journals that are taken by the general profession to-day must come often, and bring theory and practical experience; they must in newspaper parlance "boil down" every thing, and disseminate between the facts and fancies of authors. The general journal of to-day fails when its pages are loaded down with minute descriptions of disease and the exact action of remedies on the organism. It fails when the editorials are acrimonious and dogmatic. It fails when it dwindles into a newspaper of personal items and gossip, and apes the secular papers in tone and character. It fails when it assumes that medical science has advanced to the frontiers of positive truth in any direction. When the ideal general journal comes for the mass of physicians, it will be a weekly and daily.

It will be strictly impersonal and reflect the conclusions and results of scientific study up to the present.

It will avoid the ranks of dogmatism and credulity and follow a line of frank conservatism towards all science. It will aim to find not the practical alone, but the literal roads for the discovery of the probable facts and laws of science.

The ideal journal will arouse and stimulate further inquiry, and the reader will never be satisfied with the conclusions which it presents. The ideal journal will be an outline of what appear to be the best sustained facts concerning the problems of medicine. Such a journal must have concentrated power and force of editorial talent, to write the history of the medical advances truthfully and clearly to-day. Such work helps on the march of science and is growing more and more essential.

The *journals devoted* to *special fields* of medicine occupy a different position.

They give the observations of the picket-guards of science, the impressions of men who follow up a special line of research. They make the first surveys of new countries, which of course are imperfect and lacking in many details.

The probable facts and their conclusions are only tentative, and are given for the purpose of exciting inquiry and examination.

The specialists' journals are mapping out the topography of new countries, and making observations of its flora and fauna, which must be corrected by the armies of the rear, and more than all other journals do they influence the growth of science, and are in turn influenced by it. The multiplication of specialists' journals comes from the rapid widening of the fields of medical study; it shows clearly that the day for the general journal is drawing to a close; that like the single volume text-books, the science of medicine can no more be concentrated in one journal. In the twenty or more special journals that occupy the field in this country, this fact is more and more obvious.

From the smallest and most imperfect beginnings they are slowly and surely coming to "the front," and in the twentieth century the science of medicine will be studied in these journals. The specialist journals of to-day, with all their weakness and narrowness of work, are nearer and more influential in the real progress of science. They push on the exploration, from the mountain tops into the valleys, and along the river bottoms and plains of science. They map out the field for minute and exhaustive study, and give the results of individual work as no other journal can. Such journals cannot exist along commercial standards of value; they come in obedience to demands of a special audience; their readers are contemporarians, workers along the same lines of research. They can only live where science is most

aggressive, most active and most advanced. The general journal is of the past, the special journal is of the future. The one is a survival, the other is an evolution. The great text-books on the different branches of medicine are more and more the outgrowth of the work of special journals, the condensation and elaboration of views that have appeared first in such journals. On the growth and development of special journals, many of the great problems of medical science will depend.

The last class of journals that are prominent are the cyclopædial journals. They essay to give condensed summaries of the progress in all departments of medicine. Many general journals combine this feature with their work.

The ideal journal, or book, that will give a fair view of the medical progress of to-day is yet to come.

The attempts in this field are more promising than real. The readers of this class of literature and journals are filled with conflicting emotions concerning the near approach of a medical millennium, and the disappearance of the good old facts of our fathers and the humilating thought that all truth comes from over the sea. No true science in this American *Nazareth*. The ideal journal to occupy this field will be a great power in the evolutionary march. The ideal book giving a correct view of the progress is far beyond the journal or the special department in the journals.

These three distinct classes of journals appear either single or combined in all the medical papers that claim to represent the science.

Medical journals are slowly emerging from the stage of childhood, in which the personal views of its managers are more prominent and emphatic than facts of science; a stage in which the intense personality of certain men and colleges, or teachers, are fixed points about which all other truth must revolve. Every advance is judged from this point of view. Such journals resolve the science and art of medicine into fixed laws, that never change. They stand out in the great march as obstructive, like the Bourbon family, they never learn anything and never forget anything.

The *mutual admiration period* is *another phase* of the childhood of journalism. Journals of this class are passing away, and are very interesting psychological studies. The personal news items, and comments stage is another sign of youth in journalism. Sneering doubts, and fulsome endorsement of every new view of science are equally unscientific. We might go on and tabulate a long list of signs of youth and feebleness in the medical press, but a little higher view will show us that this is part of the natural history of the sudden birth of a small army of medical journals, who are each struggling to represent the whole or some part of this great ever-widening land of science.

Medical journals, like the science which it represents, are growths or evolutions from the lower to the higher, or devolutions from the lower still farther back. Medical advance is thoroughly revolutionary, and our best facts to-day disappear to-morrow, and give place to newer, wider views. Our journals ought to be histories of this restless change. Histories above all personal interest or motives, except to give the most probable facts and conclusions, sustained by all the evidence at our command.

As medical journalists we can never represent or influence science by allowing personal dogmatism or personal gossip criticism to appear in our work. We can never represent or influence science by endorsing an assumption that any one range of facts comprise the whole truth, or that the last and final truth is bound up in any theory. We can never represent or influence science by a partisan support or defence of any minute statement of disease or its exact laws, or the action of drugs on the system, or theories of physiology and psychology. *Medical journalism* to represent and influence science *must assume* the position of a judge, hear all the evidence, and then present to its readers those facts which seem best supported by research, theory and experience. Medical journalism to represent and influence science *must discriminate between* the probable and the improbable, between the statements and theories of men, who trust to fancy or to inductive reasoning, must discriminate between facts that are apparent or assumed, and insist that the record of sciences to-day have some support from the facts of yesterday. If this cannot be, the record must have an assemblage of probable evidence, that shall give it position and recognition.

Medical journalism to represent and influence science can never be a newspaper or a transient journal of the hour. It must rise to the level of the great laws which govern the evolution and dissolution of humanity. The individuality of the discoverer is as nothing compared with his discoveries. The truths of science require a higher standard of representation than the follies and accidents of life. While the one hundred and forty-two journals in this country that claim to represent medicine are in many instances sad reflections of so-called science, yet the American medical press as a whole is full of hopeful promise. While the quarterlies are doomed, and the monthlies are becoming more and more uncertain, the weeklies are growing in freshness and vigor. A new era is dawning for journalism. Both authors and editors must give the readers the clearest, briefest facts and evidence to sustain them. The theories and opinions of the fathers in medicine have of themselves no longer any weight, unless they have a direct bearing on the present. Papers loaded down with authorities are becoming more and more pedantic and absurd. There are no absolute facts in medicine, everything is relative, and good only for the present.

The world is full of working problems, which, like steps on a ladder, are means for higher and wider views of truth. In journalism we get the first surveys, in books, the corrected conclusions, good only for this day and generation.

Medical journalism reflects more and more positively the true spirit of the march of science in this closing century; not the march of science in Germany, France, or England, but the movement here in our own country, free from the blighting conservatism of the past, free from time-worn theories, and empiric conceptions that

are moss covered with age and respectability. Free to question every assumed fact, and demand the reasons for its existence.

Medical journalism in this country is growing stronger and more influential every year. We are gaining greater power with every advance, and realizing more clearly that medical science is an incessant search for truth, that widens with every step forward. Both as historians and explorers we are pressing on into the unknown, fully assured that greater facts and truths are yet to come from broad scientific work.

LARGE NÆVUS OF THE FOREARM—TREATMENT.

By A. C. W. BEECHER, M.D.,
Late Demonstrator of Anatomy, Jefferson Medical College.

MARGIE B., aged six months, has a large nævus upon her right forearm. In this as in all cases so young it is congenital, and has been increasing somewhat.

The tumor occupies the anterior face of the right forearm, extending from the metacarpo-phalangeal joint of the thumb upon its palmar surface across to the ulnar side of the carpus, and extending upward to within an inch of the bend of the elbow (at which point are several small vascular spots, and which probably would have eventually become merged into the general mass), laterally it extends from the outer radial edge of the posterior surface of the forearm, to the inner ulnar edge of the anterior surface, thus occupying one-half of the circumference of the forearm.

The tumor is elevated from one-half to three-quarters inch above the normal level of the contour of the forearm. There are several transverse depressions in the tumor due to the fatness of the child (which is very large and very well nourished). From pressure, the skin in one of these became excoriated, and a painful ulcer followed. The tumor is of a dark purplish color, and exhibits all the characteristics of its class. The painful condition of the ulcer, together with the deformity produced by the tumor, and the risk of an accidental laceration or incision into it producing alarming, if not fatal hemorrhage, make its eradication desirable, if not imperative.

In a consultation with the late Prof. Joseph Pancoast, he suggested the passage of strands of silk saturated in solution of chloride of zinc through the mass to produce coagulation of the blood in the vessels passed through and by the resulting inflammation and absorption, reduce if not obliterate the tumor. This method I adopted with some modification. I procured several sailmaker's needles about four inches long, had them curved for about two inches of their length from the point, the shanks being left straight. Arming each of these with half a dozen strands of silk and saturating them with the chloride of zinc, I passed them transversely through the base of the tumor at three points, allowing the concavity of the needles to curve over and fit the convexity of the forearm, entering the needles at the junction of the healthy skin with the tumor, and making the exit in like place upon the opposite side, being careful to ascertain that both the radial and ulnar arteries were beneath the needles, and not included in the ligature. Before the needles were drawn through, the arm was firmly grasped above and below the tumor to steady the extremity, and to check the circulation until the zinc in the saturated ligatures when drawn, had well acted upon the surrounding tissues, preventing hemorrhage and absorption of the zinc.

The ligatures once in position, their ends were brought up from the sides and tied over the mass just tight enough to depress the tissue under them, and by tightening these from time to time, I designed dividing the tumor into transverse segments; that accomplished, to sub-divide these by ligatures passed through their base parallel with the long axis of the forearm, and subsequently strangulate these with pins and ligatures. The combined action of the ligatures and chloride of zinc so thoroughly cut off the circulation, that the central portion of the tumor between the first and third ligatures sloughed out in a few days, leaving a healthy surface underneath, only the margins retaining the characteristics of the disease which were, later on, strangulated in small portions with pins and ligatures.

The surface left after the slough was removed was treated by skin grafting from the mother, and was partially successful.

The ball of the thumb was treated by taking a delicate straight needle with a single strand of silk steeped in chloride of zinc, and then passing it through the parts as in darning a delicate fabric, the silk remaining some two or three days; the vessels were occluded, and the discoloration was entirely obliterated.

There was but little constitutional disturbance, the surface cicatrized and contracted to less than half the original area with no impairment of motion, and is not observable unless attention is called to it. The dressing in this case was merely patent lint and oxide of zinc ointment. When the granulating surface appeared sluggish, it was stimulated by application of nitrate of silver.

This operation was performed when cleanliness, carbolic acid, and permanganate of potash solutions only were in vogue, and is only reported because of the method of dealing with the tumor, which was quite formidable of its kind, and the highly satisfactory result.

The darning process, I believe to be applicable to many of the red spots so frequently seen upon the face; it is safe, and not disfiguring, the cicatrices being slight. The chloride of zinc I believe to be the best of the agents which could be used as above described. A singular coincidence in connection with this case is, that when the mother was far advanced in the pregnancy of which this child was the product, the father while inspecting a new but not completed residence, fell down the stairs, severely injuring and bruising his right forearm; this accident shocked and distressed the mother very much at the time. Was the nævus the effect of maternal impressions caused by the accident to the father? It is at least a remarkable coincidence.

523 South Ninth Street.

RECENT MEDICAL CASES.

By HENRY A. RILEY, Esq.,
NEW YORK.

AUSTEN WILCOX, Esq., of Buffalo, in an address before the Medical Department of the University of Buffalo, on the Medical Jurisprudence of Insanity, summarizes the reform in our State legislation which he deems necessary, as follows: "If we can accomplish these three radical reforms in our methods of procedure: 1. To secure a competent tribunal to pass upon the single question of insanity. 2. To secure really enlightened and impartial experts on insanity to assist this tribunal. 3. To ensure that persons found innocent of crime on the ground of insanity shall be treated as insane, and sent to an asylum. Then it is safe to say that the law of insane responsibility for crime will be reformed and adapted to suit the new scientific conceptions of the age. It would be quite safe to leave in the hands of a tribunal so constituted, and acting under such conditions, the application of the broad ethical test of insanity, proposed by Dr. Bucknil: 'No act is a crime if the person who does it at the time, is incapable of not doing it, by reason of idiocy, or of disease affecting his mind.'"

This states, no doubt, the view taken by many lawyers, and by many possibly, most doctors. It is not, however, as we think, the view taken by most lawyers. The power to distinguish between right and wrong is considered by them the wisest and safest test by which to decide whether a person should be acquitted of a crime when the defense is insanity, or defective mental power. A person may seem to have little power over his will, yet if he understands that the act is wrong it is difficult to see why he should be acquitted on the ground of insanity.

The following is the lively way in which the *Albany Law Journal* comments on the recent proceedings in the Washington Irving Bishop inquest, in New York City: "But no matter whether he was dead or not, it is probably impracticable to hold them for manslaughter, but they should be punished to the extent of the law for an unwarranted dissection or autopsy. These indecent men were eager to be the first to discover the secret of Bishop's wonderful and exceptional mental power. To gratify their morbid curiosity and get ahead of the other doctors they cut up the victim's body before he was fairly cold, and without any more authority than they had to kill him.

"The thought that perhaps the poor man was conscious of their horrid preparations is one that humanity shrinks from dwelling upon.

"If this mob-law is the law of the City of New York, we advise strangers to keep away.

"If one's wife or child goes there and dies suddenly in the street—as Col. Chatfield, of Cincinnati, well known in this city, died there a few days ago—some superserviceable doctor 'in the interest of science,' may carve the animate remains without observing the forms of decency, or waiting to see if death has really supervened. If this kind of thing goes on there will apt to be genuine *rigor mortis* among the doctors. If Bishop had a father or a brother he would be excusable for clubbing them till they were cataleptic and hoping for another of their sort to come along and carve them up—all 'in the interests of science.' Dr. Clark Bell's coming convention would better look into this performance."

It will be remembered that the coroner's verdict at the inquest acquitted the doctors of any criminal act, but we do not know that they have been acquitted of the charge of improper haste in making the autopsy.

Christian science as practiced by most of its votaries is one of the most arrant humbugs of the day, and sooner or later some of its practitioners will find the inside of a prison their permanent home. In a recent case in Quincy, Ill., an infant was taken sick with croup, and a practitioner of Christian science, a Mrs. Hinckley, was called in and made a diagnosis to the effect that it was a mistake to call the child ill, on the contrary it was perfectly well. An hour and a half later when the mother took the child from its cradle it was dead. No regular physician was called in until it became necessary to have a burial certificate.

The mother was not a heartless woman, and is said to have been distracted with grief at the death of her babe. But the result did not seem to remove her faith in Christian science, which, in the case of an infant, makes the mother believe that by exercise of a strong will she can throw off the illusion which appears to effect the little one under the guise of croup, measles, or scarlet fever. Public sentiment in Quincy is greatly aroused, and it is not at all unlikely that a criminal charge will be brought against "Dr." Hinckley.

There have been some recent cases in the courts where the criminal charge of rape was under consideration, and the question to be decided was, whether the prosecutrix could be asked if she had voluntarily had previous sexual connection with one of the defendants. In both of these cases, one in Indiana and the other in Michigan, it was held that such a question was proper, but would not have been if it had referred to any other person than the defendant.

The general reputation of the plaintiff can be testified to, but no specific acts of unchastity with third persons can be inquired into.

THE Chautauqua College of Liberal Arts (The American Academia) begins its summer session of 1889 on July 5, continuing until August 16. Profs. J. T. Edwards and W, C. Gorman, of Chamberlain Institute, Randolph, N. Y., and A. C. Langdon, of the Military Academy, Macon, Mo., give instruction there in chemistry and physics. Mr. A. C. Boyden, of the Bridgewater Normal School, Mass., lectures on chemistry and physics to teachers in Normal Hall. Dr. W. G. Anderson, of the Adelphia Academy, Brooklyn, has teachers' classes in calisthenics, and gives normal instruction in physical development. Mr. W. W. White gives lessons in "memory training," which he announces as without "obsurd claims," and adds "no secrecy." Dr. Eliza M. Masher lectures on the physical development of women.

The Polyclinic.

PENNSYLVANIA HOSPITAL.

RHEUMATIC FEVER.

LONGSTRETH presented a young man, aged twenty-three, salesman by occupation, suffering from rheumatic fever. There was a history of rheumatism in his family, his father being a sufferer from it, and his mother having heart disease. Five years ago he had a slight attack, and a year later a much severer one. The present attack had been induced by exposure. When admitted to hospital his joints were all swollen, and a high fever prevailed. Auscultation disclosed a double cardiac murmur, aortic and mitral. Lungs were negative, bowels constipated. He was given ten-grain doses of salicylic acid every hour, but without effect—neither the temperature nor the swelling in the joints being reduced. He was then placed on acetate of potassa, ten grains, and bicarbonate of soda, twenty grains, every two hours, which also proved to be of no avail. Finally, the iodide and bromide of potassa were given, ten grains of each for a dose every four hours, from which very satisfactory results were obtained. The joints were smeared with blue ointment.

This patient, a woman, who works out when she is able, presented upon admission some evidences of typhoid fever. The wedge-shaped area of redness at the apex of her tongue was distinctly marked. Her temperature was 104.8°. The abdomen was resonant and irritable, and patient complained of having much diarrhœa. The evacuations were chunky, with hard, fecal masses, but were not of the characteristic yellow color. Patient also vomited, which ceased upon giving bismuth. Micturition was difficult. I ordered her bismuth in ten-grain doses every two hours, also quinine to reduce temperature, and a milk diet. A cold flaxseed poultice was applied to abdomen. Hot poultices increase the temperature 1° to 2°, which was to be avoided in this patient. I continued the quinine, in three-grain doses, night and morning, and gave enough bismuth to keep the stool black, so as to allay the irritation of the mucous membrane of the intestinal tract.—*Longstreth.*

In a case of miscarriage Longstreth took occasion to make some pertinent remarks relative to the after-treatment in such cases. The patient before the class was a Polish woman, who had ten days before given birth to a stillborn child, which had died two days before delivery. The after-discharge was very offensive. Regarding the disposition to investigate the cause of it the doctor said: "Do not enter the womb in this condition with fingers or instruments, unless it be positively known that there is something there which must be removed by mechanical force, in the exercise of which there is always more or less harm committed. The organ should be disinfected with a solution of permanganate of potassa, the injection of which should be continued until the solution returns clear and pink in color, which indicates that the part has been cleansed. The peroxide of hydrogen is also a good injection, being an active agent in the destruction of pus. Like the other, its injection should be continued until it returns clear and without foaming." The patient had a prolific crop of head lice, for which the doctor ordered the application of a soda solution in the form of a poultice.

Hunt recommends in the administration of ether a previous examination of the throat. He cited a case in which death almost occurred from hypertrophied tonsils, which fact had not been observed previous to placing the patient under ether. He was nonplussed as to the cause of the strangulation until an examination of the throat was made.

MEDICO-CHIRURGICAL HOSPITAL.

NON-BACILLAR PHTHISIS.

A RECENT case has well exemplified the apposite remark that what is called consumption is sometimes simply molecular death. The subject was a man well up in his fifties, whose constitution had been enervated by many years residence in India, and further broken by a succeeding season of privation and chronic malarial toxæmia. In this condition he attempted to earn his living at an occupation which kept him upon the street constantly during business hours, especially upon days when the weather was such as to confine business men to their offices. One memorable day he spent upon the street during a heavy cold rain. This was the finishing touch. He contracted a bronchitis, which persisted through his life, and ended it in fourteen months. There was a gradual destruction of his lung tissue by cirrhosis, with the formation of bronchiectases; constant cough, rarely hæmoptysis; never hemorrhages, night sweats, intestinal flux, or bronchorrhœa. His temperature was taken many times, though not regularly, and never exhibited a rise above the normal, but was often somewhat subnormal. Œdema of the ankles existed for six months previous to his death. Feebleness of the heart and dyspnœa were prominent characteristics of the case; the former being manifested for several years previous to this final illness. No bacilli were ever found in the sputa, which, moreover, always dried when exposed. Always a delicate eater, he showed little more than his usual fastidiousness when ill. Death took place finally from œdema of the lungs—itself a consequence of heart failure and anæmia.

Now, this was evidently a non-bacillary consumption of the lungs. The causes of his malady and the reasons for his death are evident. The man's stock of vitality was exhausted; the springs of life had been licked up by the pitiless sun of India; the little remaining strength pilfered by the malarial intruders. He stood with the outward seeming of a man, but with his vitality exhausted. The symbol ordinarily used to represent this condition is that of the oak, fair without but rotten at the heart, which waits but the first rude blast to fall in ruin. But if the shock of a tempest does not come to overthrow the oak, its destruction is no less certain, though the end comes later. Man is not often, if ever, constructed with the

nice balancing manifested by the deacon in building his famous "One Hoss Shay." Some part is pretty sure to be weaker than the others, and here is where death begins. The lungs are frequently the most vulnerable part, whether from their exposed situation, their proneness to disease, or other cause, and the beginnings of molecular death are oftenest here. An exposure to cold and wet occurs, a catarrh ensues, the vital forces are insufficient to carry the disease process through its phases to a restoration of the normal state; the lymph spaces become blocked by detritus, the connective tissue congests, thickens, contracts, the air-cells disappear; and as sacculi form, the secretions lie in them until they decompose and still further injure the weakened tissues. Molecular death is here progressing, without any need of the tubercle bacillus or any of its congeners to explain the phenomena.

Men seem to think it necessary to give an excuse when death occurs. While each is ready to acknowledge that to all death comes, soon or late, yet in the plans for life the end is but rarely taken into account. We are perpetually tearing down our barns to build bigger; and death rarely fails to surprise us when he comes. The truth of this is shown in the extent to which the bacillar theory of consumption has been carried. Not content with showing the causative relation between this microörganism and one form of phthisis, we must needs go so far as to claim that all forms are due to it; losing sight of the fact that man will die and the mourning cortege will go along the sad path to the cemetery, even if every disease-producing germ, every toxic agent should be blotted out of existence.—*Waugh.*

JEFFERSON HOSPITAL.

REMOVAL OF THE ASTRAGALUS.

A BOY was brought into the clinic for trouble with his right ankle. The tissues of this part were enlarged, spongy, and perforated by sinuses from which a large amount of offensive pus escaped. After an Esmarch bandage had been applied to the leg, the sinuses were laid open at several points down to the bone so that thorough examination could be made. Barton intended, in case evidences of extensive and dangerous destruction from sarcomatous or tubercular infiltration presented themselves, to amputate above the ankle. The amount of damage however did not warrant this procedure, but he entirely removed the astragalus, which was hollowed out to a mere shell, curetted thoroughly all the diseased tissues, cleansed the parts with an antiseptic solution, inserted a drainage tube and put the leg to rest with a tin splint. A plaster bandage will shortly be applied.

ABSCESS FROM LIGATURE.

Barton, in cutting down on a small abscess of the scrotum, found a silk ligature which had been applied some time previously, and which instead of becoming encysted had set up irritation.

EXTRA-GENITAL SYPHILIS.—Dr. Ernst Feibes, of Aix la Chapelle, reports an unusual case of extra genital syphilitic infection. The patient presented the characteristic eruption in the left popliteal space as well as on the palmar and plantar surfaces. There were no phenomena of disease in the mouth and throat nor upon the hairy scalp, nor was there any enlargement of the inguinal glands. Judging by the kind and appearance of the eruption, the infection must have occurred four or five months previously. Syphilitic infection was most strenuously denied, both by the patient and his brother, the latter being also a physician.

A critical examination revealed no evidence of chancre of the penis, nor, as stated, was there any swelling of the inguinal glands. But in the right axilla there was discovered a gland the size of a filbert. The cervical glands on the left side were scarcely perceptible, but on the right they presented themselves in the shape of a hard knotted cord. The maxillary glands on the right side were also considerably enlarged, while on the left they were simply infiltrated. This condition of things led to the opinion that the initial lesion must be sought for on the right side of the oral cavity, or somewhere about the right side of the head. Still, in and about the mouth there were no scars, the tonsils were of equal size, and nowhere could there be found any defect.

But upon the skin of the right cheek there was found an indurated pimple about the size of a split pea, which under ordinary circumstances would be considered a simple efflorescence of acne. And now, under close questioning the patient remembers that usually he shaves himself; that whenever he goes to the barber's shop he invariably carries his own razor, but never his shaving brush; that, according to his distinct recollection, several months ago he was accidentally cut at the designated spot, but of course paid no further attention to it; that the wound had festered for some time and finally left the pimple, still visible; that previous to that accident there had been no glandular swelling such as is now apparent; that his brother, the doctor, had regarded it as simply acne, and had even touched it with nitrate of silver.

The diagnosis was now made; the pimple is the remains of the primary chancre, and the shaving brush unquestionably was the carrier of the infection, the same as it is in cases of barber's itch.

The symptoms in this case disappeared promptly by the internal use of one grain of protiodide of mercury daily, and by covering the affected skin with *emplâtre de vigo.* The patient is now undergoing *Fournier's traitement successif*, and has since remained free from any untoward symptoms whatever.

℞.—Olei lavandulæ,
Resinæ purefactæ . . . . . āā 10.00
Pulveris myrrhæ,
Croci pulverati . . . . . āā 20.00
Gummi-resinæ ammoniaci,
Bdellii,
Olibani . . . . . āā 30.00
Ceræ flavæ,
Terebinthinæ . . . . . āā 100.00
Styracis liquidæ 300.00
Hydrargyri 600.00
Emplastri simplicis 2000.00

Misce secundum artem et fiat emplastrum.

Sig.—Spread upon a convenient carrier (chamois or sheepskin, twill or drilling) and cover the affected surface.

—*Berl. Klin. Wochenschrift*, No. 23, June 10, 1889.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 3, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

IN developing our plan for a journal which shall be truly cosmopolitan, we have found it advisable to seek the assistance and collaboration of prominent physicians in each of the great cities of the United States. In pursuance of this object we are happy to announce that Dr. Simon Baruch has assumed charge of the New York Department. Dr. Baruch practised for fifteen years in a country district in South Carolina, and for the past ten years has resided in New York; where he has become well known as an active worker in the societies, and holds several hospital appointments. Dr. Baruch has thus rendered himself familiar with the practical work of both the country and the city physician. He has given special attention to the subject of hydrotherapy, and especially has endeavored to extend the use of this method among practising physicians; thus disassociating it from the old-fashioned "water-cure" and the modern special hospital. In this good work he has the hearty coöperation of his colleagues in THE TIMES AND REGISTER.

As a further step in the same direction, Dr. I. N. Love has assumed the editorial charge of all matters emanating from the State of Missouri. Dr. Love needs no introduction. His contributions will need no signature for any of those who are familiar with his work in the *Weekly Medical Review* and elsewhere.

We have delayed the consummation of this part of our scheme until the meeting at Newport was held and the July number of THE DIETETIC GAZETTE was through the press. We will soon be prepared to give a full list of the gentlemen who have honored us by associating themselves with our work.

With the next issue we add to our combination the *American Medical Digest*, of New York; a journal now in its eighth volume, and which has been most ably edited by Dr. Lester and his collaborators. The name of *The Digest* will be continued as the head of a department in THE TIMES AND REGISTER, and we trust that we may retain the active coöperation and good-will of its editorial staff.

Annotations.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

THIS Society is second only in importance and numbers to the American Medical Association, to which it is auxiliary and subordinate. It is essentially a working society, the sessions for scientific discussion lasting during each of the three days from 10 A.M. to 5 P.M. The days are given to scientific work and the evenings to social pleasure. No ethical or other extraordinary business ever enters into the discussions, such matters being entirely in the hands of committees, whose decisions are final and not debatable. The annual meeting this year is to be held at Evansville, Indiana, September 10, 11, and 12. The President, Dr. Geo. J. Cook, of Indianapolis, and Dr. A. M. Owen, of Evansville, the Chairman of the Committee of Arrangements are hard at work in behalf of the meeting.

A cordial invitation is extended to the medical brethren east of the Alleghanies to come out to the meeting. We have assurances from Drs. Dudley S. Reynolds, Arch. Dixon, Wm. Porter and I. N. Love, all of them ex-Presidents of the association, that this will probably be the banner meeting.

INEBRIETY AS A DISEASE.

THE subject of inebriety is attracting much attention at the present day from members of both the bar and of medicine, on account of the many important medico-legal aspects of the question.

As might be expected, the members of these two professions are inclined to view the subject from different points of view, owing to their different studies, and, therefore, reach diverse conclusions.

We believe that inebriety is a disease, but it is a disease which in most cases can either be avoided or acquired. In this respect it differs from the great majority of other ills which afflict mankind, and which are acquired ignorantly. Again it differs from others in the fact that its accompaniments and consequences are so baneful to the patient's fellow beings. It is in fact a disease *sui generis*.

Dr. Parrish, of Burlington, N. J., in an article on the Medical Jurisprudence of Inebriety, cites several cases in which there was an absolute inability to avoid drink, and as soon as the patient began to indulge he lost all knowledge of right and wrong and committed acts for which a sane person would do penance behind the bars. Similar instances have been recorded by others, and there is no doubt that many an inebriate, innocent of wrong, has been condemned to imprisonment or death for crimes committed whilst under the influence of alcohol. This class of drunkards, however, is very small, and the peculiar condition is receiving so much attention that similar legal mistakes must grow less and less common.

But we think that such a conclusion as Dr. Parrish reaches, cannot be sustained. "Inebriates should not be punished for acts committed while in a state of involuntary unconsciousness any more than are somnambulists or epileptics." This conclusion ought to be admitted in those exceptional cases in which the patient, or criminal, is from the first destitute of will power to abstain from the act, but in those cases in which the man knows that if he begins drinking he is likely to lose control of his actions, or in those cases in which men drink for the express purpose either of committing some criminal act or of so obtunding their reason that they may be ready for any lawlessness, we think the violators ought to be held responsible. The line ought to be drawn at the start, between ability or non-ability to resist the taking of alcohol.

Of course this is difficult, but everything connected with the subject is difficult, and probably always will be; and to make no distinction whatever in cases of inebriety would be to offer a premium on drunkenness and crime.

ANTI-PASTEURISTS.

IN speaking of an anti-Pasteur meeting in London, the *Medical Press* notes that while all agreed in their opposition, the objectors based their action upon distinct and antagonistic grounds. One considered muzzles the true cause of hydrophobia, although the enforcement of a muzzling order is invariably followed by a decrease in the number of recorded cases. A reverend Bishop contended that muzzles were useless, as they did not prevent dribbling of saliva. An alleged physician aired his belief that no such disease existed in man; the symptoms being due to nervous prostration. The *Press* goes on to speak of the "striking ignorance of the subject and no less striking indifference to accuracy" shown by many of the speakers. Thus far, the course of the anti-rabists has been upon lines strictly parallel to that of the anti-vaccinationists; and while there are undoubtedly some intelligent persons who do not accept Pasteur's deductions, the probability is that the opposition will finally be confined to a similar collection of unreasonable cranks.

Letters to the Editor.

MEDICATING AIR.

I NOTE your query as to the desirability of medicating air—"if the air is already pure, why medcate it?"—and think you may not have fully understood the object of my invention. This will be more fully explained in the extract which I enclose from *Cassell's Magazine*.

The idea of charging air supplied to buildings with antiseptic vapor is due to Mr. Burroughs, who has recently applied it to the ventilation of the premises, Snow Hill Buildings, Holborn Viaduct, where it can now be seen at work. The method of ventilation adopted is that of Mr. B. F. Sturtevant, introduced into England from America, where it is already largely employed. It consists in forcing fresh air from the purest available source outside, into the building by means of a rotary fan or air-blower. This fan can be driven by the waste steam from an engine on the premises, and at the same time heated by the steam. The temperature thereby given to the air is regulated by the simple device of mixing cold air with it in the proportions required. Flues or pipes convey the warmed air to the various pipes of the building where it is required; and the outflow from the pipes is controlled by simple regulators. Thus both the temperature and supply are under the complete control of the persons in the building. The advantages of forcing fresh air into the building under a slight pressure are that cold draughts from without are excluded, and the vitiated air is forced outwards by every available opening. In a building supplied with electric lighting apparatus, the waste steam of the dynamo engine is utilzied to warm and ventilate it at the same time. By inserting in the flue trays porous material such as cotton waste, soaked in the eucalyptia (the essence of eucalyptus globulus), pinol or any other antiseptic and aromatic extract of a volatile nature, the air in its passage to the various rooms of the building, or it may be to any one particular room, is impregnated with antiseptic vapor. For hospitals the system is evidently well adapted, and very complete, since it may include the electric light, warming and antiseptic ventilation in one process. For private individuals suffering from diseases of the breathing organs, it is also equally applicable, whether in the office or the home.

What I wished to do was to devise an apparatus for supplying filtered medicated air to hospitals, and thus to do away to some degree, with the necessity of using inhalers. The volatile antiseptic is to be charged into a glass dropper, which at the same time regulates the drops which fall upon the sponge or gauze in the main air pipe. The air is thus charged with the antiseptic, say pinol (the volatile essential principle of the pinus pumilionis) or eucalyptia (the volatile essence of the eucalyptus globulus) or any other volatile medicament can be employed. The advantages of this method over those commonly in use, are:

1. The air is filtered, a matter of much importance in such a smoky atmosphere as that of London.

2. It can be warmed to an exact temperature, or a uniform temperature can be maintained without difficulty by regulating either the supply of steam or by causing part of the air only to flow through the box of steam pipes.

3. The air can be medicated to any degree desired by means of the dropper referred to.

S. M. BURROUGHS.

LONDON, ENG.

PHLEGMASIA DOLENS.

I HAVE not chosen this subject because I expect to evolve any new theory or propagate any new doctrine as to the source of its first nucleus in the human economy. While it comes with the inflammation and the pain, and usually presents certain characteristics at certain stages, yet there are also certain differences that might lead us to believe that there might be different origins in different cases. For instance, some cases appear to harden and enlarge, as circumscribed as if from some initial point, while others appear to be mostly in and about the glands, while, again, a whole limb is so involved that we must conclude it is a constitutional disease. I have had some experience with this disease, and I will set forth in part or wholly the origin and course of three cases that impressed me differently.

The first was Mrs. C., at Maineville, O. Since her last parturition, nine years previously to my seeing her, one of her legs (I think the left) had been swollen and painful. I gave her some liniment, the principal of which was solution iodo-brom. calc. comp. and oil of sassafras in alcohol equal to both, and to use it freely, from which she experienced much relief. But she soon after moved down on the river, where she remained two years. During this time she had ague and large hemorrhages, it being her climacteric period. When she returned she soon came under my cognizance. Her malaria returned several times while she was gone, but did not after her return. When I saw her again she was very hydræmic, and after each hemorrhage became worse, until she could hardly see on account of the swollen face, and the dropsy became general, and it looked as if she had only returned to die among her friends. She told me that she had taken iron in every form, and it always disagreed with her stomach, and it was impossible to take it. But by insisting, I had her take mur. ammonia in mur. tinct. ferri to saturation, twenty drops, three times a day, in simple syrup for a couple of months, by which she was greatly benefited, as her hemorrhages became ordinary, and her size reduced and strength materially increased. But the rebellious stomach assisted her repugnance to iron, and I had to drop it. I then resorted to malt, which, at least, held her up until waning nature had time to reinvigorate and assert her predominance. Mrs. C. has again become a busy housekeeper, with a reasonable degree of health.

On the 6th day of July, 1885, I was called to Mrs. P. in her third parturition, and though not through the first stage she was full of dread that in some way this would be a finality for her. The last months had been rather miserable, and she being weak it had worn much on her mind, but with usual severe pains she passed a natural labor; so we congratulated ourselves that her fears were unnecessary, though other fears combined with these, as a near relative died the day before with sequelæ of confinement. About the fifth day, she said she had rheumatism in the left leg and arm, particularly the lower limbs. I suspected the nature of the case, although the hardness did not come for two days, and then only in the legs. I therefore gave full opiates and used embrocations of liniment, and a little later hot fomentations of flannels, hops, etc. In the course of ten days the pain had largely subsided, but left the swollen and tense hardness that is so characteristic of phlegmasia.

Remembering that when a boy on the farm the older brothers used mullein (verbascum thapsus), boiled in cider vinegar, on the horses to reduce swollen parts, that I conceived must be in some degree similar to this (and my prejudice being somewhat disarmed since it was recommended for consumption), I ordered a trial of it on this patient, and the result was most gratifying, as in a few days' use by fomentations she was comparatively comfortable, and the limb reduced nearly to the size of the other, and the tissues nearly as soft. She made a good recovery.

February 1, 1889, I arrived at the bedside of Mrs. W. in her fourth confinement. I found no unusual case, but she was unaccountably depressed. When all was over her mother-in-law told she had had a great foreboding that she would not get well.

I assured them her condition was very good, and I could not see any reason why she should not get along all right, only as the left nipple was gone, the probability was she would have some trouble with her breast. I took the precaution to try to abort the secretion of milk, but did not succeed well, perhaps because the nurse was careless and the patient was impatient, and exposed herself by getting out of bed the third day and walking across the floor, as I learned afterwards. The 13th, I was called back to find her with pain in the superior portion of the left lung and pleura. Auscultation developed crepitus; cough and expectoration were present, the pulse 108, and temperature 101½.

She had been chilly, as she said, for several days. I also found the left breast swollen and tender. I proceeded to give Dover powder and antifebrin alternated.

In two days I dropped the antifebrin and gave her ammonia instead, with quinine. On this mode of treatment she improved for a week, when she informed me she would not take any more medicine, contrary to my opinion and advice.

But after she had passed two nights she recalled me. I again gave the Dover powder and quinine and poulticed the breast with flaxseed, and used liniment on her side below the breast, as she complained of external pain. Three days later I lanced the breast, which gave her some relief, but the very next day the thyroid and parotid glands were also swollen.

The swelling was so sudden and so severe that she appeared about to suffocate from the tenseness of the swelling and complications; pulse was 130, temperature 104. Believing now there must be some blood poison from this phase of things, I had counsel, which confirmed this opinion, and also thought I could do no better than push the Dover with tonic and stimulant treatment. But even then she began to complain of her left leg, but there was no hardness or swelling in the tissues at any point, and but little tenderness, neither did it show any other symptom of inflammation. About two days after consultation there was considerable amelioration in all symptoms except the size and hardness of the parts, with the sense of suffocation, pulse 110, temperature 102. I cast about for something else to reduce this, besides liniments, embrocations, and hop fomentations, etc., and thinking I had a case of phlegmasia out of the common order I ordered mullein and vinegar fomentations, which produced the most happy result wherever applied to any hard and tense tissues, subduing the swelling and hardness in from twenty-four to forty-eight hours on the throat and afterwards on the arm and axilla, and the case progressed to a speedy recovery. I believe we have not arrived in our pathology, at a definite conclusion, as to the source of this disease, but it looks a little humoral in part at least.

The points in the first case are its hydræmic character and tractableness to the blood builders (so called). In the second and third cases the forebodings before confinement, also the quick reduction of the hardness and swelling of the tissues incident to this disease by the fomentations of the mullein and vinegar, when liniments, hop poultices, etc., were of so little value in these cases, and then the third case had its own peculiar different course. The attack of the left lung and pleura and the tendency of the inflammation to glands and surrounding tissues in the superior part of the body on left side, and the internal inflammation with the external, and the cough and expectoration, continued to the last.

I base these conclusions on the treatment for No. 2 and 3, when the pain was controlled by the opiate, the inflammation was held in check and the fomentations of mullein and vinegar succeeded best in bringing natural size and softness of the parts involved.

B. F. LUDLUM, M.D.

The Inquirer.

IN answer to an inquiry, we would state that the *Journal of Homœopathics*, devoted to the philosophy of homœopathy, is published at No. 19 Broadway, New York.

DR. CARHARTT'S prescription for summer diarrhœa, upon page 282 of THE TIMES AND REGISTER, should probably read as follows:

℞.—Acidi salicylici . . . . . gr. xxx.
Cretæ preparat . . . . . gr. x.
Glycerin . . . . . ʒij.
Aquæ rosæ . . . . . ʒxiv.—M.
Sig.—Fluidrachm every hour for a child one year old.

I SEND you per mail to-day a plant known to the country people by the name of the "water weed," I would like to know through THE TIMES AND REGISTER its true name. The common people use it as a specific in poisoning by rhus toxicodendron. They bruise and apply the stem and claim it to be indeed, and in truth, a positive specific.

R. H. C. RHEA, JR.
WAVERLY, KY.

[The plant sent for analysis came to hand. Water weed belongs to hydrocharidaceæ (frog's bit family); species, anacharsis canadensis. But the plant I received is not water weed, it is probably sagittaria variabilis, belonging to the water-plantain family. The absence of flower and fruit renders it difficult to classify.—J. M. A.]

WILL you publish an article in THE TIMES AND REGISTER on the mode of extracting the liquid recommended by Brown-Séquard, for the renewal of life, and oblige, A SUBSCRIBER.

[See page 275 of this journal for July 20.]

"WHAT are your charges, Doctor?"

"Three dollars a visit."

"Well, we don't want you to come on a visit, but just to stay ten or fifteen minutes."—*Puck*.

Leading Articles.

THE TECHNIQUE OF HYDRO-THERAPEUTICS.

BY SIMON BARUCH, M.D.,
NEW YORK CITY.

THE absolute necessity of an exact technique in the application of water as a remedial measure is unfortunately not appreciated by the profession, and its neglect is undoubtedly a cause of the failures which have operated in preventing the more general adoption of hydro-therapeutics by the practitioner.

Water is so simple, so readily obtainable, and so easily applied that it would seem an unnecessary refinement of therapeutics to enlarge upon the methods of its application. On the other hand, too, the empirical hydropaths and water-cure doctors have divided and subdivided their procedures into numerous baths and douches, etc., each one infallibly adapted to certain conditions.

It shall be our aim to steer between the Scylla of indifference and the Charybdis of overaction; to simplify these methods and instruct the general practitioner in such hydropathic procedures as his common sense will enable him to apply under the guidance of physiological and pathological principles.

The first step in this direction is the appreciation of the fact, that while there is no slight-of-hand or mystery in the hydropathic method, there does exist an absolute need for precision in the application of water, simple and universally applicable though it be.

A few illustrations from our clinical experience will impress this lesson more forcibly than the simple statement.

Some weeks ago one of the house physicians of one of our metropolitan hospitals informed the writer that the cold-bath treatment of typhoid fever had been inaugurated in his institution. Inquiry regarding the method adopted, elicited the fact that the patient was wrapped in a wet sheet, and ice water was poured from a sponge over the entire surface of the sheet, until the temperature was decidedly reduced; a reduction of five degrees had been noted. The prognosis made by the writer, that the woman would die under this unphysiological management, was verified in two days. Failure in the case is attributable to the fact that refrigeration was the chief aim of the treatment, whereas the success of the hydriatic management of typhoid fever rests upon the principle that the refreshing influence of cold water upon the innervation is the true indication. The latter is fulfilled by promoting reaction *during the bath* by friction of the entire body.

As this subject will be enlarged upon in future articles, this brief reference must suffice.

That the necessity for precision is well understood, however, by some of our metropolitan hospital physicians, was made evident to the writer by the receipt of a request from one of the attendants at Bellevue Hospital to aid him in instructing his house staff. A series of rules was formulated and written down by the house staff of two divisions, which will doubtless ere long bear rich fruit in the saving of life and comfort.

Within the past two weeks the writer has had occasion to suggest intestinal irrigation in two cases of summer diarrhœa of infants. Finding the treatment painful and inefficient in these cases, inquiry elicited the fact that in one case the attendant (who is an accomplished physician) had cut off the lower third of a Nélaton catheter and converted the upper into a drainage tube by cutting three eyeholes into it. Is it surprising that the introduction of such a tube was painful, and irrigation through it was ineffective? One thorough irrigation, in accordance with the technique laid down on page 32 of the DIETETIC GAZETTE (April 1, 1889, number), changed the entire aspect of the case. In the other case referred to the attendant had used a No. 8 French rubber catheter, had placed the child in the dorsal position and attempted to irrigate with a Davidson syringe.

The tube doubled up in the rectum, its upper end was too small to connect with the syringe point and failure was the inevitable result of this neglect of proper technique. The reverse of this picture is contained in the following extract from a letter read by the writer Dr. Chas. Schaim, New York City. "I have successfully managed a desperate case of summer diarrhœa in a child 18 months old by following out implicitly the principles of treatment laid down by you in your monograph on the subject, published a year ago" (*Medical News* July 7, 1888). "The case was one of a severe type with high fever, muco- purulent and bloody dejections and vomiting. I feel that I owe you a debt of gratitude for the assistance derived from studying and following the principles laid down in your paper etc. A few days ago a masseur applied to the writer for work, stating that he was quite familiar with hydriatic procedures. Being asked to describe the dripping sheet process, he said that a sheet should be dipped into cold water, and thrown over the patient who should rub himself with it as well as he can with the aid of the attendant. This specialist had entirely lost sight of the important elements of the technique, which are the use of a linen sheet, a thermometer for exactly estimating the temperature and the necessity for the patient remaining entirely passive, while the attendant applies active friction outside of the sheet.

In future articles the technique of hydro-therapeutic processes, their effects and indications will be fully discussed, in fulfilment of the pledge made in our last issue.

HYDRO-THERAPEUTIC ANTISEPSIS.

Laparotomy in the newborn was done by Dr. Stolpinsky in Kasan, Russia. The child, normally developed and strong, suffered from irreducible umbilical congenital hernia. Sixty minutes after birth, under chloroform, an incision three centimetres long was made on the left of the linea alba, one coil of intestine being adherent to the back, a portion of the latter was resected and dropped with the coil, the remainder was dissected away, the peritoneum stitched by catgut, etc. No antiseptics were used, instruments, etc., being boiled and retained in distilled water, the field of operation cleansed with water and soap.—*Int. klin. Rundschau.*

HYDRO-THERAPEUTIC MANAGEMENT OF TYPHOID FEVER.

The non-medicinal hydriatic treatment of typhoid fever is warmly commended in a recent paper read by Prof. Fuerbringer before the Berlin Medical Society. The mortality in 155 cases was 16, viz., 10 per cent. We agree with Prof. Fuerberger in regarding this a very low mortality, considering the type of cases received in the Friedrichshain Hospital. Whosoever casts a glance, says Prof. Fuerbringer, upon the most unfavorable imaginable quality of our typhoid cases in general, whoever has seen how many patients are really brought into the institution to die, will be able to understand why I regard a mortality of 10 per cent. a favorable one, indeed, one that approaches the most attainable minimum. The principal point to which we desire to direct the attention of our readers is the treatment. No abortive remedy was used, neither calomel nor naphthalin, which he regards as useless, medicinal antipyretics only in very limited and selected cases; good nourishment with sherry, opium and camphor in threatening asthenia. "The majority of the patients received a methodical, mostly mild, and individualizing bath treatment, *less as an antipyretic than as an excitant and dietetic (for refreshment of the nervous system, cleanliness, stimulation of the appetite, combating of hypostases, etc.)* To report to you the result of these therapeutic measures, I regard as the chief duty of my life. I may to-day point out to you that there is scarcely another medical director of a large division who is as favorably situated regarding the exclusion of all statistical fallacies, etc."

We desire to emphasize the estimate placed by this renowned clinician upon hydratic measures, and, especially, the purposes for which he applies them, because we have again and again dwelt upon the importance of recognizing in the bath treatment a farther reaching influence than a mere antipyretic would exercise. So long as this bugbear of pyresis, and its inevitable therapeutic sequence antipyresis, continue to dominate the minds of the profession, the revolution in fever treatment, which has already brought comfort and life saving to thousands, will be retarded.

It shall be our aim to further this beneficent cause by truthful portrayal of clinical results from all available sources.

SUSPENSION TREATMENT OF TABES CASES.

The popularity of this measure appears to be seriously threatened by reports of various misadventures, some of which have resulted fatally, and others afford us a warning which should be heeded. Self-suspension, especially, cannot be too severely condemned. The *Berl. Klin. Wochenscer.*, of July 8, contains a report of a case confirming Bernhard's experience in two cases. Bernhard's cases presented loss of consciousness, dilated pupils, convulsive movements, and complete amnesia of all that had happened. Dr. Bruns reports a patient, who after being suspended not quite five seconds, ceased to speak, turned pale, his pupils dilated and he became unconscious. He was at once let down, consciousness returned, with-

out realizing his surroundings. This being his first suspension, Bruns thought that the carotids had been compressed. The head gear was removed, patient again suspended with the same result. In one hundred and fifty other suspensions no similar results were observed.

We may observe that in a very large number of suspensions at the Montefiore Home we have experienced no unpleasant result. Our rule, however, is, that suspension must not be done by the nurse without supervision of one of the house staff.

BATHS IN VARIOLA.

During the epidemic of variola in Dorpat, 1887–88, Dr. Alex. Hartge (*Wiener Med. Presse*, No. 25) resorted to one or two daily baths, of 88°–92° F., after giving a laxative in the prodromal stage.

In confluent cases the baths were especially useful, until the temperature begins to subside spontaneously. When administered early, they influenced the course of the disease in a most remarkable manner. The papules and little knots shriveled and atrophied; the vesicles dried quickly and the stage of pustulation and suppuration was prevented together with the fever accompanying it. There being no pustules, no scars remained. If the pustules were developed before baths were resorted to, the latter helped very little.

The patients felt subjectively quite well; the tension, pain and itching in ano ceased after the bath, they slept more quietly and appetite was improved. Even children and nurslings bore the baths well.

Book Reviews.

THE PHYSIOLOGY OF THE DOMESTIC ANIMALS. A Textbook for Veterinary and Medical Students and Practitioners. By ROBERT MEADE SMITH, A.M., M.D., Professor of Comparative Physiology in the University of Pennsylvania. Four hundred illustrations; pp. 675. Price, cloth, $6; sheep, $6.75. Philadelphia: F. A. Davis, Publisher, 1889.

In spite of the almost innumerable books on medicine and allied subjects, it is singular that up to this time there should not have been a work in English treating of this subject. We welcome Prof. Smith's volume the more warmly, therefore, because it is a sort of pioneer.

The subject of the physiology of the domestic animals is of interest and value, not to the physiologist alone, or to the veterinarian, but also to the general practitioner, for these studies and experiments are the best means we have at present of reaching accurate conclusions with regard to similar processes in the human being.

The author first treats at some length of General Physiology, beginning with the properties of cells, their origin, modifications, and the development of tissues and organs. Cellular physics is next considered, the physical processes, properties in cells and their mechanical movements.

He finally discusses cellular chemistry. Under Special Physiology he gives, first, an interesting section on the foods used by the domestic animals, with elaborate analyses of the various constituents of their substances.

In logical order Digestion is next considered, and the different organs and fluids that take part in this act.

The blood, respiration, excretions and secretions, special senses, reproductive processes, all receive careful attention and able treatment.

Prof. Smith is happy in his arrangement of the matter, and also in the way in which he has considered each topic. For instance, in taking up digestion, he begins with the simplest form known—the amœba—and from that traces the development of the process through ascending grades of the animal kingdom till he has reached the complexity of the mammalian apparatus.

This is his method of discussing each of the main subjects, and it is a method greatly to be commended for clearness and worth.

The book is profusely illustrated with good cuts, some of them colored. The illustrations are mostly reproductions of figures in previous works of various kinds, since Prof. Smith has not assumed, we believe, to set forth much that is altogether new, but rather to give in a readable form the results of value collected from the many investigators in this department.

MANUEL DE MÉDECINE. DE J. F. MALGAIGNE. Professor de Médecine Opératoire à la Faculté de Médecine de Paris, Membre de l'Académie de Médecine, etc. Neuviéme Edition par Léon Le Fort, Professeur de Clinique Chirurgicale à la Faculté de Médecine de Paris, Membre de l'Académie de Médecine. Second Partie: Opérations Spéciales, avec 434 figures intercalées dans le texte. 12mo. pp. 871. Paris: Ancienne Librairie Genner Bailliere et cie. Felix Alcan, Editeur, 1889.

The author states it is unusual to preface the second volume of a work; it is equally unusual to review one in this order. Our excuse is that the first volume is not yet at hand. The work is such an exceptionally elegant one, and of such exceptionally high merit, that it seems like a deprivation to retain it from notice for an unnecessary time. Neither author needs an introduction to American students. Malgaigne is as familiar to us as Gross or Pancoast; Le Fort, his able successor, has left charming recollections of his personality by his visit to the Ninth International Congress in Washington, and those who had not previously known of him soon learned to see a master in this brilliant writer and lecturer. The volume in hand deals with the special surgical operations, and is certainly the most complete that has ever been seen by us. The first part of the volume is devoted to operative procedures upon the eye, and it is doubtful if any special work upon this surgical division gives the accurate and detailed delineations of the many different procedures that may be practised to attain the same end. This is indeed a praiseworthy feature throughout the entire book, While Le Fort has in many instances practised methods of his own invention to secure certain results, with a modesty that is not usual in medical authors, he does not give such procedures undue prominence, nor does he forget those practised by others in which attainments equally good have been claimed. It is rare to find such a mélange upon individual methods, and it must be difficult for an author not to slight those opera-

tions which are left unpracticed for those only chosen by individual preference. Yet Le Fort has accomplished this. How? A part of the solution can surely be found in the statement he makes in the preface: "No operation or method of procedure has been recommended that has not been first practised by me upon the patient, or its feasibility been demonstrated upon the cadaver in the dead-house." It would then seem that apart from fancy he tries all, that none which deserve it shall not have the prominence to which their value may entitle them. This is evidence, itself, of a broad mind, and shows that the author cannot be likened to that woman described by George Meredith: "She could conceive of but two possible opinions upon any given subject—her own and the wrong one." After the eye and its appendages, the nose, ear, mouth, throat, thorax, abdomen, rectum and anus are each in turn considered, and are followed by the genito-urinary diseases in man and woman, special chapters upon the diseases and operations upon the uterine appendages, extra-uterine pregnancy and the Cæsarian operations being the closing ones of the book.

If there be one part of the volume which deserves mention above another it is such of it as is devoted to plastic surgery, and this is not a small part. Text-books usually devote so little attention to this important part of practice, that what is given is so inadequate to the needs of particular cases that it is practically worthless. The student, during his term of tuition, is fortunate if shown a half dozen cases in which this interference is practiced. The teacher after giving a few fundamental principles which underlie this all important part, usually dismisses the subject by saying the practitioner must exercise his own ingenuity to devise such flaps as shall give the most perfect result with the least possible lasting deformity. Admirable advice! but unfortunately it is only the exceptional surgeon who ever attains to this exceptional ability. The result of all this is, that very few operators are good plastic surgeons, many avoid interference that is absolutely essential, and some operate with resulting deformities that are truly heartrending. The cause must surely be insufficient knowledge of the cicatricial changes produced and the consequent deformity by distortion and obliteration of the normal lines. The author has evidently gone to great lengths to rectify this deficiency. The matter devoted to this subject cannot too strenuously be recommended to the general reader, and it would be difficult to conceive of any one who would not clearly understand something of the cosmetic art after finishing the study.

He has recognized the wonderful aid that diagrams give to the elucidation of this often intricate procedure, and very faithfully depicts the primary incisions, transplantations, and ultimate fastenings of the flaps; in consequence the matter is so simply and vividly pictured that any novice can quickly grasp the subject. It is to be regretted that so little attention has been given to the work of the American surgeon, indeed, excepting the chapters on the diseases of women and that devoted to tubage of the larynx, scarcely an American name can be found in the book. In the chapter devoted to intubation the author quotes largely from the paper of M. J. Stern, read at the Washington Congress, and which is ascribed to Stein.

Too much praise cannot be given to the illustrations throughout the work, they are most copious and it has evidently been the aim that where it was possible to elucidate a subject with a drawing, it was inserted. It is no exaggeration to state that the serial drawings of many operations described are so complete that the procedure is perfectly intelligible without referring to the text. This is particularly true of the parts devoted to cosmetic surgery, of the illustrations themselves, it may be said, they are accurate and of the highest merit, another rarity in surgical text-books. He earnestly hopes the work will meet with a continuance of the favor in which it has been held, and the strenuous efforts that have evidently been made to perfect it must surely destine it to continue its position among the foremost surgical text-books of the age. M. J. S.

The History of Education in Florida. By George Cary Bush, Ph.D. Pp. 57.

The History of Education in Georgia. By Charles Edgeworth Jones. Pp. 154.

History of Higher Education in South Carolina, with a Sketch of the Free School System. By Colonel Meriwether, A.B. Pp. 247.

History of Higher Education in Wisconsin. By William F. Allen and David E. Spencer. Pp. 68.

It is well that this series of monographs relating to the growth of educational facilities in the different States, and the effects produced by this increase, has been taken in hand at the present time. Much information that can now be gained by exploiting old records, old newspapers, and various other sources, may either, through accident or the lapse of time, shortly be impossible to acquire. At once, therefore, is the proper moment to collect from these different and transient sources their individual contributions and form them into a complete and permanent whole. The results are valuable, not only at the present time, but will also inspire gratitude in the heart of the future historian.

The History of Education in North Carolina. By Charles Lee Smith.

This belongs to a series of contributions to American Educational History, edited by Prof. Herbert B. Adams, Ph.D., of Johns Hopkins University.

The author furnishes a pamphlet of 177 pages, and shows by his work that he has spared neither time nor patience to make his record as valuable as possible.

Out of the 400 or 500 cases of typhoid fever in Philadelphia, a large part of them are in the Kensington district. Nineteen new cases in this district has led the Board of Health to urge the City Council to discontinue the pumping station at Otis Street wharf, Delaware River. Since the recent resumption of these works there has been a twenty-five per cent. increase in the death-rate.

Pamphlets.

Directory of the Class of '88 of the Jefferson Medical College.

Radical Cure of Hernia; by Thomas W. Kay, M.D., Scranton, Pa.

Twenty-fifth Report of the Trustees of the City Hospitals, Boston, 1888.

University of Pennsylvania, Catalogue of Department of Medicine for 1889–90.

Remarks on the Unpleasant Effects of Sulphonal, by J. P. Crozier Griffith, M.D., Philadelphia.

Clinal Observations on the Action of Sulfonal-Bayer, published by W. H. Schieffelin & Co., New York.

Annual Announcement and Catalogue of the College of Physicians and Surgeons, Baltimore, 1889–90.

Catalogue of the Albany Medical College, Medical Department of Union University, Session of 1888–90.

On Some Mild Measures in the Treatment of Intra-nasal Hypertrophies and Inflammations, by W. H. Daly, M.D., Pittsburg, Pa.

Where the more radical measures are inadmissible for any reason, Dr. Daly advocates blood depletion, especially in hypertrophies of the nasal walls. This method is almost painless, and he has gained from it excellent results.

Inebriate Asylums and Their Work, by T. D. Crothers, M.D.

The author holds that inebriety is a disease, not merely a habit, and must therefore be treated as a disease. He gives an interesting account of the origin of inebriate asylums and the difficulties they encountered. He concludes that there is little hope of doing much good, unless the patient commits himself to the absolute control of the hospital authorities. There is slight dependence to be placed on moral suasion alone with a man who has lost all his will power.

Digestive Ferments. A Consideration of their Nature, Action, Quality, Dosage and Incompatibilities, with notes on Clinical cases. Compiled from current literature by the scientific department of Parke, Davis & Co., 1889, 148 pages.

The subject of dietetics and aids to digestion has now become such an important one that any contribution to our knowledge in that direction is of inestimable value to the profession. Messrs. Parke, Davis & Co. have presented in their brochure an exhaustive compilation of the results of recent investigation on the two great ferments, pepsin and pancreatin, thus producing a concise and convenient grouping of the latest literature on these aids to digestion.

Spinal Localization in its Practical Relations, by Charles K. Mills, M.D., Philadelphia.

This paper, added to Dr. Mills' excellent one on Cerebral Localization, makes a valuable contribution to the important subject of Localization. The first part of the paper is devoted to general considerations, in which he mentions the operations which have so far been performed for spinal affections, gives notes on cases of focal spinal lesions, with autopsies, discusses the feasibility of operating for spinal tumors, intraspinal hemorrhage, caries and angular curvature, and for intractable neuralgia affecting nerves close to their origin. In the second part he takes up The Facts and Rules of Spinal Localization, and treats the subject in a lucid and easy style, and in such a manner as to show not only that he is thoroughly conversant with what he has undertaken, but also that it is worthy of the title "Practical" which he has given it.

The Relation between Trophic Lesions and Diseases of the Nervous System, by E. C. Seguin, M.D.

Dr. Seguin classes co-called "trophic lesions" under two heads, first, a class which includes cutaneous ulcerations, falls of hair and nails, altered appearance of nails and hair, articular changes, deep eschars, necrosis of digits, and most of the lesions observed in the hollow viscera lined by epithelium. He considers these to be proved not to be trophic disturbances, but capable of being prevented by appropriate means. In the second class are enumerated all those lesions in which extraneous or traumatic causes cannot be shown to act. These he considers to be truly trophic in character, but as to the mechanism of origin he admits nothing is known.

Medical Index.

American Stamina, decline of. Sanitarian, July, 1889.

Acquired leprosy notes on, as observed in England, Hutchinson. British Med. Jour., July 6, 1889.

Abdomen, use of gases in penetrating wounds of, Burrell. Boston Med. and Surg. Jour., July 25, 1889.

two cases of laparotomy for penetrating wounds of, Cabot. *Ibid.*

two cases of penetrating wounds of, Harrington. *Ibid.*

Abdominal surgery, a year's work in, Cushing. Pacific Med. Jour., July, 1889.

Accidents d'intoxication survenus, au 439e d'infanterie a'Lyon. Cortial. Archives de Médecine et de Pharmacie, Juilliet, 1889.

Address on the geographical distribution of disease in Southern Indiana, Bidie. British Med. Jour., July 10, 1889.

Antiseptic eye surgery, remarks on, Buller. Montreal Med. Jour., July, 1889.

Anwendung und wirkung des perubalsams bei krankheiten des kehlpotfes, der luftröhre, der bronchien, und der luner Schnitzler. Internationale klinische Rundschau, 14 Juli, 1889.

Beiträge zur lehre von der progressiven muskelatrophie, Hitzig. Berliner klinische Wochenschrift, 15 Juli, 1889.

zur pathologie des darmcanals, Rosenbach. *Ibid.*

Bollici, piccole communicazioni un caso di piede torto equino varo, Estirpazione del l'astragalo. Archivio di Ortopedia, Anno V. Fasc. 5° e 6°.

Bebandi, ascesso peri-pleuritico cronico primitivo.

Casuistische mittheilungen, Vamossy. Wiener Medizinische Presse, 14 Juli, 1889.

Child mortality in Dublin, Grimshaw. Dublin Jour. Med. Sciences, July 1, 1889.

Consumption, prevention of. Sanitarian, July, 1889.

Chemical structure and physiological action, the relationship between, Brunton. Medical Press and Circular, July 17, 1889.

Color-blindness, asymmetrical, Eldridge-Green. Med. Press and Circular, July 17, 1889.

Chemical structure and physiological action, the Croonian lectures on the relationship between, Brunton. British Med. Jour., July 6, 1889.

Criminal cases, alcoholic in France, Crothers. Quar. Jour. of Inebriety, July, 1889.

Chinese opium den, a visit to a, Hill. American Med. and Surg. Age, July 15, 1889.

Chorea, hysterical, Smith. British Med. Jour., July 6, 1889.

Convulsions, uræmic coma and death, Holland. Maryland Med. Jour., June 13, 1889.

Contracted pelvis, induction of labor in, McKee. Pacific Med. Jour., July, 1889.

Clay electrode, an abdominal, Glasgow. Weekly Med. Review, July 6, 1889.

Deeren, contribution a l'étude du champ visual péripherique, Recueil d'Ophtalmologie, Juin, 1889.

Death-rate, the, and intoxicating liquors. Sanitarian, July, 1889.

Dasimmisch, sche patent, metall thermometer, Kuttner. Berliner klinischer Wochenschrift, 15 Juli, 1889.

Das methacetin in seinen weiteren eigenschaften, Franzmapnert. Wiener Medizinsche Blätter, July, 1889.

Diseases, on climate in the treatment of, Cullimore. Med. Press and Circular, July 17, 1889.

Dialcune importanti operazionialle ossa ed alle guinture, Parona. Archivo di Ortopedia, Anno V. Fasc. 1° e 2°.

Des effects produits sur l'oreille par la détona ion des armes á feu, Minni. Archives de Médecine et de Pharmacie, Juilliet, 1889.

Dental caries, uric acid as a factor in, Young. Alabama Med. and Surg. Age, July, 1889.

Die paraphimose und ihre behandlung, Ehrmann. Internationale klinische Rundschau.

Die extirpation der harnblase und die total excision der blasenschleimhaut, Brope. Wiener Medizinische Presse, 14 Juli, 1889.

Erniotomia nei neonati ed atropia consecutiva del testicola La Riforma Medica. Mercoledi 10, Luglio, 1889.

Electric lighting, advantages and dangers of, Brown. Sanitarion, July, 1889.

External sources of infection, considerations concerning some, in their bearing on preventitive medicine, Welch. Maryland Med. Jour., June 13, 1889.

Eclampsia gravidarum, Fletcher. Alabama Med. and Surg. Age, July, 1889.

Fibredengue, La Riforma Medica. Venerdi, 11 Luglio, 1889.

Femurs, case of compound fracture of both, Gant. Med. Press and Circular, July 17, 1889.

Fatty tumor, a retro-peritoneal, Mudd. Weekly Med. Review, July 6, 1889.

Fistules, uretero-vaginales, Eklund. Gazette de Gynécologie, Juillet, 1889.

Gritti, quarantadue delcotile per cura della coxartrosinovite pungosa, Archivio di Ortopedia, anno v, Fasc 5° e 6°, 1888.

Guyer, 34 tarsotomie nell' ospedale dei fanciulli in zurigo, contributo alla cura del piede torto congenito. *Ibid.*

Giordana, piccoli communicazioni, atropia dei muscoli della spalla e del fraccio, guarigione col massaggio. *Ibid.*

Gastric disturbances, creasote in certain, Jeffries. Boston M. and S. Jour., July 25, 1889.

Gastric ulcer, case of acute hemorrhagic, Hay. Ibid.

La goutte chez la femme, Marboux. Gaz. de Gyn., July 15, 1889.

Gonorrhœa, the etiological importance of, in relation to some of the more common diseases of women, Cutting. North British Med., July 20, 1889.

Gas, cooking and heating, Thomas. Sanitarian, July, 1889.

Genito-urinary organs, summary of three lectures on some affections of the, Hill. British Med. Jour., July, 6, 1889.

Hernia, radical cure of, Lanphear's Kansas City Med. Index, July, 1889.

Hon. H. Vrooman, case of. Wythe. Pacific Med. Jour., July, 1889.

Hemorrhoids, carbolic acid treatment of, Agnew. Pacific Med. Jour., July, 1889.

Heilung dei peripheren neuralgie desersten asten des quintus deuch die suggestionstherapie, Bybring. Internationale klinische Rundschau, 14 Juli, 1889.

India, the sanitary condition of, and its teaching, Grant. Kansas City Med. Index, July, 1889.

Inebriety, the nature and consequence of, Wright. Quar. Jour. of Inebriety, July, 1889.

Inebriates, the legal responsibility of, Parrish. Quar. Jour. of Inebriety, July, 1889.

Inebriety, résumé of twenty-seven years experience in treatment of, Mrs. L'Orte. Quar. Jour. of Inebriety, July, 1889.

Des Tumeurs' papillaires de l' urethre de la femme, Schwartz. Gazette de Gyn., July 15, 1889.

Typhus bacillus, untersuchungen über das verhalten der typhus bacillen in typhösen dejiktionen, Kasliniski. Centralblatt für Bakteriologie und Parasitenkunde, 12 Juli, 1889.

Lightning rods, concerning. The Sanitarian, July, 1889.

Leprosy, a case of apparently arrested, Cottle. British Med. Jour., July 6, 1889.

Lupus, D'Evelyn. Pacific Med Jour., July, 1889.

Lungen actinomycose des menschen, Laper. Wiener medizinische Presse, 14 Juli, 1889.

Mulgat, de la chromheteropie, Recueil D'Ophtalmologie, Juin, 1889.

Medico-statistical sketch of modern Alexandria, Gore. Dublin Journal of Med. Science.

Mineral waters, lithium in, James. St. Louis Med. and Surg. Journal, July, 1889.

Mental alienates, some notes on the gynæcological affections of, Galbraith. Alienist and Neurol., July, 1889.

Menstruation, permanganate of potassium in, Stephenson. Brit. Med. Jour., July 20, 1889.

Mind, health of the, Richardson. Sanitarian, July, 1889.

Mucous membrane of the bladder recognizable by electric light, precarious condition of the, Garland. British Med. Jour., July 4, 1889.

Nicoti, note sur la disposition et le functionnement nouvre et pathologique d'un veritable appareil glandulain dans l' ouil des marminifires, Recueil D'Ophthalmologie, Juin, 1889.

Note sur la traitement de la tuberculose pulmonaire par les inhalations d'acide fluorhydrique, Tisné. La France Medicale, 16 Juillet, 1889.

Nares, obstruction of the, Foster. Weekly Med. Review, July 6, 1889.

Orbital tumor, a record of sixteen cases of, Jeaffreson. Lancet, July 20, 1889.

Pneumonia, note on an outbreak of, at Tulla, County Clare. Malony. Dublin Jour. Med. Science, July, 1, 1889.

Paralysis, Landry's, Bremer. St. Louis Med. and Surg. Jour., July, 1889.

Poisoning by new explosive, Sykes and Trigg. British Med. Jour., July 20, 1889.

Prostate, some cases in practice bearing upon the function of the, Harrison. British Med. Jour., July 6, 1889.

Piccole communicazioni, Schreibec. Archivo di Ortopedia, Anno V. Fasc. 1° e 2°.
Giordano. *Ibid.*
Ferria. *Ibid.*

Dilatation des sinus sphenoidaux par accumulation et rétention de liquide. Revue de Laryngologie d'Otologie, 15 Juilliet, 1889.

Recherches sur la fonction visuelle de la rétine et du cerveau, Angelucci. Recueil d'Ophtalmologie, Juin, 1889.

Responsibility, inebrate criminal, Kerr. Quar. Review of Inebriety, July, 1889.

Relation d'une epidemie de diphtérie, Andreé. Archives of Médicine et de Pharmacie, Juilliet, 1889.

Rendiconts clinico della sezione ed ambulatono chirurgico dell' ospedo letto infantile regino margherita in Torino doll' anno, 1884 al 1888, Nota. Archivo di Ortopedia, Anno V. Fasc. 1° e 2°.

Rezione collo-scalpello per anchilosi angolare dell' anca (meissel resection di Voltmann). Archivo di Ortopedio, Anno V. Fasc. 1° e 2°,

Siphilitica, heredita, La Riforma Medica, G. B. Ughetti Mercoledi, 10 Luglio, 1889.

Sulla presunta tossicita dell' ano espirata, Ughetti, La Riforma Medico, Mercoledi, 10 Luglio, 1889.

Sul l'azoine battencida del siero di sangue privo di globuli. La Riforma Medico, Mercoledi, 10 Luglio, 1889.

Sulla natura in fettiva e sulle olteryzioni del sistema nervoso del morbo di Landry, La Riforma Medica, Venerdi, 11 Luglio, 1889.

Sulla diffusione del virus tetanico nell' organis mo. Tizzoni, La Riforma Medico, Sobato, 12 Luglio, 1889.

Suarez de mendoza, deux observations d'accidents groses survenus a la suite d'une instillation de cocaine dans la caisse tympanique. Revue de Laryngologie D'Otologie.

Spinal cord, suspension in the treatment of affections of the, Shaw. St. Louis Med. and Surg. Journal, July, 1889.

Summer complaints of children, Urquhart. St. Louis Med. and Surg, Journal, July, 1889.

Symmetrical gangrene, a case of Raynaud's, in a patient suffering from constitutional syphilis, Morgan. Lancet, July 20, 1889.

Spreading emphysematous gangrene, a case of, Cantab. Lancet, July 20, 1889.

Sewer air, microbic life in, Carpenter. Sanitarian, July, 1889.

Suprapubic operation, notes of thirty-one cases of, Thompson. British Med. Journal, July 6, 1889.

Typhoid gland, two cases of malignant disease of the, Hutchinson. British Med. Jour., July 20, 1889.

Tetanus infantum, case in practice, Evans. Montreal Med. Journal, July, 1889.

Transfusion, lectures on, Hunter. Brit. Med. Jour., July 20, 1889.

Gleanings.

It is a pleasure to record the names of the following New York physicians who give their services this year in aid of "The Tribune Fresh Air Fund. They examine all children that the Fund proposes to send into the country to see that they are free from contagious diseases. These physicians are: Drs. C. C. Vinton, W. J. Hall, F. E. Hopkins, Annie S. Daniel, George Williamson, John P. Toland, M. E. Herrick, Gertrude B. Kelly, M. M. Vinton, Sarah A. French, Andrew L. Barrett, and Charles L. Lang.

Dr. Mashkovski measured the chests of 275 consumptives and the same number of healthy persons (212 males and 63 females in both cases), with a view of ascertaining whether it has any bearing on the etiology of phthisis. The result of his observations are: the circumference in consumptives is 0.03 c.m. less; the upper anterior posterior diameter is the same, the middle anterior posterior diameter is even larger (0.16 c.m.), the thoracic coefficient (the relation between the lower transverse diameter and that of the anterior posterior) is 1 c.m. less in phthisis. While on an average the difference in measurement between healthy and consumptive persons is insignificant, the difference between consumptives of the first stage (well preserved) and those of the second stage (disease highly developed) is very considerable. Dr. M. concluded that there is no indication of the existence of a typical chest peculiar to consumptives, and, therefore, an abnormal chest cannot be regarded as predisposing to phthisis, and the diminution of some of the diameters in consumptives is a consequential condition following the development of disease.—*Vratsch.*

Continuous Secretion of Gastric Juice with Decrease of Free Acid Salts. (Secretio Continua Anacidata.)—Dr. Puritz reports the following case of dilated stomach. The patient complained of pain and heaviness under the ensiform cartilage, which increased after meals, and more so towards evening. He walked with a stooping gait, and was compelled to lie with face downward. Had nausea and frequent inclinations to vomit; severe belching, heartburn and lack of appetite. On percussion from sixth rib downward—tympanitic sound; on palpation of abdomen—felt like cushion filled with air. The stomach could hold without any inconvenience to patient about three litres of water. On introducing the sound, gastric juice could be obtained at any hour of the day, the stomach not having been irritated by the entrance of food or any other mechanical cause. The gastric juice was present in the morning, on an empty stomach, and was also obtained half an hour after the stomach was thoroughly washed. The analysis of the juice has shown the presence of free acid salts in quantities less than normal (0.067–0.159 per cent.). The urine contained chlorides in excess which confirmed and complemented the observations of Drs. Gluzinski, Jaworski, Rosenthal, Sticker and Grudzew, who, experimenting on cases of increased quantities of chlorides in gastric juice, discovered the existence of an inverse ratio between the free acid salts and the amount of chlorides in the urine. —*Vratsch.*

The Modern Waste of Health.—Our elaborate code of by-laws for the suppression of holiday recreations can still be circumvented by the resources of opulence, and the well-known hopelessness of any other expedient has stimulated a race for wealth which does not hesitate to attain its object at any risk of social or sanitary consequences. The number of infants which the superstition of the Ammonites sacrificed to Moloch is a mere trifle compared with the multitude of children now devoted to a far more cruel fate by being literally drudged to death in crowded factories to enable a millionaire to save a few dimes on his weekly pay-roll and add a few per cent. to the exorbitant rate of his yearly profits. In times of general scarcity the market has been drained of its scant supplies by speculators trying to coin gain from the distress of their fellow-men, and risking after all, to be foiled by the decay of their hoarded stores or their destruction by fire or flood. Quack nostrums, which not one intelligent man in a hundred would privately hesitate to pronounce infinitely worse than worthless, are sold by ship-loads and car-loads to disseminate disease and the seeds of the stimulant-vice, and the saints who contribute thousands to insure the theological soundness of the Quaggalla Hottentots do not care enough for the physical health of their own countrymen to whisper a word against the lawfulness of the infamous traffic.—*From "The Wastes of Modern Civilization," by* F. S. Oswald, M.D., *in the Popular Science Monthly for August.*

Massage of Abdomen and Lumbar Region as a Diuretic.—Dr. Polubinski reports his observations of massage on the abdomen and lumbar region made with a view of ascertaining its physiological action on the kidneys. The subjects upon whom he experimented were healthy persons, and they received the same quantity of food. The experiment commenced at 12 (noon) when the subjects (ten in number) urinated, and the urine thrown away. The urine of the twenty-four hours was collected in different vessels as follows: First portion from 12 to 2 P.M. (in massage days: dinner, half hour; massage, half hour, and one hour rest); second portion, from 2 to 4 P.M. (massage, half hour; one and a half hour rest), and from 4 to 12 of the following day. When the abdomen was massaged the quantity of urine during the first two hours was considerably increased, so much so that the whole quantity of the twenty-four hours, as compared with that on non-massage days was notably increased. The amount of urine between 12 and 4 P.M. was three times that on non-massage days for the same period. Even the third portion of the urine (from 4 P.M. till noon) was on the increase, insignificantly, though. Along with the increase in quantity the solids urea and urates were increased. When massage of lumbar region was made the quantity remained the same on non-massage days, but the solids, urea and urates, considerably increased during the whole twenty-four hours.—*Vratsch.*

Medical News and Miscellany.

St. Joseph, Mo., has a new medical journal.

Lemon-juice relieves pruritus ani very quickly.

Dr. Boenning has removed to 538 North Sixth Street.

The Chicago *Medical Examiner* has suspended publication.

Dr. E. A. Wood, of Pittsburgh, is said to be seriously ill.

The Attica sleeping wonder is getting tired of it, and is coming around.

Efforts are being made to stop the sale of fraudulent Apollinaris water.

Dr. Thomas H. Andrews spends the summer at The Chalfonte, Cape May.

Dr. Leffmann found arsenic in the stomach of Mrs. Glynn, of Scranton.

Dr. Timothy Newell, of Providence, is the defendant in a suit for divorce.

Dr. Ernest Laplace, of New Orleans, is visiting Dr. W. H. Pancoast at his Elberon cottage.

A patient died in Bellevue Hospital of angina ludovici, following the extraction of a tooth.

For hyperæsthesia of the intestinal mucous membrane there is no remedy equal to acetate of lead.

The St. Louis *Weekly Medical Review* has been enlarged to the size of the Times and Register.

Dr. William C. Roney, a prominent physician of Pottstown, died Tuesday night, aged sixty-five years.

This has been an exceptionally healthy summer for Philadelphia, as shown by the record of interments.

The Minnesota Board of Health have decided to send a man bitten by a rabid cat to Pasteur for treatment.

After a while nothing will be open in this city on Sunday except the question whether life is worth living.—*Times.*

Surgeon-General Hamilton says that great progress in sanitary reform has been made in the Southern cities.

A peculiar and fatal affection of the bowels prevails at Rarden and Otway, O. It is attributed to the drinking water.

July 25 was Donation Day at the Hospital of the Good Shepherd. The receipts were insufficient to cover the expenses.

Dr. Lawborn, of New York, offers $200 in prizes for essays on the dragon-fly, and its employment as a destroyer of mosquitoes.

The meeting of the Pennsylvania State Medical Society has been postponed until next June, when it will be held at Pittsburgh.

Dr. Church, resident physician at the Williamsport Hospital, is enjoying a two weeks' vacation travelling in the Western part of the State.—*Press.*

Jordan Blair, of Montrose, Pa., is said to have amputated his own leg with a jack-knife, and to be on the road to recovery.

I. I. Mapes, a graduate of Columbia College, New York, has taken the Edinburgh University medal for proficiency in the study of anatomy.

Dr. James Bloomfield has resigned from the resident staff of the Philadelphia Hospital and will remove to Georgia to practice.—*Press.*

The Upas tree is another exploded phenomenon; the ground about and under it being as salubrious as any other locality, for plants and animals.

Newark is also on the war path for purer water; the Jersey courts having decided that Passaic may use the river for a sewer as long as it likes.

Dr. H. M. Frist, of Wilmington, has been appointed one of the Demonstrators of Chemistry at the Jefferson Medical College, Philadelphia.

A Renovo girl became insane just after taking a glass of ice-water; and her physician very unnecessarily attempts to explain the *modus operandi.*

The chemist of the New York Board of Health recommends ventilation of the subways, as 866,000,000 cubic feet of gas escapes yearly into the streets.

The faith-curers are having a good deal of fun poked at them; but not any more than they deserve. Ridicule is the only weapon to point at nonsense.

Frank Jones, of Columbia, was afflicted with liver complaint, and at the suggestion of a friend he took salpetre as a remedy. He took an overdose and died.

Three female physicians have been arrested in Sayreville, Middlesex County, for practicing without a diploma. The charge was made by another female practitioner.

Dr. J. L. Baker's family, of West Chester, were at table the other night when the connection of the electric light burned out, emitting sparks which set fire to the tablecloth.

Dr. W. Reynolds Wilson, son of the late Dr. Ellwood Wilson, has resigned from the resident staff of the Philadelphia Hospital in order to take charge of his father's practice.—*Press.*

Dysentery is prevailing in Howard County, Md., and adjacent sections of Baltimore County. The disease extends to all ages alike. A number of deaths have already occurred.—*Times.*

The Philadelphia Board of Health decided to permit the Fairmount bath-house to remain on condition that it shall be moved seventy-five feet nearer the dam and bathing restricted to the ebb tide.

The Luzerne County Medical Association will meet at the Lake Hotel, Harvey's Lake, Pa., on August 7. Harvey's Lake has taken its place as one of the most favored mountain and lake resorts of the country. The beautiful scenery, pure water, cool breezes, and comfortable Lake Hotel make a combination of attractions equalled by few resorts.

VALERIANIC ether, in pearls containing five minims, proves a very useful stimulant for anæmic women, subject to fainting fits and attacks of pain in the region of the solar plexus.

A HUNGARIAN woman in Reading is said to have been bitten by a copperhead, and immediately gave birth to triplets. That beats Brown-Séquard; America is still ahead, and the country's safe.

SURGEON DUNCAN, of the steamship "Colon," who didn't have yellow fever, although quarantined for it, has at last succeeded in getting married. His fiancee was also quarantined while he was ill.

A PHILADELPHIA lady allowed her physician to treat her for fifteen years for heart disease, though she refused to accept the diagnosis. She died, an autopsy was held, and the doctor was right.

A VERITABLE valley of death is said to exist in the Yellowstone Park, where animals, even as large as the bear, are asphyxiated. This is said to account for the disappearance of game from the Park.

DR. SEGNITZ urges the New York Board of Health to recommend a law prohibiting the marriage of consumptives. Let us go a little easy, and first compel the disinfection of sputa, as more effective and easier to enforce.

DR. TALCOTT, of the Middletown Lunatic Asylum, is said to have found that base-ball playing has an excellent effect upon his patients. We are unable to say whether Dr. T. is a homœopathist or not; but suppose so from the above.

THE architect employed by the Board of Education has made an alleged reply to the report of Dr. Taylor. There is a general cleaning up in progress, and it is probable that the nuisances will be abated before the fall term opens.

EACH German regiment is to have a chiropodist attached to it. There is no question as to the importance of keeping the soldier's feet in order, but it would be better to compel the regular surgeon to learn the art of the chiropodist.

FOR SUMMER DIARRHŒA.—

℞.—Tinct. hydrastis . . . . . ℥j.
Potas. carbonat. . . . . ℥j.
Syr. rhei aromat. . . . . ℥vij.—M.
Sig.—Half ounce every four hours.—*Waugh.*

THERE is not much use in giving the sulpho-carbolates by the mouth in summer complaint when the affection is mainly in the lower bowel. The salt should then be used by enema—ten grains to one or two ounces of any mucilaginous liquid.

OATMEAL water has become a popular summer beverage in many of the Philadelphia manufactories. Once accustomed to this drink, the most inveterate beer-guzzler will not exchange it for any alcoholic drink, if he is working in great heat.

IF all the public school buildings reported by Medical Inspector Taylor are as defective as the report indicates, the only time a large portion of the school population of this city can be considered at all safe is during the vacation season.—*Times.*

DR. ALEXANDER R. BLAIR, after an illness of several weeks, died at his residence in York, aged sixty-two years. The York County Medical Society held a meeting and adopted appropriate resolutions.

THE Marine Hospital Bureau has information that the report of the existence of dengue fever at Fernandina, Fla., is false, and the report of yellow fever on the northeast coast of Mexico is also denied.—*Record.*

THE Society of Science, Letters, and Art, of London, has awarded to Ephraim Cutter, M.D., LL.D., a gold medal for his papers recently read before it, entitled: The Relations of Medicine and Music, Cleaned Whole Wheat, and Hygienic Drinks.

THE course upon physiology at the Medico-Chirurgical College will be given this winter by Dr. Samuel Wolfe. Dr. Wolfe attracted much attention as a fine speaker last summer, when he gave the Address in Obstetrics at the Pennsylvania State Medical Society.

THE Director of the Royal Elizabeth School, in Berlin, Prof. Waetzoldt, has entered a strong protest against the practice of allowing young girls of doubtful musical ability to spend hours at the piano; to their own physical detriment and the torture of their hearers.

AN actress is said to have reduced her weight fifty pounds in twenty days. Her method of diet is nearly as comprehensive as that of Caryl Carne, in Blackmore's romance, Springhaven. She lives on water and one orange per day, and takes three Turkish baths weekly.

DR. RANDLE has made a report to the Board of Health upon the typhoid fever, which in all essential particulars verifies the view taken in our editorial. He points out that the large number of cases reported from Kensington includes those in the large hospitals, coming from all parts of the city.

THE law of heredity goes on silently enforcing itself without trial or sentence, from generation to generation. Its forces gather and break, unknown to the ordinary observer, building up and tearing down human life, with a certainty that knows no change or shadow of turning.—*Journal of Inebriety.*

DR. JOHN B. ROBERTS has been elected Professor of Surgery at the Woman's Medical College of Philadelphia; taking the place hitherto filled by Dr. W. W. Keen. Dr. Roberts has always been a consistent friend of the lady physicians; and by his election the Faculty gains a cool and skilful operator, a popular and experienced teacher.

THE crying need for a general divorce law is shown by the asserted fact that a Philadelphia doctor is a good, law-abiding citizen at home, but if he crosses the Hudson River into New York, he is a bigamist, with the State Prison staring him in the face.

This is all wrong; especially as it tends to raise a distinction between the legal and the right, and thus lessens the respect for law, which is the foundation of civil liberty.

Dr. D. W. Harrington, a prominent Lockport physician, accidentally took an overdose of morphine to relieve neuralgia in the head. Three doctors saved his life with an electric battery after all other means failed.—*Press.*

The disinterested parties who are anxious to have water brought to Philadelphia from the upper Delaware, above Trenton, are probably not aware that when this water was analyzed, some time ago, it proved to have more organic matter in it than that of the Schuylkill. This was probably of vegetable origin.

The American Association of Obstetricians and Gynecologists will hold its next annual meeting at the Burnet House, Cincinnati, O., in the rooms lately occupied by the Military Order of the Loyal Legion, on Tuesday, Wednesday and Thursday, September 17, 18 and 19, 1889. No formal invitations will be issued to non-members, but the Association hereby extends a cordial invitation to such members of the profession wherever resident as may feel interested, to attend the meeting and participate in the proceedings. The papers and discussions will embrace subjects pertaining to obstetrics, gynecology and abdominal surgery. By order of the President.

William Warren Potter, *Secretary.*

The Faculty of the College of Physicians and Surgeons of Baltimore held a meeting to fill the vacancies created by the deaths of Professors John S. Lynch and Oscar J. Coskery, and the retirement of Professor A. B. Arnold, who has retnrned to San Francisco. Prof. Thomas S. Latimer was transferred to the chair of principles and practice of medicine and clinical medicine; Prof. Charles F. Bevan to the chair of principles and practice of surgery and clinical surgery; Prof. J. W. Chambers to the chair of operative and clinical surgery, and Prof. George H. Rohé to the chair of obstetrics and hygiene. Prof. Thomas Opie will continue as professor of diseases of women and dean of the faculty. To fill vacancies created by these transfers new professors were elected as follows: Prof. Henry Sewall, of the University of Michigan, to the professorship of physiology; Dr. George J. Preston to the professorship of anatomy, with the diseases of the nervous system as a clinical branch of instruction. Dr. N. G. Keirle was elected as lecturer on legal medicine, in addition to his demonstrations in pathology; Dr. George Thomas as lecturer on diseases of the throat and chest; Dr. G. A. Liebig, Jr., of Johns Hopkins University, lecturer on medical electricity, and Dr. J. H. Branham, demonstrator of anatomy. Drs. L. F. Ankrim, Frank C. Bressler and F. G. Moyer were appointed assistant demonstrators, and Dr. R. G. Davis, prosector of anatomy. Prof. Sewall, who comes here from the University of Michigan, is an old Baltimorean, and was for several years demonstrator of biology in Johns Hopkins University. All the other appointees are residents of Baltimore. As an evidence of esteem on the part of his colleagues, Prof. Arnold was elected Emeritus professor of clinical medicine on his retirement.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 16, 1889, to July 29, 1889.

Steinmetz, Wm. R., Captain and Assistant-Surgeon. Now at Baltimore, Md., on leave of absence on account of disability, will, by the direction of the Secretary of War, report in person to the commanding officer of the Watertown Arsenal, Mass., for duty at that station, relieving Lieutenant-Colonel James C. McKee, surgeon. Par. 3 S. O. 166, A. G. O. July 20, 1889.

McKee, Colonel and Lieutenant. Will repair to Philadelphia, Pa., on being relieved at the Watertown Arsenal, and assume the duties of attending surgeon and examiner of recruits in that city. Par. 3, S. O. 166, A. G. O., July 20, 1889.

Robinson, Samuel Q., Captain and Assistant-Surgeon. Leave of absence for two weeks is hereby granted. Fort Hamilton, N. Y. H. Par. 11, S. O. 165, Headquarters Division of the Atlantic, July 22, 1889.

Ball R. R., Lieutenant and Assistant-Surgeon. Leave of absence granted in S. O. 87 Department of the Missouri, July 9, is extended five days. Par. 1, S. O. 167, A. G. O., July 22, 1889.

Ewing, Charles B., Assistant-Surgeon. Promoted to be Assistant-Surgeon with the rank of Captain, after five years service, in accordance with the Act of June 23, 1874; July 5, 1889.

Ball, R. R., First Lieutenant and Assistant-Surgeon. The extension of leave of absence granted, in S. O. 167, July 22, 1889, from this office, is further extended ten days. Par. 23, S. O. 169, A. G. O., Washington, July 24, 1889.

By direction of the President, the State of Arkansas, embracing Little Rock Barracks, is transferred to the Department of the Missouri. General Orders, No. 66, Headquarters of the Army, A. G. O., July 19, 1889.

Gardner, William H., Major and Surgeon. Is detailed to attend the encampment of the National Guard of the District of the Columbia, by direction of the Secretary of War, at Fort Washington, Md., from July 22, to July 29, 1889, for the purpose of giving instructions to the medical officers and hospital corps in their respective duties. Par. 1, S. O. 164, A. G. O., July 18, 1889.

Bunton, H. G., Captain and Assistant-Surgeon. By direction of the Secretary of War the extension of leave of absence on surgeon's certificate of disability granted, in S. O. 22, January 26, 1889, from this office, is further extended two months on account of sickness. Par. 1, S. O. 162, A. G. O., July 16, 1889.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ending July 20, 1889.

Vansant, John, Surgeon. When relieved to proceed to Mobile, Ala., July 11, 1889.

Mead, F. W., Passed Assistant-Surgeon. Relieved from duty as acting Chief Clerk and Attending Surgeon, and ordered to St. Louis, Mo., July 11, 1889.

Williams, L. L., Passed Assistant-Surgeon. Relieved from duty at Cape Charles Quarantine Station; Ordered to Baltimore, Md., July 10, 1889.

Kalloch, P. C., Passed Assistant-Surgeon- Granted leave of absence for thirty days, July 15, 1889.

Pettus, W. J., Assistant-Surgeon. When relieved to proceed to Marine Hospital, Boston, Mass., for duty, July 18, 1889.

Woodward, P. M., Assistant Surgeon. Granted leave of absence for thirty days, July 15, 1889.

Vaughan, G. T., Assistant-Surgeon. Relieved from duty at Boston, Mass., and ordered to Norfolk, Va., July 18, 1889.

Stoner, J. B., Assistant-Surgeon. Granted leave of absence for twenty-five days, July 15, 1889.

Geddings, H. D., Assistant-Surgeon. Relieved from duty at Baltimore, Md., ordered to Key West Quarantine Station, July, 18, 1889.

Wertenbaker, C. B., Assistant-Surgeon. Relieved from duty at Norfold, and ordered to Galveston, Texas, July 18, 1889.

Groenevelt, J. T., commissioned as Assistant-Surgeon, July 11, 1889, ordered to Gulf Quarantine Station for temporary duty, July 20, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 570. NEW YORK AND PHILADELPHIA, AUGUST 10, 1889. The Medical Register. Vol. VI, No. 136.

PAGE

CLINICAL LECTURE.

SURGICAL CLINIC. By H. Earnest Goodman, M.D. - - - - - - - - - - - - - - - 337

ORIGINAL ARTICLES.

PULMONARY HYGIENE. By Thos. J. Mays, M.D. - - - - - - - - - - - - - - - 338

SPLENIC FEVER. By B. F. Lamb, A.M., M.D. Philadelphia - - - - - - - - - - - - 344

MALARIAL PNEUMONIA. By J. P. Francez, M.D., Carencro, La. - - - - - - - - - - 345

THE POLYCLINIC.

JEFFERSON COLLEGE:
Hemorrhoids. *Nancrede* - - - - - - - - 346
Hare-lip. *Nancrede* - - - - - - - - - 346

EDITORIAL.

RECITATION *vs* LECTURES - - - - - - - - 347

ANNOTATIONS.

The Druggists' Circular's Attack - - - - 347
Non-bacillar Phthisis - - - - - - - - - 348
Substitution—A Card - - - - - - - - - 348
Circumcision Enforced by Law - - - - - 349

PAGE

LETTERS TO THE EDITOR.

Feeding of Infants. *Cool* - - - - - - - - 349
Montgomery White Sulphur Springs. *Medical Observer* - - - - - - - - - - - - 350
Cincinnati Letter - - - - - - - - - - - 351
Paraldehyde in Asthma. *Scott* - - - - - 351
Idiosyncrasy for Ipecac. *Sangree* - - - - 352

BOOK REVIEWS.

The Urine, the Common Poisons, and the Milk. *Holland* - - - - - - - - - - 352
A Surgical Handbook for the Use of Practitioners and Students. *Caird and Cathcart*, 352
The Popular Science Monthly - - - - - - 352
Secondary Mixed Infection in Some of the Acute Infectious Diseases of Children. *Holmes* - - - - - - - - - - - - - - - 352

THE MEDICAL DIGEST.

Incontinence of Urine in Children. *Descroizilles* - - - - - - - - - - - - - - - 353
Turpentine in Croup. *Lewentaner* - - - - 353
Fatty Degeneration of the Heart. *Kisch* - 353

PAGE

Injection for Uterine Cancer. *Cheron* - - 353
Powder Stains on the Skin - - - - - - - 353
Lactose, a New Diuretic in Diseases of the Heart. *See* - - - - - - - - - - - - 353
Incontinence of Urine. Cure by a New Operation. *Gersuny* - - - - - - - - - - 355
Pepsin. *Bourget* - - - - - - - - - - - 356
Extirpation of the Pancreas and Diabetes. *Minkowski* - - - - - - - - - - - - 356
Belgium and her Insane Institutions. *Bell* - 356
Contraction after Burns. *Webb* - - - - - 356
Surgical Notes - - - - - - - - - - - - 356

MEDICAL NEWS AND MISCELLANY, 356

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - - 359

MEDICAL INDEX - - - - - - - - - - 360

NOTES AND ITEMS.

Advertising Pages - - - - - - - - - iv, xlv

Clinical Lecture.

SURGICAL CLINIC.

Delivered at the Medico-Chirurgical College of Philadelphia.

BY H. EARNEST GOODMAN, M.D.,
Professor of Surgery.
(Reported by JOHN W. CROSKEY, M.D, Chief of Clinic.)

GENTLEMEN: I bring to your notice two interesting cases to-day, and again call attention to the fact of the importance of attending all clinics, as a failure to see cases of disease and injury, is a loss you may never be able to make up, while didactic lectures may be shaken, with the knowledge that they may be made up from the text books we recommend to you. Surgery requires a knowledge of what our masters knew and have taught, and aside from this it requires personal observation and experience only obtained from the bedside.

The more faithfully you attend the clinics, the more cases you see and study, the sooner you will become experts and be looked up to as masters in our wonderful art.

What is the meaning of the suffix oma? Mr. Blank answers that it is a Greek termination, inseparable, which added to a stem makes words designating tumors formed as the result of morbid processes, and malignant growths of all kinds.

Now to make this knowledge of the meaning of the suffix oma useful, you must know your anatomy to get the stem; knowing your anatomy, if you will consult the charts on the walls you will see that you have a knowledge of the names of all tumors that flesh is heir to. These same remarks apply to all the prefixes and suffixes which go to make up the language of medicine and surgery.

The first case is an oma, its stem angi, meaning vessel; hence we have angioma, a blood tumor, or one caused by a morbid process in the bloodvessels.

You remember Mr. T., and how we removed, assisted by Prof. Montgomery, one and a half pounds of angiomatous tissue from his right lumbar region, extending down to his thigh. How we controlled hemorrhage by the use of Prof. Pancoast's long pins run under the tumor in various directions and surrounded by a strong ligature; how tedious the operation, because of the many bleeding points; how thoroughly antiseptic the operation was, with the constant irrigations of sodium silico-fluoride; except two or three unwashed hands that were called in later in the operation as aids; how secondary hemorrhage occurred the first night, which was relieved by pressure; how the drainage tubes got pulled out accidentally the second day; how sapræmia supervened, the fever always running down after irrigation of the wound, and being finally subdued by two daily irrigations; how firm was the union by the so-called first intention in the cut, and how now he presents himself before us to-day well, save a little inflammatory thickening under the scar near the spine.

What lessons do we learn from this case, and what mistakes did we make? It is well to tell of our mistaks, as well as of our successes. Hippocrates did so and was commended for it by Celsus. Our mis-

takes were to allow unwashed hands to handle the wound; the pins were not sterilized and their punctures were the first points of suppuration; the hemorrhagic clot should have been removed the day following its occurrence, if not at the time, and all the usual antiseptic precautions gone over again; the resident should not have pulled out the bundle of cat-gut drainage.

Now this man has gotten well in spite of our mistakes. You ask why? and I tell you that although we admit they were mistakes they were not radical ones, and the patient was also a good one for an operation. His moral tone was good, he was gentle, pleased with all that was done for him, could chew a little tobacco all through his sickness, was not too fat or too thin, good vigorous age (twenty-five years), no syphilitic taint, nor had he been exhausted by debauches. Any surgeon seeing him would say he would get well after almost any operation. I would have picked him out during the late war as a fine specimen of a man for any amputation. His internal treatment was milk punch and beef juice every four hours; the latter made from four pounds of lean beef daily; iron and quinine; with an occasional dose of antipyrin to lower the temperature, when it ran up to 103 or 104.

The second case is another oma; as it occurred upon the epithelium of the lip, we call it an epithelioma. In this case it is caused by a malignant growth. Many of you will recall Mr. S., who, about one year ago, had a wedge-shaped piece removed from his lower lip, containing a tumor which our microscopist pronounced cancer. The tumor again made its appearance in six months, when he returned to the clinic thoroughly dissatisfied with the operation. I urged another operation, which he indignantly refused, saying that a knife should never touch him again. He presented himself before you three weeks ago with a raw tumor involving the lower lip, as large as a hen's egg. Said he had been treated with salves by a Mrs. Hinkle, a drawing salve and soothing one. You remember his pallor, the offensive nature of the tumor, with dribbling of the saliva. He begged for another operation, which was done after the manner of Syme and Serre. I will recall the operation to you. The principle of Syme's operation is to leave the central part of the chin undisturbed. The incisions were from the angle of the mouth down to each side of the prominence of the chin, crossing just above that prominence, then curved in a line with lower margin of lower jaw to angles. As you will recollect, the cancer extended well up in the angle of mouth, left side. Serre's modification of taking a triangular piece from this side was followed. After the flaps were thoroughly dissected up and all the bleeding points ligated with catgut, they were then brought together with hair-lip pins, run nearly through the cut edge, but never entering the mouth cavity, and then further closure of the wound was made by black (No. 5) silk interrupted sutures.

Now, the technique of this operation was antiseptic as far as possible, and I have often told you that operations about the mouth are of necessity not always antiseptic. You will recall many severe operations in oral surgery by Prof. Garretson, made without antiseptic precautions, and all wonderfully successful. You ask why is this, and I tell you that all authors in surgery agree that wounds heal more kindly nearer the center of circulation than at a distance, and where tissues are better supplied with bloodvessels. The face is rich in bloodvessels, and wounds of the face heal rapidly, and this one is no exception to the rule, as it healed up in three days' time without a drop of pus. The only dressing used was collodion and iodoform, which is a favorite of mine for all small wounds, particularly about the face. You see there remains some little thickening at the right side of the mouth, but which is getting softer, he says. For fear this very radical operation has not removed all the cancer cells, we will suggest that he go to Dr. Walling three times a week for the continuous galvanic current; which seems to have the reputation of reducing morbid and malignant omas, and in my hands has been a benefit to the fibromas of the prostate.

Original Articles.

PULMONARY HYGIENE.

(An Address prepared for the meeting of the Pennsylvania State Medical Society, in Pittsburgh, June 4, 1889.)

By THOMAS J. MAYS, M.D.,
Professor of Diseases of the Chest in the Philadelphia Polyclinic and College for Graduates in Medicine.

OUR power of prevention is measured by our knowledge of the causation of disease, and I trust, therefore, that I will be pardoned if, instead of following the customary plan of reviewing the science of hygiene during the past year, I shall undertake to discuss the important question of pulmonary hygiene. When we reflect that through hygienic errors of omission and of commission, the lungs are far more liable to disease than any other part of the body, and that they are the channels through which nearly one hundred thousand lives are annually sacrificed in this country on account of pulmonary consumption alone, I feel confident that you will grant me this indulgence, if, as I hope, I will be able to add something which will at least tend to increase our store of knowledge in regard to the production and prevention of this disease.

At the very outset I shall briefly consider a few points in the anatomy and physiology of the respiratory organs. The lungs are enclosed in a bee-hive shaped cavity called the chest, the sides of which are composed of ribs, muscles, and skin, and the floor of a broad, movable, and elastic membrane called the diaphragm. The lungs derive their nerve supply from the pneumogastric and the diaphragm from the phrenic nerves—the peripheral branches of both uniting in a ganglion on the abdominal portion of the vena cava. The pneumogastric is a nerve of motion and of special sensation to the lungs, and regulates the respiratory function, and on account of being the most vital nerve in the body, it plays a most important rôle in the production of pulmonary disease.

Now, it is the universal experience of the medical

profession that in by far the largest number of cases pulmonary consumption begins in the apex of either lung. Under these circumstances one is naturally led to ask why the apex is so susceptible to, and the middle and lower portions of the lung enjoy such exemption from, the onset of this disease? This elective action of the malady is, as I shall endeavor to show, partly due to the shape of the chest and to the arrangement of the bronchial tubes, and partly the result of artificial influences to which the chest is exposed. These tubes are divided in such a way that they conduct the air chiefly in a downward direction toward the base of the lungs, hence, the lower part of the chest is filled first with air, and the apex last, or not at all, except during a deep inspiration. This partial filling is also due to another cause. Prof. Mosso has proven by experiment that we possess nearly one-fourth more breathing space in the lungs than is actually necessary to carry on the processes of life. This may be regarded as a very wise provision of nature to guard against certain exigencies of life, as when, for example, in pneumonia, capillary bronchitis, etc., a portion of lung tract is impaired, or when, as in ascending high mountains, larger air space is required on account of the attenuated condition of the atmosphere in such regions; but it is also very evident that under ordinary conditions of life near the sea level, this lavish supply of lung material becomes a source of great danger to its possessor. For if the air capacity of the lungs exactly equalled the oxygen demands of the body, it is quite obvious that the whole lung surface would be actively engaged in supplying air, and would, in consequence, be well inflated; but if three-fourths of the lung surface is able to perform the work of the whole, then one-fourth remains more or less idle; and this part is the apex, which, on account of the lack of exercise, in consequence of defective inflation, becomes weaker, while the active parts become stronger.

The truth of the matter, however, is that the extraordinary size of our lungs is not a wise provision of nature which protects us against the accidents of disease, etc., but it is due to the fact that as such they have been transmitted to us from our savage ancestors; who, in consequence of their active outdoor pursuits of hunting, fishing, etc., were compelled to have a larger lung surface to satisfy the greater air-hunger of their bodies than we do who follow the more quiet and sedentary callings of a higher civilization. The truth of this proposition is confirmed by the fact that during inactivity a man breathes 480 cubic inches of air per minute, and while walking at the rate of four miles per hour he breathes 2400 cubic inches, and if he walks at the rate of six miles an hour he takes in 3260 cubic inches of air per minute. The difference between 480 and 2400 cubic inches air capacity shows that during the exercise of walking even at the rate of four miles an hour, five times more lung surface is employed than during rest, showing conclusively that bodily activity enhances the expansibility not only of the apex, but also of the whole pulmonary surface.

Further proof that a lack of apex breathing is often responsible for the beginnings of consumption is found in the fact that the female is less liable to this disease than the male in civilized life. This I have shown from a large mass of statistics in a paper entitled Female Dress as a Determining Factor in Consumption, and which was published in the *Medical News* for January 7, 1888. It is well known that the female breathes chiefly with the upper portion of her lungs, that the male has but very little movement here, unless it is especially cultivated, and that he breathes principally with the lower part of his lungs. The former is known as the costal, and the latter as the abdominal type of breathing. This difference in breathing between the two sexes is undoubtedly acquired through the mechanical influence of clothing, and is not original; as may be judged from data[1] which I recently obtained from an examination of the chest movements of the Indian female. It was there found that the costal respiration is absent in the full-blooded Indian, and that she possesses a strongly marked abdominal type of breathing, similar to that of the civilized male. The female savage wears but very little, if any, tight clothing around her abdomen, and hence, does not interfere with the abdominal movements, while the civilized female is addicted to the use of stays and tight clothing, which by restricting the abdominal breathing, produce a compensatory motion in the apex of the lung and bring about that fulness in the upper part of the chest which is characteristic of the civilized female. Leaving out of consideration the fact that the female has more costal motion than the male, there is nothing whatever in her condition to account for her greater exemption from consumption. She has everything else against her in this respect. She has the smaller lung capacity, and is the weaker of the two sexes; she, for the most part, leads a sedentary and quiet life, and is engaged principally in indoor occupations, and is thus constantly exposed to causes which are known to give rise to the disease in the male, as is well attested by the statistics contained in the report of the Rhode Island Board of Health for 1884. Here is found the mortality rate from consumption, among the two sexes, as it occurred in a variety of occupations during a period of twenty-five years, which, when proportioned to the whole number of each sex employed in each occupation, give the following results: Male nurses 1 : 42, female nurses 1 : 100; male teachers 1 : 9, female teachers 1 : 29; male cigarmakers 1 : 13, female cigarmakers 1 : 51; male operatives 1 : 44, female operatives 1 : 76; tailors 1 : 11, tailoresses 1 : 31. Moreover, in estimating the factors which differentiate between the two sexes in this respect, we must not leave out of view the fact that while the female suspends nearly all her wearing apparel from the abdomen and hips, the male supports all his clothing from the shoulders, and by thus encasing the upper end of his chest he adds another influence which tends to diminish his apex motion and which increases his liability to consumption.

[1] An Experimental Inquiry into the Chest Movements of the Indian Female. *Therapeutic Gazette*, May, 1887.

From these facts it may be safely inferred that defective apex expansion is one of the most prolific predisposing causes of pulmonary consumption, and it is in a great measure due to it that our clerks, telegraph operators, tailors, shoemakers, etc., who habitually become stoop-shouldered and flat-chested, furnish such a large contingency to the army of consumptives. I think it may be laid down, as a rule, that all apex-consumptives suffer from imperfect apex expansion, although the reverse is not necessarily true. Such individuals are, however, in constant danger of falling victims to the disease, especially if their general vitality is depressed to a point from which it reacts with difficulty against incidental disturbances, like colds, malaria, and other diseases. Many consumptives trace their whole trouble directly to a cold, and although "having taken a cold" is an expression which enters more frequently into common parlance than any other, yet I do not know another term to which there is less meaning attached than to this. A cold, as I take it, is chiefly a shock to the nervous system, in the chilly stage of which the peripheral, visceral, and vasomotor nervous systems are markedly affected, the capillaries and blood-vessels contract, the blood pressure rises, the surface of the body is cold, although the thermometer registers an elevated temperature. So soon as the primary effects of the shock have passed off, there follows a relaxation or paralysis of the same nerves, the blood again comes to the surface, and sweating more or less profuse, or some other flux may occur, after which the body will return to its normal condition again, provided the bodily reaction is good. But if any part of the body is already weakened, the effects of the shock will be felt more keenly here than in any other area, and the strong tendency will be towards the establishment of permanent disease. In the lungs, under these circumstances the product of the nerve-shock manifests itself, as it does in all organs with mucous surfaces, in the form of a catarrh; which usually selects the apex, because, as we have seen, the nutrition-tone of this locality is already lowered by reason of its previous functional inactivity.

That catarrhal inflammation is a common sequence of nerve affection is well demonstrated in trigeminal neuralgia; where all the mucous surfaces which are supplied by this nerve, like those of the eye, nose, mouth, and tongue, assume the catarrhal condition, and there are cases on record in which the neuralgia was of sufficient intensity to produce inflammation and ulceration of the cornea—a condition similar to that which has been produced by Magendie in the rabbit by dividing the fifth nerve near the Gasserian ganglion. Now, here is one point to which I desire to draw special attention in this paper, and that is that we do not give sufficient consideration to perverted pneumogastric action as a factor in the production of pulmonary disease. We implicitly accept the teaching that no organ can preserve its integrity if its supplying nerve is diseased, but when we come to apply this principle of reasoning to the lungs in a state of phthisical degeneration, our intellect becomes dazzled by the bacillus theory and falls a prey to the strangest fancies and inconsistencies. This is astonishing, indeed, when it has been proven by a large number of experiments that by dividing the vagi, pneumonia of the catarrhal type, even to the extent of caseation, can be produced in animals, and that phthisis is continuously produced, and we have reason to believe, on a large scale, in the human being through the same channel. In a paper which I contributed to the *Medical News* for May 25, 1889, I supply reference to eighty-four cases (the clinical histories of which are in my possession) where vagus degeneration, brought about by the pressure of tumors, aneurism, by neuritis, etc., had caused various forms of pulmonary disease, such as œdema, bronchitis, pneumonia, and phthisis, thirty-seven of which belonged to the last classification; and it has been shown, too, by Dr. A. Lewin (*Beiträge zur Pathologie der N. Vagus*, Dissertation, St. Petersburg, 1888) that in the *post-mortem* investigation of twenty cases of phthisis he found the vagus diseased in every instance. We have, therefore, a definite record of fifty-seven cases of pulmonary phthisis dependent on vagus disease, besides that of many other forms of lung disease due to the same origin. Moreover, the vagus is not the only nerve which is involved in phthisis, for Dr. Jappa (*Zur Frage über die Verande rungen der peripherischen Nerven bei Sclewindsucht. Neurologisches Clbt.* Bd. 7, 1888, p. 425) found the peripheral nerves degenerated in the bodies of fifteen persons who died of pulmonary tuberculosis, and the same condition existed in quite a number of my own collection of cases, and this too in spite of the absence of any other symptoms than those which are commonly found in this disease during life. From these facts we learn, then, that not only the pneumogastric nerves, but the whole peripheral nervous system, as well, are seriously involved in the process which is known by the name of pulmonary consumption; and it remains now to show some of the causes which we know are actively engaged in destroying the integrity of these nerves and, therefore, in producing this disease. First among these causes I would place alcohol, not, perhaps, because it is more potent than many other causes, but because its action in this particular has been more thoroughly investigated. It goes without saying that the existence of an intimate relation between alcoholism and phthisis has long been suspected by those who are most familiar with these diseases. Let those who have any doubts on this point cast a retrospect over the family histories of the cases of consumption within their knowledge, and ascertain how often alcoholism prevailed either in the immediate or remote ancestry of their patients. I am convinced that this condition obtains quite largely among those who frequent our hospitals and dispensaries, and an abundant experience teaches me, too, that the evil is not confined to this class alone. In some of the districts of Paris, Dr. Alison[1] found that about one-third of those who suffered from consumption were also inebriates. It is not my purpose to weary you with reciting the records of such cases in order to illustrate this associ-

[1] "Archives Generales de Médecine."

ation, but a few typical ones[1] will, I think, suffice.

J. B., aged forty-two, began the excessive use of spirits after the death of his wife. He was a merchant, temperate, prosperous, and a man of character, but became a steady drinker, and was practically intoxicated all the time. His mother and two sisters died of consumption. His father died from injury, but his grandfather was asthmatic, and used spirits to excess for years. One uncle on his father's side died from excessive drink, and another one died of consumption. One uncle died from phthisis after many years of alcoholic abuse. His grandfather on his mother's side drank more or less all his life, and died from some rheumatic trouble.

C. H., aged forty-eight, an army officer, began to drink during the late war. His mother died of consumption two months after his birth, and his two sisters died of the same disease. His father's family is temperate, but several members have died of consumption. His grandfather on his mother's side was a sailor, and drank to excess at times.

George Ulmer came from England, in 1798, and settled at New Haven, Conn. He was a harnessmaker, a beer-drinker, and after middle life drank rum to excess, until death at sixty-one years of age. His wife was a healthy woman, and lived to eighty years of age. Eight sons grew to manhood and married. Six of them died of consumption under forty-five years of age. One was killed by an accident, and one died from the excessive use of spirits. Two daughters grew up and married; one died of consumption, the other in child-birth. They left four children; two were inebriates, and the others were eccentric and died of consumption. Of the children of the eight sons only ten grew up to manhood. Four of these drank to excess and died. Three of the six remaining died of consumption, and two others were nervous invalids, until death in middle life. The last one, a physician of eminence, has become an inebriate and is under care at present. He is the only surviving member of all this family. The male members of this family were farmers, tradesmen, and men of more than average vigor in appearance. They married women (so far as can be ascertained) without any special hereditary history of consumption or inebriety. (Dr. Crothers, *Journal of Inebriety*, October, 1888, p. 390.)

Now, it has been well established that alcohol has the power of causing a general peripheral neuritis in those who are addicted to its abuse, and it is in virtue of this power to disintegrate the pneumogastric nerves and the respiratory centers that it produces pulmonary consumption. The truth of this proposition I shall endeavor to show from the post-mortem records of the following abstracts of cases:

(Prof. Schultze, *Virchow's Archiv*, Bd. 108, Heft. 2; *Neurologisches Clbt.*, Bd. 6, 1886, S. 271.) Male, thirty-nine years old, developed diabetes insipidus in 1882, and was addicted to alcoholic excesses. Some time after 1882, he began to suffer from nystagmus, trembling in the arms, perversion of sensation (paræsthesia) in the legs, and from thoracic constriction. In 1886 violent attacks of dyspnœa developed, and death occurred in consequence of paralysis of respiration. Section: Degeneration of medulla oblongata and spinal cord, as well as that of the root of the vagus and hypoglossus. No account of the lung condition is given, but it is evident that these organs were deeply implicated since death occurred through pulmonary paresis.

(Prof. Strümpell, *Arch. f. Psych. u. Nervenk.*, Bd. 14, S. 339.) Male, forty-seven years old, a potator, was admitted November 25, 1881. Large and powerful frame, but both of his arms hang helplessly by his side; hands œdematous, skin and tendon reflexes wanting; legs weak and powerless; after a while œdema of lower extremities, cough, diarrhœa, dyspnœa; bronchial râles, paralysis of diaphragm and death, February 13, 1882. Section: Marked tubercular phthisis of both lungs. The radial, median, crural, and sciatic nerves were degenerated very decidedly, and Dr. Strümpell believes that the vagi and phrenics were also involved, although he failed to examine them very closely.

(Drs. Oppenheim and Siemerling, *Ibid.*, Bd. 18, S. 114.) Male, twenty-six years old, a potator, was admitted into Charité Hospital, January 17, 1881, on account of delirium tremens. He complained of headache, giddiness, and formication. On July 28, 1883, he suffered from complete impotence, lancinating pains, and rectal tenesmus. In August, he became subject to polydipsia and polyuria; on December 12, there was dulness in left supra-clavicular fossa, and infiltration of both apices, and tubercle bacilli were found in the sputum. He died the following August. Microscopic examination showed degeneration of the medulla oblongata, and of all the peripheral nerves that came under observation.

(Dr. Oswald Vierordt, *Neurologisches Clbt* Bd. 5, S. 421, 1886.) Male, aged thirty, much addicted to alcohol, and without a syphilitic history, suffered since March, 1884, with piercing, lightning pains in the lower extremities, as well as with weakness, unsteadiness, and formication in the same. He also developed phthisis and died the following March. Section: Pulmonary phthisis, and degeneration of the medulla oblongata, and the cervical and dorsal portions of the spinal cord.

(Prof. Thomsen, *Arch. f. Psych. u. Nervenk.*, Bd. 19, S. 191.) Male, aged forty-seven, a chronic alcoholic, was received, October 13, 1886, with delirium tremens. He was dizzy, unsteady in gait, but had no paralysis. Since the previous August he suffered from dyspnœa, distress in chest and in throat. Death occurred October 29. Section: Catarrhal phthisis. Cranial nerves somewhat grey. The nucleus of hypoglossus degenerated. The condition of the vagus root could not be definitely ascertained.

(Mr. Sharkey, "Trans. Lond. Path. Soc.," 1888, p. 27.) A female, addicted to the excessive use of alcohol, suffered from weakness, numbness, and cramps in the lower extremities, as well as from incoherence of speech. Respiratory sounds were harsh, and a few days after admission she had a rigor which

[1] These cases are abstracted from a paper on Alcoholism and Pulmonary Consumption which I contributed to the *Journal of Inebriety*, April, 1889.

was followed by a temperature of 102.8°, after which severe attacks of dyspnœa, paralysis of the diaphragm, and difficulty in swallowing occur. Respiration 40 per minute, and pulse-rate 140. Spitting of blood supervened, the lung apices began to break down, and she died after having been under observation nearly one month. Section: Tuberculosis of both apices and inflammatory changes in the phrenic, pneumogastric, and popliteal nerves.

So far it has been shown, then, that alcohol is not only a fruitful source of consumption, but that it brings about this disease by impairing the vitality of the respiratory nerves. In the next place, I shall make an effort to prove that syphilis, by vitiating the same structure—viz., the pneumogastric nerve and the medulla, is probably not less potent a cause in this respect than alcohol, as is shown by the histories of the following cases:

(Prof. Naunyn, *Archiv f. Klin. Med.*, Bd. 34, S. 433.) Female, nineteen years old, was admitted January 15, 1882, on account of syphilitic infection, when she stated that she had always been well until the previous May. Some time after admission she became subject to violent cough, dyspnœa, debility, night-sweats, weakness in the lower extremities, and marked shakiness while walking. Some fever, no œdema, and sensibility unimpaired; and at this time a physical examination revealed phthisical changes in both lungs. Death, July 18, 1882. Section: Phthisical degeneration in both lungs. The medulla oblongata and the cervical and dorsal portions of the spinal cord were diseased.

(Dr. Buss, *Arch. f. Klin. Med.*, Bd. 41, S. 241; *Clbt. f. d. Med. Wis.*, 1888, S. 195.) Female, aged twenty-nine, syphilitic, hemiplegic, suffered from disorder of speech, hearing, tasting, and seeing; also had dysphagia, and marked ataxia; and death followed seven years later from pulmonary phthisis. Section: Degeneration of lungs as well as of the medulla oblongata.

(Dr. Eisenlohr, *Clbt. f. Nonheilk.*, Bd. 10, S. 12.) Male, thirty years old, syphilitic, first complained of pain in both legs. Half a year later there was complete paralysis in the lower extremities, as well as lameness in the upper. Gradually his legs became subject to spastic contractions, tremor, etc., and he finally succumbed to acute phthisis. Section: Phthisical lungs, and degeneration of the whole spinal cord from the medulla to the sacral region.

(Prof. O. Kahler, *Prager Zeitschrift für Heilkunde*, Bd. 8, S. 1.) Male, twenty-nine years old, came under observation May 26, 1885. Two days previously he was suddenly attacked, while sleeping, with a peculiar sensation in the right side of his body, with disturbance of speech, and complete paralysis of left arm. On inquiry, it was found that three months before he had acquired a syphilitic sore. Examination showed that at this time the thoracic organs were in a normal condition. He was placed under energetic antisyphilitic treatment. During the last of August he began to complain of pain in the neck, spine, and thorax, diarrhœa and anorexia set in, and the patient died on the following November 10. Section: Small cavities in both apices, and degeneration of the medulla oblongata and cranial nerves.

(Dr. Berger, *Deutsch. Arch. f. Klin. Med.*, Bd. 23, 1879.) Male, aged thirty-five, admitted November 7, 1878, acquired syphilis four years before. He had a long and thin neck, and the cervical glands were indolent and swollen. Death, November 12. Section: Infiltration and caseation of both lungs. Left vagus diseased and imbedded in the enlarged glands of the neck.

(Dr. O. Vierordt, *Arch. f. Psych. u. Nervenk.*, Bd. 14, Heft. 3.) Female, aged twenty-three, contracted syphilis in 1880, and on October 3, 1882, she began to complain of weakness and of impaired sensibility in lower extremities. She developed all the symptoms of multiple neuritis, and at the end of November paralysis of the diaphragm set in, and death occurred the following December 19. Section: Pulmonary phthisis. Spinal cord normal. The peripheral nerves had undergone intense degeneration, especially the phrenic and right sciatic. The right vagus and left sciatic were atrophied.

These six cases of syphilitic phthisis show a great deal more than that which they indicate on the surface. None of them were investigated and recorded with any other object than that of ascertaining the influence of syphilis on the nervous system, and the lung complications were only noted incidentally. Therefore, when we reflect that this form of phthisis is comparatively common, especially among certain classes, it may be taken for granted that the production of phthisis by syphilis through the instrumentality of the vagi could be found more frequently than it is, if efforts were made to look for it.

It must not be thought, however, that alcohol and syphilis are the only agents which have the potency to bring about pulmonary consumption through the mediation of the nervous system. In my collection of cases, to which reference has already been made, there are records which show that lead, brass, diphtheria, scarlatina, measles, etc., are capable of acting in a similar manner. Indeed, the more thoroughly the pathology of phthisis is studied the more transparent becomes the supreme folly of ascribing it to a single cause, like the tubercle bacillus. From a correct interpretation of the testimony in this paper, it is obvious that a germ is not necessary to the evolution of this disease, and that anything which has the power of violating the integrity of the nervous system, and especially that of the vagi, must be regarded as a veritable cause of pulmonary comsumption.

Viewing the origin of consumption from such a standpoint, it is clear, in a measure, at least, why the savage is so much more liable to this disease in his first contact with civilization than he is in his native state. The whole question of civilization resolves itself essentially into one of adaptation. In the succession of geological ages only those species of animals survive who have the power of adjusting themselves to the changed relations. The same holds true of man in a social state. When the powerful vices of the white man's civilization are suddenly thrust upon the Indian, his moral and

physical nature sustains a terrible blow; and if, in spite of his sufferings, he did not have the splendid capacity of adapting himself to his new environment, which he is known to possess, he would certainly go down in the contest. It is universally admitted that rum and syphilis—the Indian's worst enemies—are two of the greatest curses which have ever been transmitted from a higher to a lower civilization. It seems a travesty on Supreme justice, but it really appears to be the outcome of a general law. Our own Indian is no better off in this respect than is the Indian of Alaska, Australia, and New Zealand, or, I fear, than is the African in this country, or in his native land during his first intercourse with the white race. Now, statistics amply confirm the opinion that while he is in this transition stage, the consumption death-rate of the Indian, as well as that of the African, is much greater than that of the white man, or than it is after they both become acclimated to their new condition. That alcohol and syphilis are wholly responsible for this result I do not for a moment believe, but that they are to blame for a large proportion of it I think is evident from what has been said on the subject.

Such is the disease. What is the remedy? The inductions of this paper teach that in order to prevent pulmonary consumption it is not only necessary to prohibit all alcoholic and venereal abuses, or to proscribe all injurious occupations like those which pertain to lead, brass, etc., but it is absolutely essential to look beneath the surface of things and endeavor to ascertain any latent tendency which may have been originally induced by these causes. I do not know how far-reaching the inherited influences of lead poisoning may go in this respect, but the examples which have been cited in the foregoing pages lead us to believe that those of alcohol extend at least to the second generation. And so far as syphilis is concerned, it may be stated that some of the most eminent authorities in medicine—among whom was the late Prof. S. D. Gross—entertained the view that scrofula and consumption were only a refined and modified form of syphilis. This may be an extravagant assumption, but it nevertheless serves to show the suspicion that syphilis is in some way closely related to the propagation of pulmonary consumption, and in estimating the probabilities of this disease in any individual case this element must not be left out of consideration. In consonance with this line of action we must not lose sight of the fact that diphtheria, scarlatina, measles, etc., also occasionally act as exciting causes of consumption, and that we must, therefore, carefully watch the convalescence of those suffering from these diseases. So, too, we must teach our people to protect themselves against "colds" and malaria; nor must we forget to treat the nervous, and especially that form of nervous disease known as hysteria, for the histories of Prof. Grasset's forty cases[1] of hysteria show that this disease is very intimately associated with pulmonary consumption.

[1] "Brain," Vol. VI, p. 433, and Vol. VII, pp. 13 and 161. A number of these cases are quoted in my two lectures on Pulmonary Consumption as a Neurosis.—*Therapeutic Gazette*, November and December, 1888.

Reasoning, therefore, from the manner in which these powerful causes induce consumption, it is quite clear that the way to prevent this disease consists in maintaining a good tone of the whole nervous system, and of the pneumogastric nerves in particular, and the most successful way in which this can be accomplished is by keeping the bodily functions normally and actively employed; for we know that exercise lends strength, while a lack of it entails weakness and disease. This is not such an easy matter as it appears, for the lungs, as we have already seen, afford more respiratory surface than is necessary to carry on the function of respiration; hence, in the great majority of individuals, especially in those who follow sedentary occupations, it is absolutely necessary to constantly employ some artificial measures whereby this innate tendency towards pulmonary idleness may be overcome. This is such an important matter that all such persons ought to place themselves under the guidance of a teacher in gymnastics who appreciates the proper relation between the lungs and the rest of the body. If under such a course of training there is produced a good expansion of the apices I am quite free to say that the liability towards pulmonary consumption is reduced to a minimum. It may happen, but I never saw good apical expansion and chronic infiltration coexist in the same lung. On the other hand, when such training cannot be procured, I would recommend voluntary forced breathing in connection with well-regulated movements of the arms. The person is to stand erect, and the arms being used as levers, are swung backwards as far as possible on a level with the shoulders during each inspiration, and brought together in front on the same level during each expiration. Or the hands are brought together above the head while inspiring, and gradually brought down alongside the body while expiring. When a deep breath is taken in accordance with either plan, and held until the arms are gradually moved forwards or downwards, or even much longer, the process of chest expansion is materially enhanced.

Another very effective chest exercise is to take a deep inspiration, and during expiration only, the individual will, in a loud voice, count as long as he possibly can. A male person with a good chest capacity can count up to sixty or seventy, while in a female with good lungs even this power is somewhat reduced. Practice of this sort will gradually develop the lungs, and the increased ability to count longer is a measure of the improvement going on within the chest. All of these movements may have their effects greatly enhanced by the use of dumbbells, chest-weights, etc., which are made especially for the purpose.

Bodily exercise has an important bearing on this question. The power of walking is common to most people, and its influence on the lungs, as we have seen, is very marked. Running, dancing, skipping rope (especially when the rope is swung backwards), bowling, etc., are all to be highly recommended. Whatever the mode of exercise may be it must be performed under as little compulsion as possible. One reason why the above-named exercises are so

conducive to health consists in the fact that the excitement which they produce is so attractive that the consciousness of muscular effort is lost.

In this connection I desire it to be clearly understood that I only think of advising such treatment for those who are comparatively well, and not for those who are suffering from the disease under consideration. I confess that my opinion on this point has undergone a radical change during the last few years—a change which has forced itself upon me by the logic of circumstances. I believe that many consumptives are irretrievably injured by the mistaken notion that they must have plenty of exercise. This brings me into a field, however, which I have no right or desire to invade at present, and I must desist; although the temptation to pursue it is greatly fascinating.

The breathing of compressed and rarefied air is also attracting wide attention as a means of improving the capacity of the chest. This method has already achieved marked success in Germany, where it was first introduced, and there can be no doubt that it will meet with equal favor among the profession in this country so soon as its merits are more generally understood.

Now, what of the corset and of abdominal constriction? Are these practices so injurious to health as they are reported to be from certain quarters? The answer to this question depends upon the essential question as to how shall the female support her clothing? Practically, so far as I am able to see, there are only two ways in which she can do this—one to support her clothing from the waist and the other from the shoulders. There can be no doubt that both are injurious, in a measure at least—the former by constricting and compressing the abdominal organs, and the latter by interfering with the free movements of the upper part of the chest; but it is a question of a greater or lesser evil. If a lack of apex expansion is such a strong predisposing element in the causation of consumption, as we have been led to believe, and if, on the contrary, a fully developed apex motion practically excludes this disease, then anything that she may do to counteract such development will directly increase her liability in this direction. If the male by supporting his clothing from the shoulders interferes with the free and full expansion of his lung apices, then this interference is greatly aggravated in the case of the female, because the clothing which she has to carry is generally two and three times heavier than that of the male. That the female loses her costal type of breathing by refusing to wear a corset, and by suspending her clothing from the shoulders for a protracted period I have repeatedly demonstrated with the pneumograph, but whether she becomes more liable to consumption than her corset-wearing sister, and which, from *à priori* grounds, we have reason for believing, we do not have the necessary statistics to decide. Although in countries like Prussia and Switzerland, where statistics of the comparative liability of the two sexes to pulmonary consumption, both in country and in city life, exist, it is demonstrated that the consumption death-rate of the female is higher in the country than in the city. Whether this has any connection with corset wearing and abdominal constriction I do not know, but experience teaches me that corset wearing is less customary in the country than it is in the city, and it is also true that, as a rule, the costal type of respiration is more pronounced in the city than it is in the country females.

Now, while not desiring to encourage tight lacing, I believe that on the whole, at least so far as pulmonary disease is concerned, the female is better off if she wears her clothing from the waist instead of supporting it from the shoulders. I believe, too, that the male would be vastly benefited were he to support his clothing in the same way. No teacher of gymnastics would tolerate anything like suspenders to support the clothing of those under his training, and if he gets his best results in bodily development in this way I think his methods will bear imitation.

SPLENIC FEVER.

By B. F. LAMB, A.M., M.D.,
PHILADELPHIA, PA.

SPLENIC fever is a disease of malarial origin, having its center of irritation in the spleen, and maintaining the same relation to this organ that remittent fever holds towards the liver. It may be classed as a continued fever, and distinct from splenitis in being a non-inflammatory disease, and, consequently void of the symptoms of either local or general inflammation.

In point of history and distribution, splenic fever, being a malarial disease, may be said to have existed synchronously with malarial poison, and to be found in localities infested with miasmata throughout the globe, but more especially in warmer latitudes. It is also most frequently encountered in damp and ill-drained situations, or such as are prolific of typhoid fever, malarial meningitis and hemorrhagic fever. In this country it is especially frequent in the marshy sections of the Atlantic and Gulf coasts, where malarial diseases are found in great variety of complication and with frightful virulence and fatality.

The symptoms of splenic fever in many respects resemble those of typhoid, and have been frequently mistaken for those of the latter disease, while some have regarded it as a hybrid of typhoid and remittent, and have styled it "typho-malarial." The first appearance of the disease is a feeling of malaise and muscular debility, which are followed within a few days by the active symptoms of chill and fever, as in ordinary remittent, with which it is often complicated.

The chill, usually occurring in the morning, is light, unattended by rigor, and often scarcely perceptible, save by the sudden rise of fever, which ascends to a temperature of 104° F. in the evening, but gradually declines to 100° F. or less at the expiration of twenty-four hours. The fever is then without remission, succeeded by another paroxysm. The pulse-rate varies from 100 to 120 per minute, with reduced arterial tension. There is thirst, anorexia, moderate nausea, constant headache with some vertigo. There is no pain or soreness in the thoracic

nor abdominal viscera, excepting the spleen, nor is there any apparent disturbance of the functions of the liver, kidneys, nor of digestion. The tongue is coated, but moist and otherwise normal in appearance. The urinary secretion is healthy, excepting an acid chemical reaction and moderate diminution in quantity. The biliary secretion remains undisturbed, as indicated by complexion and condition of the secretions, while the area of dulness is unchanged, nor is there increased sensibility of the liver. The functions of the heart and lungs are normal, as shown by both objective and subjective symptoms.

The spleen, on the contrary, manifests morbific disturbance to a greater or less extent. There is soreness with supersentiveness upon palpation, with or without enlargement. There is, however, no evidence of an inflammatory process, nor of the development of abscess, or other product of inflammation, as swelling and induration; but merely symptoms of irritability, which continue for an indefinite period and disappear with the subsidence of the fever. The patient prefers the dorsal or left lateral decubitus, never the right, which increases his sense of discomfort but produces no pain. The disease is attended by a general feeling of debility followed by rapid emaciation much resembling typhoid fever in general aspects. There is no stupor, tympanites, nor iliac tenderness, but, on the contrary, a continued wakefulness, with short and unrefreshing sleep, and a consequent condition of nervousness and mental apprehension not attributable to any special morbific irritation of the brain or nerve centers. There is also supersensitiveness to atmospheric influences, from which cause a chill may be induced at any moment.

The duration of the disease is from three to six weeks, though it may be prolonged to three months. It is peculiarly prone to recurrence or to relapse, and though not necessarily a fatal disease, the frequent relapse or annual appearance of the attacks may lead to a fatal issue, through physical exhaustion, rather than organic paresis.

Excepting the great debility experienced, the patient is not conscious of any special suffering, and will attempt to arise from his pillow only to return after a brief interval; he will also wonderingly interrogate as to the cause of the continued debility and the probable limit of the same; or feeling confident of ultimate recovery may discharge his physician, who is sure to be recalled to find the patient unimproved.

The treatment of splenic fever is based upon that of the malarial diseases generally. While sulphate of quinine reduces the temperature, yet it fails to control the exacerbations of fever, and a persistence in its use induces gastric irritation. Alkalinity of the blood and secretions is accomplished by the administration of potassium bicarbonate, while a quiet sedation will be secured by the exhibition of opiates. Potassic and other bromides are not tolerated in quantities sufficient to accomplish the latter result. Antipyrin and antifebrin possess little advantage over quinine in splenic fever, being also open to the objection of increasing gastric irritation. Locally, the unguent hyd. rub., alternating with strong counter-irritation proves beneficial. The use of mineral acids is pernicious, as they prove a direct irritant to the spleen, increasing its volume and tenderness and intensifying the fever. The internal use of the mercurials is useless. While stimulating and nutritious foods are highly essential, the confinement of the patient to a warm and dry atmosphere, with other appropriate hygienic surroundings, is indispensable to a sure and steady convalescence.

In conclusion, it may be added that while this disease has been often mistaken for other and kindred ailments under the guise of malarial modification, it is nevertheless incumbent upon the practitioner thoroughly to analyze the symptoms from a multitude of complications, not only in order to insure his own efficiency and success, but also in order to discharge his sacred duty in maintaining in the light of exact science the standard of the noblest of professions.

MALARIAL PNEUMONIA.

By J. P. FRANCEZ, M.D.,
CARENCRO, LA.

MALARIAL pneumonia has been very rife during this present spring, 1889. The severe type manifests itself, first, by several paroxysms of intermittent or remittent malarial fever. Pneumonia will then set in with slight rigors, followed by headache, flushed face, soreness in the chest, aching in the limbs and back, with tight, dry painful cough. Fever averages about 103½–104° F. Examination of the chest reveals an alteration in the affected side; a bruit rougher than on the opposite side. A whole lobe is usually involved, beginning indifferently and in about equal proportion, either at the base or the apex.

Frequently the crepitant râle is not dry at the end of the act of inspiration, and is often substituted by bronchitic respiration. There is bronchophony—"le souffle dans l'oreille or voilé" of Laënnec.

Percussion gives negative results or a light alteration. Sputa vary from frothy mucus to the pathognomonic ones of classical pneumonia.

The paroxysm generally continues for thirty six or more hours; the fever then abates or intermits and with it the chest troubles. Should the case be intermittent a few scattered râles will be found by auscultation; in the remittent type, the bronchitic respiration is ameliorated, and we have the redux râle.

Resonance is either normal or almost so during the apyrexia, in the paludal form. A general perspiration ends the fever.

After a couple of hours of respite the paroxysm sets in anew, with chest symptoms, much more severe, and remits once or twice again, after thirty some hours each, making the case last from the onset to the end of the attack, five or six days.

When the case ends by death, the fever and chest troubles go on increasing after the breaking of the second paroxysm; remission, if there is any, is light. The respiration is much embarrassed, hurried, and laborious; the pulse is thready, 120 and more; temperature soon reaches 105°, and the patient dies bathed in a cold, clammy sweat. Or, when both lungs have

been affected, one after the other, at the subsidence of the troubles, when hopes of recovery have been expressed, another chill comes on, and without further warning the physician discovers a double pneumonia, which rapidly ends in death. I have seen a lady, multipara, with a double malarial cataleptic pneumonia. The chest and nervous symptoms increased and decreased with the febrile movement; she died on the seventh day. This case was of the remittent type; temperature 100°–105⅕ F. Chances in double pneumonia are half and half; and with children about three to one.

The treatment must be directed to the cause. Quinine is the specific and should be pushed to full physiological action, and the sooner the better. The noble brute, malarial bacillus, will be flushed from its lair to jump into the next lung; continue your chase with your quinine pounder and eight times out of ten you will have the advantage of your microscopic man-killer. There are certain subjects whose skin is very sensitive to quinine; to these give the ext. cinchona, from five to fifteen grains every third hour in whiskey.

Cough syrups or mixtures, turpentine stupes, hot fomentations and dry cups may be of service. Nauseants, antimonials, depressant means should be discouraged. Blisters seem to ignite the fever without influencing the pulmonary trouble. Calomel, with or without opium in combination, has also fallen into disuse, probably not without reason. Experience has gradually demonstrated the minor degree of power which it was at one time supposed to possess in aiding the absorption of exudations, and no valid proof has been afforded that the duration of pneumonia has been shortened by its use. By most of its advocates it was only held to be efficacious after the previous employment of venesection and the administration of tartar emetic, and a remedy requiring such antecedents is one that may with advantage be abandoned. Keep the bowels open by mild laxatives.

It seems to me that when I combined the sulphite of sodium and quinine the disease was stopped sooner, but my experience is too limited to guarantee it as a therapeutic means. I combined the two drugs on account of measles prevailing throughout the country.

This is a résumé of fourteen years' practice.

The Polyclinic.

JEFFERSON COLLEGE.

HEMORRHOIDS.

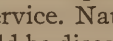
TREATING hemorrhoids by ligation is, I think, not to be commended. The method, in the first place, is slow and painful, and again it is by no means devoid of danger; thrombosis may occur from a little embolus formed at the point of operation, or septicæmia may result, either of these complications being sufficiently dangerous, and both having occurred often enough to inspire caution.

Generally speaking, clamping the hemorrhoid and applying the actual cautery is the best method. The danger of hemorrhage is thus avoided, for the eschar does not fall off till there has been an effectual occlusion of the severed vessels; and as to antisepsis, what better antiseptics are there than the heating followed by the charcoal?

If after any operation on the rectum there should result such hemorrhage that it cannot be controlled by the ordinary means, I have found this a good way: Tie a stout cord to a cup-shaped sponge and pass the sponge up the rectum with the convexity above, now pack the rectum well with some material, draw on the string till firm compression is made, and this can be made continuous by fastening the cord to a stick or other object placed across the buttocks.—*Nancrede.*

HARE-LIP.

This patient is a young woman of some eighteen years, and is unfortunate enough to be afflicted with hare-lip. This deformity is exceptionally calamitous in one of her sex, for they have no means of concealing it.

She has already had an operation performed, but it was a miserable failure, and that fact makes a second operation more difficult and its success more uncertain. I shall make a lozenge-shaped incision, thus:  with the upper legs of the lozenge the longer. By bringing together the freshened edges, a slight pouting is produced below, just what we wish.

I am proceeding with great deliberation as you see, and this is the main reason that hare-lip operations of the present day are more successful than they formerly were, that more time is taken.

If there is a difference in level between the two sides of one-sixteenth of an inch, it can be noticed; and my experience has been that those who have tried to make a so-called "brilliant" operation of this —finished it with a few quick cuts and several hasty stitches—are more likely to make a brilliant failure. I am accustomed to take the pins out in from forty-eight to seventy-two hours, and if I think the parts still need support to give it by placing across the incision a little cotton and covering with collodion.

—*Nancrede.*

STATISTICAL.

9318 physicians look after the sick of Pennsylvania.
8248 are graduates.
932 have no diplomas.
230 have bogus diplomas.
316 are women.
2009 come from the Jefferson.
1945 " " " University.
470 " " " Hahnemann.
140 " " " Woman's College.
21 reside in Forrest County; or, 1 to 208 inhabitants.
9 live in Elk County; 1 to every 1422.
8 live in Potter; 1 to 1724.
Philadelphia has 2099; 1 to 405.
Average for State, 1 to 459.

YANKEE ENTERPRISE.—Two German medical journals display in glaring type the virtues of Warner's Safe Remedies.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 10, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

RECITATIONS *VS.* LECTURES.

TWO different movements with regard to the education of the medical student are undergoing discussion at the same time, which are directly opposed one to the other.

In England some circles are advocating the further imposition of the study of phonography on the already overloaded student of medicine, whilst the New York *Medical Record* has an editorial rather discountenancing the lecture system with its attendant consequences, and suggesting an adoption in medical schools, in part at least, of the method of recitations customary in ordinary schooling.

To be able to write shorthand with any degree of fluency requires much time and laborious work, and even then only those who make a business of phonography can take down *verbatim* a lecturer's words. This, of course, is what is expected of the medical student, for if merely an abstract be wanted, that can easily be taken in long hand. In a movement of this kind it is proper to ask, *cui bono?*

We have noticed that the first-course student generally arms himself with note-books, some the size of a ledger, and writes most earnestly and persistently through all the long lectures, as if he were listening to the wisdom of Solomon—truths, which, if he did not at once indite, would be forever lost to him and to the world. By the second year he has discovered that much of the substance of these lectures is to be found elsewhere; and by the third year the truth dawns upon him that of what he hears but little is not already in his books, and he then contents himself with taking a small note when he thinks the teacher has made a point. A short pencil and a little blank book will usually suffice.

This is what he should have done in the first year, for the student who simply listens attentively to a lecture will remember more than if he tries both to listen and write.

The tendency of the more advanced schools in this country is to substitute lessons and recitations for lectures, at least during the first and second years; and we believe it is only a question of time when such a course will prevail through the whole medical curriculum. If common and high schools, academies and classical institutions, have found the system of teaching by recitation the best, there is no reason why it should not also be the best way in which to teach medicine. We fail to see anything in the study of medicine that requires a different treatment.

The didactic lecture must go. It is nothing but a relic of past years, when students had no books to refer to, and must needs get their information *per verbum oris*. With the advent of multitudes of works on every imaginable medical subject, such a reason no longer exists.

Didactic teaching would be an interesting and good method provided the lecturers were teachers, but they are not always. There is hardly a school in the land that numbers in its faculty more than three or four teachers; often not that. Some more or less eminent man is called to a professorship, he writes his notes, appears before the class to read them, and, *mirabile dictu!* he is called a teacher.

Teaching is an art and a difficult one. Few are born to it. The art is one usually to be gained only by special study and long practice, whereas most of the lecturers in medical schools never taught a day in their lives until they appeared before a class in the capacity of teacher.

Reading, too, is an art, fully as difficult as that of teaching. The majority fail here also; reading all the way from indifferently well to miserably bad.

The days of didactic medicine are coming to an end, and instead of talking about phonography, let lessons and recitations displace the system now in vogue; give the student, in methodical manner, his regular stint of work each day, and he will then be able to accomplish far more than under the present haphazard desultory plan, or rather lack of plan.

Annotations.

THE *Druggists' Circular* continues the attack upon us, which was opened by its manager at Newport. We desire to say at once that every statement and insinuation therein made concerning the TIMES AND REGISTER is utterly and unqualifiedly untrue. Neither manufacturers nor patent medicine houses own or control our company. It is not a trust and has no designs upon its contemporaries. The absorption policy suggested only exists in Lillard's imagination. This, and the impudent attempt to represent the TIMES AND REGISTER as favoring substitution, are simply intended to create a little prejudice against our enterprise in the minds of publishers and advertisers.

One thing is demonstrated by the publication in the *Circular*, and that is, that its manager's action is

adopted by the journal itself, and hence, that the latter's standing, professionally and morally, is to be gauged by that of Benjamin Lillard. To those who are familiar with this personage's career, no further reply to his insinuations is requisite; to others, we will say that the unblushing mendacity of the editorial in the *Circular* removes the matter into a region into which we are unable to follow. We can hold no controversy with a man who has no reputation to lose and whose statements are bounded only by the fertility of his imagination. We trust that our readers will relieve us henceforth from the obligation of denying any future charges from the same quarter.

NON BACILLAR PHTHISIS.

IT was with considerable surprise that we heard Dr. S. Solis-Cohen, in his remarks on Dr. Wilson's paper at Newport, quote approvingly Niemeyer's remark, that the greatest danger to a consumptive was that he might become tuberculous. The last time we heard Dr. S. speak upon the subject of phthisis, he was the exponent of those who forsook the paths of pathology and cast aside the results of thought and of experience to run after the *ignis fatuus* of the day. He was then vaunting the superiority of the germicidal therapy, giving iodoform by the mouth and pumping sulphuretted hydrogen into the rectum. We would much like to know the present views of those who were exploiting Bergeon's method two years ago. Do they ever use it now? Or has its utility vanished with its novelty? Does it still produce that remarkable amelioration in all the *symptoms* of this dread disease, at two dollars a puff?

We are glad to see evidences of the profession's returning to its senses. Our knowledge of pathology is certainly defective; yet we do possess enough to warrant us in judging new ideas and newly-discovered facts by the light of what has preceded them. To us, who have steadfastly adhered to Niemeyer's teachings concerning phthisis because they harmonized with clinical observations, the strongest proof of the causative influence of the tubercle bacillus lies in the fact that it harmonizes so well with his descriptions of true tubercular phthisis. Not one word of his classical description needs to be changed; but Koch's discoveries simply give an explanation of facts which no recent writer has described more accurately than Niemeyer had already done before Koch's time. The great clinician described a form of acute phthisis which is simply inflammatory and one which is tuberculous. The former explains the cures occasionally reported.[1] Of chronic consumptions he describes three: first, a chronic pneumonia, with hypertrophy of connective tissue, contraction, bronchiectasis, etc.; secondly, a true tubercular affection, which may occur primarily; or thirdly, as Dr. Cohen expressed it, appear as an epiphenomenon in the course of a pneumonic phthisis. We have learned to attribute this outbreak to an invasion of the pulmonary tract by the bacillus tuberculosis; but in no particular has the description of Niemeyer become obsolete. Nor have we made any material advance upon his methods of treatment, except in the way of prophylaxis. We have unquestionably multiplied the number of agencies which we may utilize in treatment, but we scarcely secure any better results. The prevention of the spread of disease, by segregating the patients, and by the disinfection of sputa and other discharges, constitute at the present day the sole practical results of the discovery of Koch's bacillus. In every phase of its application the germicidal treatment has proved a failure, whether used in the shape of direct applications to the tuberculous lungs, or by saturating the body with germicidal substances.

[1] See Lectures on Clinical Medicine. T. McCall Anderson, 1877. MacMillan & Co., London.

SUBSTITUTION—A CARD.

BY one of those mistakes which, we are assured, occasionally happen in even the best regulated families, an annotation slipped into one of our late issues which was worded in such a manner as to give rise to misapprehension. It scarcely seems necessary to say that neither the TIMES AND REGISTER, nor any member of its editorial staff, favors or desires in any manner to condone the wrong of substitution. Our record in that matter is certainly clear, and there is scarcely a medical journal in the country which has not quoted approvingly our editorial condemnation of this practice, and defence of the physician's right to prescribe whatever he considers best, and the pharmacist's duty to give exactly what is ordered, no matter what his individual opinion thereupon may happen to be. We have even gone to the trouble and expense of having special examinations made of the various pepsins and fluid extracts in the market, and demonstrated the necessity under which the prescriber rests of designating the manufacturer upon whose fluid extract he is basing his dosage; as, in the case of belladonna, we found a diversity ranging from .18 to .58 between the samples tested.

The writer of the annotation headed "A New View of Substitution," had no thought of defending the manufacturers of Febriline, whoever they may be (we do not know the parties, and have no advertising or other interest in them), in what was an undoubted wrong; the selling of one thing under the name of another. Even if commercial quinine does contain, as is claimed, a portion of quinidine, this is also a wrong, and does not constitute a valid reason for their action. The writer of the paragraph labored under the hallucination that his item was ironical, and that he was making a very passable poke at himself and his brother physicians when he suggested that they were themselves doing the very thing they so strongly objected to in the case of the druggists. Like Mark Twain's celebrated joke about the Indian statue, however, this one seems to have been so far fetched that nobody saw it; and our highly ethical friends of the *Druggists' Circular* grasped at once, and thankfully, the opportunity to place us in a false position. We have notified our brother to send diagrams with his jokes in the future; and in the meantime hasten to assure our readers that we haven't been seduced by the wily manufacturer to depart from our freely outspoken detestation of the roguery of substitution.

CIRCUMCISION ENFORCED BY LAW.

THIS is the title of an article in *Daniel's Texas Medical Journal*, by a colored physician, Dr. Vandavel. The writer accepting as true the statement that the Hebrews have particular immunity from disease, and that four out of every five males suffering from venereal taint have elongated prepuces, suggests the propriety of legislation having in view the abscission of this redundancy. There is also an æsthetic side to Dr. Vandavel, for he naïvely remarks, that the "elongated prepuce does not add anything to the looks of the organ."

For the double purpose, then, of avoiding in a measure venereal diseases, and of adapting the human body more accurately to the canons of high artistic taste, Dr. Vandavel holds that it should be cut off.

The editor of the Journal goes a step farther, or, if you please, not quite so far, in commending this as a measure to be applied exclusively to the colored race. This scheme might have been practicable "befoah the wah," but we seriously doubt whether the colored voters of the country would favor such legislation, even though it might have the effect of approximating them more nearly to the ideal physical man.

Letters to the Editor.

FEEDING OF INFANTS.

MEDICAL journals are intended to disseminate useful instructions to all classes of practitioners both young and old. I occasionally see an article written for the benefit of the profession which I feel like criticizing, not that I think I am better posted than the writer, but that the writer has not studied his particular case thoroughly. Friendly criticisms do no harm, and on the other hand sometimes are beneficial.

I have just finished reading a clinical lecture styled, Feeding of Children, and published in THE TIMES AND REGISTER, for June 29, 1889. While there are many good points made by the lecturer, there are some that will hardly stand the test of experience. He says "there is an old custom to nurse a child for eighteen months, but I do not adhere to it, as it ought to be nursed off and on for a year. When it is eight months old it should receive some artificial food."

After nearly forty years active practice and most of the time largely in childrens' diseases, it has not been my experience that a child needs or ought to have artificial food at eight months of age. A child requiring artificial food at this age, does so on account of the inability of the mother or nurse to furnish the needed supply, either in quantity or quality. If the mother is strong and able to stand the drain the child should *not at eight months receive artificial food.* He says, "it is much better for the mother, as the constant nursing is a drain on her, and you have no business to allow this." Why should this be so serious a matter with the mother? Let fashion, mode of eating, and the food eaten, answer. The discussion covers more ground than could be devoted to it in this paper.

He says, "I think cow's milk is as good as the milk of the ass or goat when properly prepared."

In this preparation, is where all the trouble lies. The food must contein all of the elements of the child's body, or some of the tissues will be found wanting. These are all found in healthy mothers' milk, and if possible the mother should nurse her child until the appearance of the double teeth; or until the child is eighteen or twenty months old. He says "the milk of the cow is heavier and denser than the mother's and must be diluted by a *certain* amount of water; and this is the first step in its preparation. Take good healthy cow's milk and dilute with three parts of water and you have the right proportion." It is conceded by most writers that cow's milk contains three times as much cheese, less than twice as much butter, less sugar and less water than mother's. Our artificial foods will take the place of human milk just in proportion as they agree with or imitate its character. In human milk the proportion of caseine to the butter is as 100 to 170; in cow's milk it is as 100 to 105. The reason of this is plain; cow's milk is made for the young ruminant, who is not only expected, but is able to follow its mother; and in order to do this must have food rich in nitrogenous material to develop its muscular system; and it will run and play when it is two days old. With the human infant it is far different. It cannot follow its mother; but the mother goes to the baby when it requires food, and it has but little or no use for muscular development the first year of its life; but it requires food rich in heat and nerve building material, with the proportion of 170 to 100 of nitrogenous. With this in proportion of 105 to 100 as in cow's milk, can you expect to succeed? Again, can you by any process of dilution with water arrive at the same constituents as mother's milk? It is plain that by no process of dilution with water can this be accomplished and made a substitute for human milk. There will be in every case an excess of caseine or a diminution of butter and the effort will fail. The proportions of the constituents of the cow's milk must be changed to correspond to that of human milk, before it can by any means become suitable food for babies. Again it is a fact that food has to answer two distinct purposes, the one to furnish material for growth of the body, the other to furnish material for the maintenance of its temperature. Food that is not thus supplied will not support the system in a proper manner any length of time. Again, he says, "When the child is seven or eight months old it is time to give it something else than ordinary milk; then comes in the various preparations of infant foods. It is not my purpose to advertise or use any one particular food, but when used you can incorporate it into milk and begin with ʒj–ʒvj of prepared food according to the age and strength of the child."

He does not tell us which kind of food to select. Some of them no doubt are better than others. Dr. A. thinks he will try Ridge's food, with its 70 per cent. of starch. This food is prepared from wheat and, as I have before stated, must accomplish two things, the growth of the body and the maintenance of a

proper temperature. These are contained in human milk in the proportions of one to two, while in wheat they are as one to seven, and in the majority of Dr. A.'s cases he is doomed to disappointment. Dr. B. selects Carnrick's food. He adds starch to his cow's milk to bring up the carbonaceous principle until it is as 170 to 100, as in mothers' milk. How about this material for growth? Supposing the child able to digest it, here it is as one to twenty-six. You have not the right proportion and Dr. B. has trouble. The facts are, your artificial food must contain not only the materials, but they must be in proper proportions, the same or nearly so as contained in human milk, or it is evident that your efforts will in all probability fail.

He says, "one of the best substitutes for cow's milk is condensed milk." What is condensed milk? It is cow's milk with the water evaporated and an excess of cane sugar added to it, and when you replace the water you have the same milk that was used in the beginning, containing all of the impurities, tyrotoxicon, etc., etc., which it at first contained. Again he advises lime water in babies' food. Any alkaline carbonate taken with the food will, to the extent of its power, neutralize the natural acidity of the gastric juice and impede digestion; then why tell the young man to use it in his baby food? If your patient's stomach is sour, lime water between meals, to neutralize this acidity, would no doubt do good, but with food never.

Feed your babies as near as possible, according to the following: Place the cow's milk, of which you intend to feed the child (using night's for the day, and morning's milk for the night), in as many perfectly clean dishes as you expect to feed the child, times out of that milk; never go to the same dish the second time. Let the cream rise, and for a baby at birth take nothing but the cream, and to this add, according to the richness of the cream, from twenty to thirty parts of water that has been boiled, or enough to make it look bluish. As the baby grows older take a little milk with the cream and less water.

A child at three months of age can take with the cream, the upper one-eighth of the milk, and the older the child gets the more milk and less water, until at about ten months the child can take clear cow's milk.

Watch the discharges from the baby's bowels, and if they contain curds, take less milk, more cream and water.

At ten months the child may be fed beef, scraped fine, slightly cooked and salted or seasoned. This, with the milk of the cow, with a small allowance of sound, well ripened fruit, should constitute its sole diet until the coming of the double teeth. Then, and not till then, is the child capable of digesting starchy food. Milk prepared in this way contains all of the constituents of human milk; and if care be used it will contain the same equivalents. We change the proportions of carbonaceous to the nitrogenous, so that it is the same as in human milk, using the cream to do it with and not resorting to starch or any hydrocarbons, thereby retaining or maintaining the material for heat and the material for growth as per nature's formula. This is very simple. By taking the upper part of the milk we get the butter, which the baby requires, leaving the cheese in the pan. Sugar of milk should be used instead of cane sugar, for two reasons; first you are imitating nature, second it requires no chemical change in its equivalents and will not ferment as readily as cane sugar. For thirty years, both in clinics and in hospital as well as in private practice, I have been governed by the above rules and I am thoroughly convinced they are correct.

DR. D. M. COOL.
Late of South Side Dispensary, Children's Department, Chicago, Ill.
FARIBAULT, MD.

MONTGOMERY WHITE SULPHUR SPRINGS.

I WRITE you a few lines in regard to this region, but little known to Eastern people, and yet worthy of a visit, and close study. It is primitive in its arrangements of the cabins, or wooden cottages; which are situated around the pavilion of the Springs at short distances from the dining and ball rooms with the offices near. The rooms of these cottages are whitewashed, have comfortable beds, dressing tables, washstands, and a few chairs. The shades are not on rollers but nailed up, and the windows of the cottage we occupied had to be fixed by the carpenter before they would shut or open, and when open had to be propped up with a piece of lath.

When we arrived from Roanoke, which is a pleasant place to break the journey from Philadelphia or New York, being some twenty-eight miles distance, and the train of the Norfolk and Western Railroad starting, at 10 A.M., we found the ball rooms filled with pretty girls and many handsome men, dancing the German, a very fair string band with cornet, etc., making good dancing music. This was kept up until dinner hour, at half-past one. The dinner was fair, not extra good.

The Allegheny Spring is celebrated for its antidyspeptic waters, which are bottled and sent all over the country. There are about two hundred and fifty persons at the Montgomery Springs, principally from the extreme South, there being but one Northern family, registered from Philadelphia.

This place is one of great natural beauty, situated in a lonely valley, surrounded by mountains and yet on an elevation of two thousand feet and almost always having a delightful dry breeze passing through this valley even after the long spell of rainy weather.

The waters consist of three sulphur springs, one chalybeate, and a freestone spring for washing and bathing, clear, pure, and free from impurities. Suitable arrangements are made for cold, warm and sulphur baths. The components of the waters are chiefly sulphates of soda, lime and magnesia, with a large amount of sulphuretted hydrogen, the water clear, bright and sparkling, of an agreeable taste and quite cold. It is a valuable diuretic and diaphoretic, diminishing abdominal plethora and congestion of the liver, kidney, and portal circulation, useful in incipient tuberculosis and chronic rheumatism, also in skin affections and constipation.

There are numerous springs in this vicinity, one of

which we have already referred to, and still another very little known in the East, namely the "Virginia Thermal," arsenic bromine and lithia, which contains, according to the analyses of Henry Froehling, .06974 of lithium carbonate, .00571 sodium iodide, and .01557 sodium arseniate, with numerous other valuable ingredients. The temperature of the water of the springs is 69° F. This spring is located in Montgomery County about seven miles from the Norfolk and Western Railroad, at Shawsville. Looking at the analyses it will be found by comparison to be 109 per cent. stronger in arseniate of soda than the Thompson Springs, and 0.57 stronger than the Ashley Springs of North Carolina. In addition to a very good proportion of lithia, which makes it useful in a large number of kidney and other affections, it also contains the sulphates of magnesia and soda, rendering it mildly laxative and valuable in the treatment of indigestion and irritable stomach. Its alterative nature renders it of the utmost value in what is understood as the strumous diathesis, more commonly known as scrofula. In conjunction with these waters the change in diet, air and exercise, conduce much to the cure of such chronic cases.

—*Medical Observer.*

CINCINNATI LETTER.

TUBERCULOSIS in sleeping cars was the subject discussed by Dr. J. T. Whittaker, of Cincinnati, on invitation of the Surgeons of the New York, Pennsylvania and Ohio Railroad, at their recent meeting at Lakewood, N. Y. The doctor, who is Professor of Medicine in the Ohio Medical College, brought out many new, original and practical thoughts. As it had been shown that dysentery killed more men in war than the enemy's guns, so he thought it would be shown that disease is more frequently contracted in railway cars than do accidents happen. The last few years have given the startling revelation that the disease, if it cannot be absolutely cured, can be absolutely prevented. The doctor did not believe in the theory of heredity, and proceeded to demolish this idea. To the lungs we must look for the primary affection in the vast majority of cases, and if to the lungs to the air which enters them. The closer the room, or the more crowded the apartment, the greater the danger of infection. Hence the frequency of the disease in factories, convents and prisons. The mortality in prisons in the last years of a long confinement amounts to 90 per cent. Ziemssen says, indeed, that imprisonment for ten or fifteen years is condemnation to death from tuberculosis.

It would be difficult to conceive, says the author, a conjunction of circumstances more favorable to the dissemination of this disease than is offered in the palace car. It is always badly ventilated, the vestibule car especially is close and hot, sixteen to thirty persons being crowded into a space which might make a small hall but never a bed-room for a pair of human beings. Somebody is always hurt by a draught and windows are kept closed, to prevent free ventilation as well as the ejection of sputa, which is mostly deposited on the floors. Cuspidors never contain water, and the temperature is raised to a degree which is sufficient to rapidly disseminate infectious matter. When the shades of evening appear the bedding is opened out and diffuses through the apartment a disagreeable odor. The bacillus is treated to the luxury of clean sheets and pillow cases, but the blankets, mattresses, carpets, and worst of all, the curtains, remain the same till worn out. Consider that every car curtain is, or has been, occupied by a consumptive patient, if only en route for a change of climate; and if tuberculous matter become deposited on the curtains, bedding, etc., what becomes of it, if it be not dried and disseminated through the car, or gradually incorporated into the lungs of the tired traveller? The danger in some respects is far greater in ships' cabins, but then you have the escape to the upper deck, while in some express trains we do not even get out into the fresh air for our meals or other necessaries of life. The ship passenger may mount to the deck, the prisoner is allowed a part of each day to walk in the free air, but the passenger on an express train is, for all the world, in the condition of dogs inclosed in boxes made to breath atomized tuberculous matter, until even dogs, naturally immune, become infected with the disease.

Now for the remedy. The plush, velvet and silk hangings must go. Seats must be covered with smooth leather that can be washed off. Carpets substituted with rugs to be shaken at the end of each trip, or better still dispensed with altogether in favor of hard wood floors. In place of curtains, screens of wood or leather; the blankets of invalids' beds to be subjected to steam at a high temperature, mattresses covered with oiled silk or rubber cloth that may be washed off, and, above all things, invalids provided with separate apartments, shut off from the rest of the car, with the same care taken to exclude the far less offensive and dangerous smoke of tobacco. Cuspidors half filled with water, and consumptives provided with sputum cups which can be emptied from the car. The sole and only danger lies in the sputum and its destruction abolishes the disease. The patient protects himself from auto-infection in the sound parts of his lungs. Is it not wise to look to the construction and management of sleeping cars, and may they not be death-traps in more ways than one?

PARALDEHYDE IN ASTHMA.

PARALDEHYDE in half-drachm doses has proved a most valuable remedy in my hands in cutting short the paroxysms of asthma. I have tried it repeatedly with the happiest results. But a combination of remedies often acts nicer, and the following combination has never failed to give immediate relief to that troublesome affection:

℞.—Tinct. ipecac. comp. . . . . gtt. xvj.
Sp. ammon. aromat. . . . . ℥j.
Paraldehyde . . . . . ℥ij.
Sodii nitrit. . . . . gr. v.
Aquæ menth. pip. . . . . q. s. ℥j.—M.

Sig.—Teaspoonful in sweetened water every half hour till relief is obtained.

R. T. SCOTT, M.D.

WAVERLY, MO.

IDIOSYNCRASY FOR IPECAC.

A RATHER singular instance of idiosyncrasy for ipecacuanha happened the other day in a patient, a woman of some thirty-two years. For indigestion, with eructations of gas and bitter taste in mouth, I gave her this mixture:

℞.—Sodii carbonatis . . . . . gr. xlv.
Vini ipecacuanhæ . . . . . ♏xlv.
Ext. rhei fluidi . . . . . f℥iss.
Aquæ menth. pip. . . . . ad ℥iij.—M.
Sig.—Teaspoonful in hot water before meals.

In this preparation there was slightly less than two drops of the wine of ipecacuanha, yet she complained that shortly after taking each dose she felt her face flush, her head become hot and dizzy, and she grew so sick that she was forced to lie down for some time. The last dose she took before coming back had the further effect of partially blinding her, or rather of making her hypermetropic; for in order to thread a needle, for instance, she had to hold it about two feet from her eyes.

I have recently heard of another case in which a mixture of otherwise innocent drugs, containing in each dose two and one-half minims of syrup of ipecacuanha, produced violent nausea, vertigo and vomiting, and marked injection of the conjunctivæ with bile.

ERNEST SANGREE, M.D.

Book Reviews.

THE URINE, THE COMMON POISONS, AND THE MILK. By J. W. HOLLAND, M.D., Professor of Medical Chemistry and Toxicology, Jefferson Medical College, Philadelphia. Third edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1889.

In the preface the author says that his little volume is intended as a syllabus for the laboratory, and with that end in view the book is in a convenient shape for slipping in the student's pocket. Blank leaves are left for calculations and memoranda.

The arrangement of the matter is good, and the printing neat and legible.

A SURGICAL HANDBOOK FOR THE USE OF PRACTITIONERS AND STUDENTS. By FRANCIS M. CAIRD, M.B., F.R.C.S. and CHARLES W. CATHCART, M.B., F.R.C.S., Assistant Surgeons, Royal Infirmary, Edin. Pp. 262. Price, $2.50 Philadelphia: P. Blakiston, Son & Co., 1889.

This is a compact, small volume with a flexible back, and capable of being carried conveniently in the pocket. The book is written principally for those who are engaged in active surgical work. It is well arranged, with good headlines and full index, so that any desired subject can be referred to in a moment.

A large number of illustrations of various surgical apparatus and procedures, most of them especially made for it, adorn the volume.

Massage receives a chapter, and there is also one on the Surgical Applications of Electricity.

The general subject of orthopædics is well treated and illustrated.

A chapter is devoted to the examination of the urine, and an appendix containing a variety of valuable instructions completes the book.

THE POPULAR SCIENCE MONTHLY FOR AUGUST, 1889. New York: D. Appleton & Co.

The August number of *The Popular Science Monthly* opens with an article on The Spirit of Manual Training, by Prof. C. H. Henderson, who says that if the manual training school escapes being dominated by mere shop-skill as well as by mere book-learning, it will furnish the best all-around education yet devised. There is another paper in this issue on Agnosticism and Christianity, by Prof. Huxley, in which he reviews the chief points of his controversy with Dr. Wace, and sharply criticizes some of Cardinal Newman's writings. Life in the Solomon Islands is described by Mr. C. M. Woodford, with a number of pictures. As the natives of this group are head-hunters, life with them seems to have some uncertainties. A similar article is Savage Life in South America," by Captain John Page. A. G. Warner, Ph.D., discusses Scientific Charity, and maintaisn that scientific methods applied to charitable work will merely guide our sympathies and not thwart them. The Influence of Race in History is pointed out by M. Gustave Le Bon, who shows that it explains why one conquest led to a brilliant civilization and why another brought in an era of disorder. Mr. W. H. Larrabee describes The Stone Age in Heathen Sweden, with illustrations of many implements and structures of stone. Samuel Sheldon, Ph.D., contributes a paper on Electrical Waves, describing recent experiments which indicate that electricity is conveyed in waves like light. Felix L. Oswald, M.D., has a suggestive article on The Wastes of Modern Civilization, in which he points out that the resources of the modern world are being used up with little regard for their replenishment, or in making useless and even harmful products. In The Defensive Armor of Plants, M. Henry de Varigny describes the various means plants have for protecting themselves against their enemies. Prof. John F. Woodhull has a good word for Home-made Apparatus, which he says is more generally available and more effective than complex and expensive contrivances. The customs of Blood-vengeance and Pardon in Albania are described by Herr J. Okiê. Under the title Mr. Mallock on Optimism, Mr. W. D. Le Sueur criticizes the recently expressed opinion of that writer that no hopeful outlook for the race is furnished by science. A sketch and a portrait are given of Lavoisier, who is remarkable both for his important work in chemistry and the tragic ending of his career. The scientific lessons of The Johnstown Disaster are pointed out in an editorial, and the other departments are marked by their usual variety.

SECONDARY MIXED INFECTION IN SOME OF THE ACUTE INFECTIOUS DISEASES OF CHILDREN. A Thesis read before the Chicago Gynæcological Society, January 25, 1889. By BAYARD HOLMES, M.D., Attending Surgeon, Cook County Hospital, etc., etc. Reprint from the *North American Practitioner* of February, March, and June, 1889.

Dr. Holmes, in this masterly thesis, reviews the infectious diseases of childhood, with especial reference to the active part taken by the microörganisms, as demonstrated by recent bacteriological research. His study embraces all of the graver sequelæ of measles, scarlet fever, and mumps.

The Medical Digest.

INCONTINENCE OF URINE IN CHILDREN (Descroizilles).—

Sulphate of strychnine . . . . . 0 gr. 05
Syrup . . . . . 96 gr.
Water . . . . . 4 gr.—M.

To be given in tablespoon doses: one to twenty a day.

Strychnine . . . . . 0 gr. 05
Conserve of red roses . . . . . 2 gr.

Divide into 20 pills. Take one to four a day.

Ergot of rye . . . . . 2 gr.

Divide into 10 parts: one to three a day.

Ergotine . . . . . 2 gr.
Powdered licorice,
Syrup, āā q. s.

Divide into 20 pills: two to five a day.

Bark and leaves of rhus aromaticus toxicodendron . . . . . 200 gr.
Alcohol, at 800 . . . . . 800 gr.

Prepare by displacement. A tincture will be obtained of which the dose will be from ten to sixty drops a day.

—*La Bulletin Médicale.*

RECTIFIED ESSENCE OF TURPENTINE IN CROUP.—Dr. Lewentaner, of Constantinople, reports four cases of idiopathic croup when the symptoms were so severe as to afford but little hope for recovery. As in each case tracheotomy was refused he determined to follow the treatment of Dr. Demolow, and administered the rectified essence of turpentine in tablespoonful doses. The symptoms promptly ameliorated and recovery followed in each instance. He also makes use of the following spray:

Essence of rectified turpentine,
Tinct. of eucalyptus . . . . . āā 4.0
Phenic acid 300.0
Alcohol 300.0
Distilled water 1000.0

To be used in atomizer night, and day.

—*Bulletin Géneral de Thérapeutique.*

FATTY DEGENERATION OF THE HEART (Kisch).—

℞.—Powdered rhubarb root,
Extract of aloes . . . . . āā 2 grammes.
Extract of jalap,
Extract of trefoil, q. s.

Make 30 pills: one to be taken at night.

If anæmia coexist the following pills are useful:

℞.—Sulphate of iron (very pure) . . . 3 gram.
Aqueous extract of aloes . . . . . 2 gram.
Extract of trefoil, q. s.

Make 30 pills. Take one pill night and morniug.

In addition, a diet calculated to excite urinary secretion should be ordered.

If indications of a sluggish circulation should be present, digitalis is indicated in combination with a purgative.

℞.—Powder of rhubarb root,
Aqueous extract of aloes,
Powdered digitalis . . . . . āā 2 gram.
Ext. of trefoil, q. s.

Make 30 pills: one every three hours. At the same time, and in order to increase the cardiac energy, wine or spirits should be administered; but cutaneous injections of ether may also be employed.

—*Revue de Thérapeutique.*

INJECTION FOR UTERINE CANCER (Cheron).—

Tincture of iodine . . . . . ½ drachm.
Salicylate of soda . . . . . 2½ drachms.
Tar water . . . . . ½ pint.

Dissolve: three to six spoonfuls in a pint of warm water.

—*La Gazette Médicale de Montréal.*

POWDER STAINS ON THE SKIN.—The bluish-black spots produced by gun-powder may be removed by painting with the following solution:

Biniodide of ammonium,
Distilled water, equal parts.

Then with dilute hydrochloric acid to reach the tissues more deeply affected.

—*Revue de Thérapeutique.*

LACTOSE, A NEW DIURETIC IN DISEASES OF THE HEART.

BY PROF. GERMAIN SÉE.
Translated by ALBERT E. ROUSSEL, M.D.

The most infallible of diuretics is milk; this quality as well as that of being a complete aliment, causes it to assume a very important role in the therapeutics of diseases of the stomach and in diseases of the heart.

In diseases of the stomach it is especially suitable when we have present an excess of hydrochloric acid, as it fails utterly in the contrary class of cases.

A large number of physicians, as Chrétien, Serres, Pécholier, have confirmed its importance in dropsies of renal as well as of cardiac origin.

Milk in the dose of from three to four pints a day does in effect render the greatest services in dropsies due to disease of the heart, especially when the patients have a normal stomach or one containing an excess of hydrochloric acid.

It constitutes in effect a complete food; unhappily it does not contain fat, casein and sugar in proper proportions.

Two and a half pints of milk will suffice to give one hundred grammes of necessary fat, three pints would be necessary for one hundred and twenty grammes of the albuminoid substance, and at least five pints for the two hundred and fifty grammes of the hydrocarbons. During the period of rest three pints of milk contain sufficient of the albuminoids, but will not suffice for a healthy man who works.

Milk is easily digested. Unfortunately this digestion will not take place in patients suffering from heart disease, in which cases it is probable that the normal lactic ferment of the stomach is absent or diminished.

Milk diet produces an evident diuresis and a glycosuria.

This diuretic function is due to the lactose, a discovery made by M. G. Sée in experimenting with the different constituents of milk. Sugar of milk exists in all milks; it crystallizes easily and is soluble in six parts of cold water and two and a half parts of hot water. It is formed in the organism at the expense of the albuminoid substances, and when the dose absorbed is not too large it loses its individuality by oxidization.

Lactose is the most principal and the most reliable of the diuretics actually known. In addition if two pints of milk are given we obtain all the advantages

of diuresis without any of its inconveniences; that is to say that there does not follow, as with milk, a diabetic poluria.

From the dose of one hundred grammes diluted in two pints of water and with complete suppression of all other liquids, milk, broth, wine, mineral waters, etc., there is obtained a considerable increase of urine in all sick persons, in all heart cases irrespective of the nature of the lesion; degenerations, alterations of the aortic valves, etc. This action is less noticeable in arterial sclerosis.

Twenty-five patients, seriously sick, were observed with care, and there was obtained in the twenty-four or forty-eight hours after the beginning of the treatment a veritable urinary flux of 2500 grammes at the least, but amounting generally to 3200 or 3500 grammes; in two cases especially M. Sée obtained 4000 and 4500 during two and four days respectively. As soon as the treatment was suspended the urine returned to its original quantity.

At the end of his communication M. G. Sée formulated the following conclusions:

Lactose constitutes the most powerful diuretic and at the same time the most inoffensive. It is this and this alone which imparts to milk its diuretic property. The other constituents of milk, especially the water and the salts, have no manifest action on the urine, the chloride of sodium does not add to the polyuria due to the sugar of milk, and the salts of potash are but a secondary cause.

Milk in the quantity of two pints does, it is true, produce diuresis, but at the dose of four pints, of which each contains fifty grammes of lactose, it causes at the same time a very evident glycosuria, a passing diabetes. At the same time there is produced a considerable excretion of urea indicating a destruction of the albuminoids. Sugar of milk permits us to avoid all these inconveniences and dangers; one hundred grammes of lactose in solution will produce an enormous diuresis which we could not be certain of obtaining with four or five pints of milk. In the milk the action of the lactose is hindered by the casein and the fat.

The increase of urine resulting from the use of one hundred grammes of lactose exceeds that produced by all other medicaments; it rapidly reaches two and a half pints of urine and increases nearly constantly to three pints and a half, and even four and a half on the third day. After this time it remains stationary or decreases by two and a half pints during several days. During this time the dropsy disappears almost to a certainty, the blood becomes freed from the hydrocarbons, and it is due to this cause that the diuresis is not as intense as at the commencement. We can state that lactose acts in a sure manner in dropsies of cardiac origin, but in those due to a renal trouble the action is more doubtful or even *nil*. In affections of the heart it fails only in those where the kidney has become involved and when the albumen amounts to 0 gr. 60 to 0 gr. 90 per pint. As long as the quantity of albumen is a minimum the result is favorable, which leads us to suppose that in these cases there is a simple venous stasis. We can measure by the lactose diuresis the degree of alteration in the kidney.

The diuretic action may be interrupted by causes other than renal. We have present at times a diarrhœa which naturally diminishes the diuresis. In other cases the patients had for a greater or lesser period of time profuse sweats or accidental transpiration which lessen the polyuria, but it soon reappears.

This medicament, as a rule, is perfectly well supported. It should be prescribed during eight or ten days and interrupted for several days, after which it should be repeated. If exceptionally, it should not be well taken, we may add brandy or mint water. We should diminish or suppress all other liquids.

Lactose presents an immense advantage, it permits the patient to take all kinds of aliments, it permits the doctor to prescribe flesh diet, or nutrition in a different way and often indispensable to sustain the failing forces of the patient.

Now, that these facts are acquired, it is necessary to explain the mode of action of this new diuretic, which we may call physiological. We know that the diuretics act often by means of the high blood pressure; here the pulse and pressure remains normal. The alkaline salts are considered as producing their diuresis by their osmotic power. Now, after adding two grammes of potash to the tisane lactosique, there is nothing more than from the lactose alone. We must admit an elective and selective action on the secreting elements of the kidney; it is a physiological renal diuretic.

If we compare it with other diuretics we find the following: Those which augment the pressure, digitaline, convallamarine, strophanthus, and others yet to be determined, act much more fully, less surely, less efficaciously on the dropsies than does lactose. Bucquoy with his traditional loyalty and true scientific spirit recognized the superiority of lactose as compared with strophanthus, the medicament of his adoption.

A second group of diuretics, was the only one well established until now, which includes the renal diuretics, properly called, at the head of which is placed caffein. They form part of a chemical series which commences with xanthine and finishes with caffein. We already know these things:

1. That caffein and theobromine are nephritic diuretics like lactose.

2. That both act indepenently of the vascular pressure.

3. That they have no true action on the heart as has recently been pretended, and in this also they resemble lactose. But caffein produces nervous and cerebral trouble of which lactose has never been guilty.

We have, therefore, in lactose the diuretic of heart affections in the asystolic period, the true curative means for dropsies of cardiac origin, even those which have resisted other agents. During the asystolic period there is another accident more serious, dyspnœa, but against this lactose is powerless, and, therefore, its action should be seconded by iodide of potassium. This medicament, which I discovered ten years ago, aud which has been stolen from me since with much enthusiasm and perseverance, by changing, under pretext of its toxic effects, the name of potassium into sodium, constitutes by it iodine and potassium the true medicament for the heart and for

the circulation. It only lacks a diuretic power. Combine the iodide and the lactose and you fulfil all indications.

Incontinence of Urine. Cure by a New Operation.

In 1883, a girl, aged fourteen years, was admitted to the Rudolfinerhaus suffering from congenital and continuous dribbling of urine. According to her mother's statement, an unsuccessful attempt at an operation had been made when one year old. Upon examining the genital parts, a normal introitus vaginæ was found, containing an annular hymen. The meatus urinarius was in the normal position, but very wide, forming a fissure, which became gradually more and more shallow, as it extended all the way to the anterior commissure of the labia, between the widely separated halves of the clitoris. The urethra, scarcely 1 cm. in length, easily admitted the little finger. Of a former operation there was no trace.

This, then, clearly was a case of epispadias, in which the sphincter vesicæ failed to form a complete circle, or had not been developed at all. In the hope of restoring the continuity of the sphincter and thereby its function, I removed a narrow strip of mucous membrane from the anterior or upper wall of the urethra, extending from the meatus to the bladder, and also freshened up the cleft, splitting the clitoris, and united the edges of the wound thus made with fifteen interrupted silk sutures, four of which were inside the urethra.

The wound healed by primary union, and during the first three days the patient's condition was improved, being better able to retain the urine while in the recumbent position. But after four days the old condition had returned, the improvement having been due simply to the swelling of the mucous membrane, temporarily reducing the lumen of the urethra.

The operation devised by my colleague, Dr. Pawlik (*Wien. Med. Wochenschrift*, 1883) was now done, and at my request, by Dr. Pawlik himself, requiring three sittings. Fourteen days after the last sittings the patient could retain the urine for two consecutive hours, but only in the recumbent posture, whereupon she was discharged.

But in October of the last year the patient, now nineteen years old, and fully grown, returned and applied for readmission, not being satisfied with the result of the former operation; she was able while sitting to hold her water for over an hour, but suffered from constant dribbling while standing or going, and sometimes even while in the lying position.

A new operative plan now became necessary. The sphincter, evidently present only in a rudimentary way, could not be relied on after the failure of the first operation; and the operation of Rutenberg, complete closure of the urethra, with the formation of an abdomino-vesical fistula, could be thought of only as a last resort. I conceived the idea to turn the urethra upon its lineal axis, feeling sure that a urethra thus twisted would be furnished with a reliable *elastic* closure, and that the difficulty of adjusting the firmness of this elastic closure to the strength of the detrusor urinæ could be overcome only by experiment upon the patient herself.

The first operation was done October 3, 1888. A circular incision was first made around the orificium exterum urethræ. Proceeding from this cut, the urethræ was separated from the circumjacent tissue, but in such a manner as to leave attached thereto a layer of tissue of considerable thickness, in order not to interfere too much with its nutrition. In this way the urethra was dissected out, until up under the pubic arch, when at last I had before me a tube attached to the neck of the bladder about 2 cm. in length. Before beginning the operation a thread was tied in the edge of the meatus in order to mark the position. The urethra thus separated was now twisted around its long axis, in the direction of the hands of a clock, so that its external orifice was turned to the extent of 180°, and fixed in this position by proper suturing, after I had convinced myself that there was no considerable resistance to the passing of an elastic catheter. On the seventh day the sutures were removed, the urethra found fastened in its new position, and continence secured to the extent of 80 ccm.

During the following days the continence was improved to the extent, that while lying or sitting, the urine could be retained for several hours and to the amount of ¼ liter, but while standing up the dribbling continued as before, thus proving that the elastic resistance of the urethra attained by the operation was still insufficient. Therefore, October 26, three weeks after the first operation, the procedure was repeated, the urethra dissected out to the length of 1 cm. turned 90° further, in the same direction as before and fixed in that position by means of sutures.

Thereupon followed retention of urine for two days, but after this the voluntary voiding of urine became possible. While lying or sitting the urine could be retained to the amount of about 200 ccm; but while walking about for only ten minutes the closure became relaxed, and the result was still far from satisfactory. On November 27, one month after the second, the third operation was undertaken. As before, the urethra, with abundant surrounding tissue, was separated to the length of nearly 2 cm, turned around its long axis in the same direction, and this time 180° further than the second time, and fixed in this position with seven silk sutures, after being convinced that a quite thin elastic catheter could be passed through, meeting with but slight resistance. It will thus be seen that the three operations involved a turning of the urethra to the extent of one and one quarter of a circle, equal to 450°.

After this last operation followed retention of urine lasting for three days. After November 30 the catheter was no longer necessary. On the eighth day the sutures were removed and primary healing had occurred. The urine could be retained for three hours while lying or sitting, and only five minutes while going about, when intense pressure and desire to urinate occurred, *but no more dribbling*. On December 19, three weeks after the last operation, the patient was discharged. The retaining capacity of the bladder at this time was 500 gr. In two to four hours occurred irresistible pres-

sure and desire to micturate, which, assisted by considerable bearing down effort, required from five to ten minutes time to accomplish.

About the last of April, 1889, the patient was last heard from, when she reported that she could retain the urine five hours, that the act of urination required four minutes time, and that the quantity voided was about one-half liter.

—Dr. *R. Gersuny*, Wiener Centrblt. für Chirurgie, No. 25. June 22, 1889.

Paul Bourget believes that pepsin is not so frequently the cause of indigestion as is commonly assumed to be the case; but that on the other hand, there is often a deficiency of hydrochloric acid. He formulates the following conclusions:—

1. Pepsin is very often quite useless in the treatment of gastric affections.

2. The practitioner will do well to pay more attention to the presence of hydrochloric acid. He should ascertain whether it is found in excess, or whether it is abnormally diminished; also whether its secretion is retarded. This knowledge will then furnish valuable indications for treatment.

3. Pyrosis is caused by the formation of lactic acid, and not the routine employment of alkalies.

4. Alkalies should never be administered except at a period when stomachial digestion is already finished.

Extirpation of the Pancreas and Diabetes.—M. Minkowski has just completed a series of experiments consisting in the complete extirpation of the pancreas in the dog, the rabbit and the pigeon.

The result obtained was a production of a diabetes mellitus. This diabetes which exhibits itself in from ten to twelve hours after the operation, presents in the dog all the symptoms found in the human being; it continues without interruption until death, and, notwithstanding a superabundant alimentation, a progressive emaciation and lack of nutrition is observed.

The authors affirm that the solar plexus as well as the adjoining parts were left absolutely intact, so that the diabetes must be exclusively attributed to the removal of the pancreas.—*La Tribune Médicale.*

Belgium and her Insane Institutions.—Clark Bell, Esq., *Medico-Legal Journal*, contributes an interesting article on this subject.

It seems that the proportion of insane to the rest of the population is about the same in Belgium as in this country, though they are not confined in asylums, as is well known, but are taken charge of by different families. This method has been productive of excellent results.

In the district of Gheel there are some 1800 insane patients, living one, two, or three in a family, and in eleven years there have been but one case of crime by the insane, only three or four illegitimate births, and only one of these ascribable to a lunatic.

The author admits that there is ordinarily a great difference in temperament between the Belgian and the American, the latter being more unsatisfied, irritable and nervous, yet he thinks that before building more of our costly asylums we should do well to consider the feasibility of introducing this system into the United States. Dr. Blumer, for instance, superintendent of the Utica Insane Asylum, says that about 70 per cent. of his patients could with safety be placed with farmers and others on the Belgian plan.

Contraction After Burns.—J. H. Webb contributes to the *Australian Medical Journal* an article worthy of attention. He claims that in burns of superficial but rather extensive character, and located at points of flexure, radical measures are to be advocated. These lesions are very slow in healing, running away up into the months; and even after the healing process is completed, what is the result? A right angled knee- or elbow-joint or firmly flexed fingers. The parts may be kept straight for months by the use of splints, but as soon as these are removed the inevitable contraction begins, and an unsightly embarrassing deformity occurs.

He cites several cases in point: A match set fire to a man's trousers, and the skin covering the popliteal space, that of the lower fourth of the thigh and of half the calf of the leg was charred, so that it sloughed away. After lying in bed some nine months with his leg in splints the man was discharged, his leg being straight.

He shortly reappeared among the out patients with this member at a right angle. He was again admitted, tenotomy practised, the patient finally leaving the hospital worse than before. Long before, he had lost his first good position as foreman in an oil warehouse, and now, on account of this troublesome and unwieldy right-angled leg he could find no employment except that of time-keeper in an establishment at a mere pittance. To complete his history of woe, a boy one day ran against the leg that stuck out from the artificial one and the man sustained an extra capsular fracture of the thigh. Result—three more months in a hospital. His affairs now became involved, he lost his house, and is now a "hopeless, helpless, poverty stricken cripple."

Several similar cases are related by the author, who closes by asking whether immediate amputation would not be far preferable, and whether in view of the ultimate and common results of large superficial burns, surgeons are not generally too much inclined to conservatism for the real good of the patient.

Surgical Notes.—The Brooklyn Throat Hospital, a new institution incorporated a few months ago, was formally opened Wednesday, June 19. There were a great many prominent physicians present. After thoroughly inspecting the hospital, which is located on the corner of Bedford Avenue and Fifth Streets, the guests adjourned to Hotel Bosworth, where dinner was served, followed by speeches.

Medical News and Miscellany.

EDISON says that an alternating current of 1000 volts is certain death.

NEURALGIA of the supra-orbital nerve is often caused by eating ice-cream too fast.

DYSENTERY prevails epidemically at Carthage, Ill., and at Hamilton, Canton, and Kohoka, Mo.

DR. GEORGE F. SHRADY, editor of William Wood & Co.'s *Medical Record*, has a cottage at Pine Ridge in the Catskill Mountains.

DR. F. W. MCRAE assumes the management of the *Atlanta Medical and Surgical Journal;* one of the best journals in the South.

WHILE gathering a small crop of hay on his farm, near Newport, Del., Dr. Alexander Irons, a retired practitioner, died of sunstroke.

RUSSIA has fixed doctors' charges. Physicians making $450 per year will get 45 cents per visit; others 25 cents. In country towns 10 cents is the usual charge.

DR. EDMUND S. T. ARNOLD, of New York, has a cottage at Newport, but it is understood that he has been obliged to close it this summer on account of the illness of his daughter.

A NEW hospital is to be placed in the Annexed District, New York, north of One Hundred and Seventy-fifth Street, near Third Avenue. The ambulance corps will respond to all calls north of the Harlem.

DR. EDWARD FRANKEL, of New York, after a service of fifteen years as visiting surgeon to Charity Hospital, has been appointed consulting surgeon to that institution by the Commissioners of Charities and Corrections.

THE *Doctor*, New York City, devoted to the physician in his relations to the community, and to physical development, dietetics and hygiene, price $1.00 per year; with the TIMES AND REGISTER, and DIETETIC GAZETTE, $3.00.

THE medicinal treatment for gout, now almost universally recommended for whoever has it, has been enjoined upon the Queen by her physician, Sir William Jenner. She must give up champagne and claret, and drink whiskey and Apollinaris.—*Times.*

ONE of the most charming of the ladies' magazines is "*The Home-Maker*," edited by Marian Harland. In the August number the editor contributes "A Word to Wives," and a very sensible word it is; like all Marian Harland's words. "Pet Lore for Pet-Lovers," by Walter Satterlee, will be appreciated by many who love the so-called inferior animals.

All the articles are much shorter than magazine articles usually are, and let us say that it is a very difficult matter to fill a journal with short articles, as acceptably as those before us. The magazine is published monthly by the Home-Maker Co., at 19 West Twenty-second St., N. Y., at $2 per annum.

WORD comes from Norwich, Conn., that Dr. M. H. Mason, one of the oldest and most popular physicians in that place, will sell the old homestead, Riverside, which has been in his family for many years. The climate of Norwich is unfavorable to the doctor's son, so another place of residence is to be chosen.

THE Philadelphia Board of Health has taken steps to correct the system of death registration, by which the wards in which hospitals are located are credited with the deaths that occur in the hospitals. A regulation was adopted directing that death certificates from hospitals shall give the residence of the deceased.

THE drop-a-penny-in-the-slot water coolers found here and there throughout the city will hardly become popular, at least with the intelligent; for no one who knows a tithe of the danger in drinking from a public cup, will put his lips to one without a careful washing of it. But as for these cups, scarcely enough water comes from the cooler to fill the vessel, not to speak of rinsing it.

A MOTHERS' AID SOCIETY has been formed in Philadelphia for visiting sick poor children and getting them out to the Park. The following young ladies are members: Miss Belle MacKenzie, of South Thirty-sixth Street; Miss Kate Birmingham, of Haverford Road; Miss Ellen Martyr, of North Fortieth Street, and Miss Bessie King, of North Thirty-ninth Street.

THE death of Dr. J. Lewis Smith, Jr., of New York, on Monday, July 8, of heart failure, cut short a promising career. His father is clinical professor of diseases of children at the Bellevue Hospital Medical College, where the younger man received his diploma in 1884. At the time of his death Dr. Smith held a position in the New York Infant Asylum and also gave his services in the out-of-door department of Bellevue Hospital.

DR. CORNELIUS J. DUMOND, of New York, who was sued not long ago by Gerritt Smith, on the ground that the doctor had treated him unskilfully, has secured a victory. At a trial before a justice and a jury, a verdict for $1000 damages was given the plaintiff, but the judgment has just been reversed by the General Term of the Supreme Court. The judges declared that there was not the least evidence of unskilful treatment, and a new trial was ordered.

TYPHOID IN KENSINGTON.—Cesspools that have not been cleaned within the memory of the oldest inhabitant, sewers that empty their decomposing and noxious materials into the Delaware at the water's edge and a water supply pumped from the same river within two hundred yards of the mouth of one of the largest and foulest of these sewers, form a combination of causes that would account for epidemics enough to depopulate the district. No intelligent person can read Dr. Randle's report without arriving at the conclusion that the typhoid, like the poor, will be always with the people of Kensington while present conditions exist.—*Times.*

The leading question with trained nurses just now is, whether their employers are justified in requiring them to take their meals with the servants. There is but one answer to this question: "Certainly not!"

Dr. James P. Boyd, of Akron, Ohio, has been recreating at "The Prospect," Asbury Park. Mrs. C. A. Child, the proprietress of this hotel is a well-known New Yorker, and her house is one of the best in Asbury Park. It is situated on Wesley Lake. The guests are entitled to free boats, and are supplied with water from a fine artesian well.

The statements of William Walter, an attendant at the Blockley Hospital, concerning the manner in which post-mortem examinations are held in that institution cannot but harrow the feelings of persons whose unfortunate friends have died in the hospital, and whose bodies have passed under the surgeon's knife. "After a 'post' I generally collect all the the parts that belong to the bodies," Walter said. "When I come to the last one, if there is anything left over I put it in there. Sometimes there are three 'posts' at one time, and I find it difficult to keep track of the organs, but I put them back as near as possible.—*Record.*

Dr. Laurence Johnson, of New York, is making an ocean voyage this month, returning immediately by the steamer on which he sails from this port. It was expected that the ceremony of laying the corner-stone of the new building of the New York Academy of Medicine would take place on July 17, and Dr. Johnson was to deliver the address, but masons and contractors decreed otherwise, and the date was changed to the 23d inst., so that, unfortunately, Dr. Johnson will not be present.

It is doubtful when the new building of the New York Academy of Medicine will be ready for its members. The optimists say in eighteen months, the pessimists place the shortest time at two years. The Academy has 40,000 volumes, and is the second medical library in the United States, the largest being the Library of the Surgeon-General at Washington. There will be space in the new building for 200,000 volumes. The Academy did at one time entirely depend upon donations, but of late it has bought nearly all its books. The Societies and the Sections of the Academy meeting at the Academy, at present, are the Medico-Chirurgical Society of German Physicians, the Surgical Section, the Section on Ophthalmology, the New York County Medical Society, the Neurological Society, the First District Dental Society, the Section on Practice, the Odontological Society, the Section on Laryngology, the Physicians Mutual Aid Society, the New York Surgical Society, the Section on Pediatrics, the Society of Medical Jurisprudence, the New York Academy of Medicine, the Section on Obstetrics, the Section on Public Health, the Neurological Section, the Section on Orthopedics, and the Therapeutical Section.

All papers in competition for the annual prize of $100 offered by the Medical Society of the County of New York, to be written by members of that Society, must be submitted by October 1, at the latest.

New York has a night medical service, which provides free attendance to all who apply at the police stations for it. A number of physicians are on the list at each station, to whom the applicants are referred, and who receive $3 per visit from the city for their services. The scheme is due to Dr. Nachtel, who originated it and had it adopted, through the assistance of the N. Y. *Times*. At first the calls were frequent; but as the newspapers ceased to discuss the matter, it seems to have passed out of mind; and now but few calls are made upon the stations. We would like to see the same plan instituted in each of our great cities. Too often the burden of attending such cases falls, most unfairly, on the physicians, who are called up from their beds to attend such persons, without any recompense. Every physician does in his ordinary practice an amount of charity, which, in proportion to his means, greatly exceeds the benefactions of a Child or a Vanderbilt. He should not be expected to perform a duty for which the city should provide.

Medical Journalism.—A great deal of activity towards centralization has been lately apparent in the circles of medical journalists in other countries than our own. For example, the French medical journals have formed a Medical Press Association, with the object of the protection of their own interests. In the United States also a similar movement has been taking place. The Philadelphia *Medical Times*, the *Dietetic Gazette*, and the *Medical Register* have amalgamated, and these in combination are published as one journal, The Times and Register, by the Medical Press Company. America is a large country and England is a small one, and hence no such scheme of amalgamation is possible, nor by any means desirable, as far as the journals devoted to medical topics in this country are concerned. In some respects our neighbors' example in this matter on the continent and in America might be worth adopting, but we should not be very much disposed to make the experiment.—*Med. Press and Cir.*

Discovery of an Assyrian Library Three Thousand Five Hundred Years Old.—The Victoria Institute held its annual meeting, before a large audience, at Adelphi Terrace, July 1st, Capt. Francis Petrie, the honorary secretary, read the annual report, which showed that there were now more than 1300 members of the Institute. A most interesting paper by Prof. Sayce was the feature of the occasion. It was chiefly an account of ceriain Babylonian discoveries tnat have lately been made, which show that fifteen centuries before our era there was an active literary intercourse going on throughout the civilized world of Western Asia, chiefly by means of the Babylonian language and script. Great libraries were collected formed of clay tablets, with cuneiform inscriptions. The archives discovered treat mainly of the conquests of Amenophis III., also throwing much light on the contemporaneous history of adjacent countries. Prof. Sayce hopes that there may yet be found in the sands of Syria and Palestine more of these treasures of such priceless value to our knowledge of those times.

FATHER FIELD, of St. Clements, pays the following tribute to the Red Cross workers at Johnstown: "There are a large number of persons sick and requiring medical treatment. The Red Cross Hospital, of the Philadelphia Branch of the Red Cross, is doing splendid work. Their camp hospital is a picture of neatness and order. The doctors are kept busily employed in attending to dispensary patients and those in tents. They need more mattresses. It is acknowledged on all sides here that the Red Cross, under the management of Miss Clara Barton and the medical staff from Philadelphia, are doing the real charitable work. Money sent to them will not be wasted or misapplied."

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from July 30, 1889, to August 5, 1889.

SEITH, ANDREW K,, Colonel and Surgeon. Is granted seven days leave of absence, by the direction of the Acting Secretary of War. Par. 12, S. O. 178, A. G. O., August 3, 1889.

HALL, WILLIAM R., Captain and Assistant-Surgeon. Is granted ten days leave of absence. Par. 3, S. O. 80, Headquarters Department of Dakota, July 27, 1889.

ROBINSON, SAMUEL Q., Captain and Assistant-Surgeon. The leave of absence granted for two weeks, by par. 11, S. O. 165, from these headquarters, is hereby extended ten days. Par. 8, S. O. 172, Headquarters Division of the Atlantic, July 30, 1889.

MAUS, LOUIS M., Captain and Assistant-Surgeon. Is hereby granted leave of absence on surgeon's certificate of disability. Par. 2, S. O. 173, Headquarters Division of the Atlantic, August 1, 1889.

By direction of the Secretary of War, so much of paragragh 1, S. O. 159, July 21, 1889, A. G. O., as directs Captain LOUIS BRECHEMIN, Assistant-Surgeon, to return to his station at the close of the encampment of the Illinois National Guards is amended to direct him to report in person not later than August 20, 1889, at Fort Robinson, Neb., for duty at that place. S. O. 174, Headquarters of the Army, A. G. O., Washington, July 30, 1889.

HARRIS, H. S. T., First Lieutenant. The leave of absence granted in S. O. 140, A. G. O., June 18, is further extended two months.

Changes in the Medical Corps of the United States Navy for the week ending August 3, 1889.

BRYANT, P. H., Assistant-Surgeon. Ordered to temporary duty on iron-clads, Richmond, Va.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ending August 3, 1889.

HUTTON, H. H., Surgeon. When relieved at Mobile, Ala., to assume command of the Service at Baltimore, Md., July. 23, 1889

PURVIANCE, GEORGE, Surgeon. When relieved at Baltimore, Md., to assume command of the Service at Philadelphia, Pa., July 24, 1889.

GASSAWAY, J. M., Surgeon. Ordered to New Orleans, La., for temporary duty, August 2, 1889.

GOLDSBOROUGH, C. B., Surgeon. Granted leave of absence for thirty days, July 29, 1889.

VAUGHAN, C. B., Assistant-Surgeon. Orders to Norfolk, Va., revoked, to proceed to Cario, Ill., for temporary duty, August 1, 1889.

GROENEVELT, J. F., Assistant-Surgeon. Relieved from duty at Gulf Quarantine Station; order to Mobile, Ala., for temporary duty, August 3, 1889.

The Ins and Outs of a Dilemma.

THE "INS" of the Infant Food Dilemma are the parties who are at present trying to imitate

Nestle's Milk Food for Infants.

The "OUTS" are the clear-headed and well-read practitioners, who have used Nestlé's Food for many years, and know that when Cholera Infantum begins its savage onslaught on infant life in our large cities, Nestlé's Food is alone to be prescribed.

These men are in NO DILEMMA; they prescribe Nestlé's Food from June to September. As the present summer will probably be a very hot one, make a note of above. Samples sent on application to

THOMAS LEEMING & CO.,

(Please mention The Times and Register.) 18 College Place, New York.

Medical Index.

Abbreviations suitable for note taking. Some new tests for insufficiencies of the ocular muscles, Duane. N. Y. Med. Journal, August 3, 1889.

Alcohol and the nursing child, De Armond. Weekly Med. Review, July 20, 1889.

Arsenical poisoning, the clinical history of, Holt. Boston Med. and Surg. Jour., August 1, 1889.

Arteries of animals, the preparation of absorbable drainage tubes from the, Beyer. Med. News, Aug. 3, 1889.

Aetiology of tuberculosis, Koch. American Veterinary Review, August, 1889.

Bemerkungen über das regurgitiren von eiter aus der pars posterior in die blase mit demonstration, Finger. Wiener Medizinische Blätter, 14 Juli, 1889.

Bladder, a case of scirrhous cancer of the, Cabot. Jour. Cutaneous and Genito-Urinary Diseases, August, 1889.

Bedeutung der gonococcen für diagnose und therapie, Neisser. Wiener Medizinische Blätter, 14 Juli, 1889.

Consumption, climatic treatment of, Niles. Med. Record, August 3, 1889.

Cocaine, castor oil as a menstruum for, Mitchell. Med. Record, August 3, 1889.

Cranium, drainage in the treatment of certain injuries and diseases involving the floor of the, Allis. Annals of Surgery, July, 1889.

Cattle, the corn-stalk disease in, Billings. Buffalo Med. and Surg. Reporter, August, 1889.

Chills, quinine in, Gilmore. Omaha Clinic, July, 1889.

Dermatitis multiformis gestationis, Allen. Jour. Cutaneous and Genito-Urinary Diseases, August, 1889.

Dementia following ether, Homans. Boston Med. and Surg. Jour., August 1, 1889.

Epilepsy, the pathogenesis of, Mink. Buffalo Med. and Surg. Reporter, August, 1889.

Friedreich, la maladie de Ladame. Revue Médicale de la Suisse Romande, 20 Juillet, 1889.

Gonorrhœa and gonorrhœal cystitis, report of the treatment of, Palmer. Jour. Cutaneous and Genito-Urinary Diseases, August, 1889.

Hallux valgus, Macrae. Omaha Clinic, July, 1889.

Hip-tire, cases of dislocation of the, Stimson. N. Y. Med. Journal, August 3, 1889.

Health resort, a summer, Dakeman. Med. Record, August 3, 1889.

Immediate reduction and permanent fixation, the treatment of fractures of the neck of the femur by, Senn. Jour. American Medical Association, August 3, 1889.

cases of fracture of the neck of the femur treated by, Senn. *Ibid.*

Inveterate tic douloureux, the surgical treatment of, Abbe. New York Med. Journal, August 3, 1889.

Intestinal obstruction, a case of, Rodenhurst. Med. Record, Aug. 3, 1889.

Intussusception, its diagnosis and treatment, Budges. Omaha Clinic, July, 1889.

Nota preventive sulle febbre di massana, Pasquale. Giornale Medico del Ra Esercito e Della Ra Marina N 5–6 Moggio Guirno, 1889.

Nuove atiologia della. *Ibid.*

Orbit, a case of foreign body in the, Marsh. N. Y. Medical Journal, Aug. 3, 1889.

Optic atrophy, latency of ataxic symptoms in cases of, Walton. Boston Med. and Surg. Journal, Aug 1, 1889.

Ocean atmosphere, the influence of an, Bell. Med. News, Aug. 3, 1889.

climate, the therapy of, Gihon. Med. News, Aug. 3, 1889.

Potassium, permanganate of, McCaskey. Weekly Med. Review, July 20, 1889.

Pneumonic fever, an introduction to the study of, Wells. Jour. Am. Med. Assn., Aug. 3, 1889.

Relazione sanitaria storico-critico-statistica sul sifilico mio femminile di Massana dal 1° mayo, 1887, al 1° maggio 1888. Margana, Giornale Medico del Ra Esercito e Della Ra Marina, N. 5–6 Moggo Ginguo, 1889.

Radical cure, the essential factor in the etiology of stricture and its bearing upon the question of, Bryson. Jour. of Cutan. and Genito-Uri. Dis., Aug. 1889.

Sciences biologiques et en médecine—la méthode expérimentale principalement considerée dans les, Laborde. La Tribune Médicale, 18 Juillet, 1889.

Shoulder, exhibition of a case of old dislocation of the, Jones. Omaha Clinic, July, 1889.

Spine, surgery of the, White. Annals of Surgery, July, 1889,

Spondylitis, the presence of spinal distortion in the early stage of, Barlow. Annals of Surgery, July, 1889.

San Francisco, the water supply of, Anderson. San Francisco Med. Jour., July, 1889.

Sur la presence des azotates dans les eaux du Sahara Archives de Médicine et de Pharmacie, Juillet, 1889.

Statistique médicale de l'armée Française pour l'année. *Ibid.*

Summer diarrhœa of children treated with antiseptics, Ayers. Alabama Med. and Surg. Age, July, 1889.

Scarlatina. Broulette. Alabama Med. and Surg. Age, July, 1889.

So-called antiseptics, the relative germicidal value of the, Weeks, Med. Record, August 3, 1889.

Styrone, Beach. Boston Med. and Surg. Jour., August 1, 1889.

Tresors perdus, Grellety. Gazette de Gynécologie, Juillet, 1889.

Trois cas de confusion grave des cavités splanchniques par coup de pied de cheval. *Ibid.*

Tuberculosis, surgical aspects of, Marsh. Brit. Med. Jour., July 20, 1889.

Teeth and ears, on the relation between the, Barclay. Med. Record, August 3, 1889.

Tonsilitis, Hasencamp. Toledo Med. and Surg. Reporter, August, 1889.

Tuberculosis, notes on surgical questions discussed at the Paris Congress on, Eve. Annals of Surgery, July, 1889.

Tubercular meningitis, a case of, Fenety. Weekly Med. Review, July 20, 1889.

Ueber den einfluss verschiedener medicamente auf der künstliche verdauung, Katz. Wiener Med. Blätter, July, 1889.

Ueber magenerweiterung, Oser. Internationale klinische Rundschau, July 15.

halbsertige bulbär paralysen und die bei denselben vor kommenden lage resp, Schreiber. Berliner klinische Wochenschrift, 15 Juli, 1889.

Umbilicus, maggots in the, Belt. Maryland Med. Jour., June 13, 1889.

Urethra, a contribution to the study of tumors of the, Haite. Weekly Med. Review, July 6, 1889.

Uterine tumor, report of a case of, Packard. Weekly Med. Review, July 6, 1889.

Upper air-tract, the influence of oral irritation in the production of disease of the, Porter. Buffalo Med. and Surg. Reporter, August, 1889.

Ueber den einfluss verschiedener medicamente auf die künstliche verdauung, Oser. Wiener Medizinische Blätter, 14 Juli, 1889.

präventiv-impfung, Pasteur. Wiener Medizinische Blätter, 14 Juli, 1889.

die klinischen und histologischen veränderungen der erkrankten vaginal-schleimhaut, Neumann. Wiener Medizinische Blätter, 14 Juli, 1889.

Unusual eruptions, concerning some, Allen. Med. Record, August 3, 1889.

Verdaungsstörung und irreguläre herzthätigkeit, Kirsch. Wiener Medizinische Presse.

Ville de Paris, exposition de la, Langlois. La Tribune Médicale, 18 Juilliet, 1889.

Welcome, address of, Turner. Jour. Amer. Med. Association, August 3, 1889.

Womb, prolapse of the, Adler. Med. News, August 3, 1889.

Wrist-joint, a new method of excising, Thompson. Brit. Med. Jour., July 20, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 571. NEW YORK AND PHILADELPHIA, AUGUST 17, 1889. The Medical Register. Vol. VI, No. 137.

PAGE

ORIGINAL ARTICLES.

PHLEBITIS. By A. R. Smart, M.D. - - - 361
THE NASAL CAVITIES. By E. E. Hamilton, M.D., Wichita, Kas. - - - - - - - - - 365
THE JUGULATION OF ACUTE DISEASES. By L. A. Merriam, M.D., Omaha, Neb. - - - 367
DIPHTHERIA. By J. T. Potter, M.D. - - - 369

EDITORIAL.

THE MEDICAL PRESS COMPANY, LIMITED - 370
ARTICLES OF PARTNERSHIP - - - - - - 371

ANNOTATIONS.

The Elixir of Life - - - - - - - - - - 372
One of the Dangers of Tea-drinking - - - 372
Good in Everything - - - - - - - - - 372
Notes on Acquired Leprosy - - - - - - 373
Expression in the Treatment of Trachoma - 373
National Association of Dental Faculties 373
Suprapubic Cystotomy - - - - - - - - 374
Diseases of the Prostate - - - - - - - 374

LETTERS TO THE EDITOR.

L'Elixir de Vie. *Blackwood* - - - - - - 374
Radical Cure of Fistula in Ano and Hemorrhoids by Electricity. *Shotwell* - - - - 375

PAGE

THE POLYCLINIC.

JEFFERSON HOSPITAL:
Abscess of the Right Breast. *Barton* - - 375

SOCIETY NOTES.

NEW YORK ACADEMY OF MEDICINE - - - 376
Section on Orthopædic Surgery:
Cicatricial Contraction of Fingers *Phelps*, 376
Hysterical Equino-varus. *Shaffer* - - 376
Hip-joint Disease. *Phelps* - - - - - 376

BOOK REVIEWS.

The Classification, Correct Dietary and Treatment of Diseases of the Skin. *Purdon* - - - - - - - - - - - - - - 379
Bournmouth as a Health Resort. *Kinsey-Morgan* - - - - - - - - - - - - - 379
A Text-book of Human Physiology. *Flint* - 379

THE MEDICAL DIGEST.

Intestinal Occlusion Treated by Electricity. *Hérard* - - - - - - - - - - - - - 380
Action of Medicaments on the Utero-ovarian System During Menstruation. *Athil* - - 380
Treatment of Puerpural Septicæmia by Curetting the Uterus *Chartier* - - - - - 380

PAGE

Operation for Incontinence of Urine. *Gersung*, 380
Vaccination of the Newborn. *Wolff* - - - 381
Antiseptic Vinegar. *Dujardin-Beaumetz* - 381
Purgative Chocolate. *Giraud fils* - - - - 381
Dry Coryza - - - - - - - - - - - - - 381
Ophthalmic Migraine. *Piéchaud* - - - - 381
Nasal Catarrh. *Garageorgiadès* - - - - - 381
Treatment for Excessive Menstruation. *Rheinstadler* - - - - - - - - - - - - 381
Infantile Diarrhœa. *Critzman* - - - - - 381
Pills for Threatened Miscarriage. *Lafferta and Cuzzani* - - - - - - - - - - - - 381
Prevention of Dental Caries - - - - - - 381
Laxative Powder - - - - - - - - - - - 381
Laxative Pills - - - - - - - - - - - - 381

MEDICAL NEWS AND MISCELLANY, 382

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 383

MEDICAL INDEX - - - - - - - - - 384

NOTES AND ITEMS - - - - - - iv, xiv

Original Articles.

PHLEBITIS.

BY A. R. SMART, M.D.,

Professor of Physiology, Northwestern Ohio Medical College, Toledo, O., Vice-President Toledo Medical Society; Corresponding Member Detroit Academy of Medicine, etc.

BY the term phlebitis we understand inflammation in the wall of a vein; the structure of a vein like that of arteries, is made up of three layers composing the vessel wall:

1. An outer layer of areolar tissue, with a little muscular fibre a little thicker, but otherwise resembling the tunica adventitia of arteries.

2. A middle coat of fibrous tissue (yellow and white) with muscular fibre, similar to the middle coat of an artery, but with a larger proportion of the former and less of the latter.

3. The tunica intima, a layer of endothelial tissue, consisting of a single layer of pavement epithelium on a structureless basement membrane, in the smallest veins, only the external and internal coats are found.

The tunica intima is not a vascular structure, and depends for its nutrition upon the outer coats. John Hunter, in 1784, defined phlebitis as applying to all the layers composing the wall of a vein. This we know is incorrect, the intima is not the seat of a true inflammatory process; does not exude lymph and form pus as do serous membranes; the walls of veins have little tendency to inflammation, but when found it occurs in the outer and middle coat. Under these circumstances, the intima will become clouded, rough, and eroded. Denuding a limited section of a vein, by detaching the tunica adventitia will produce this effect upon a corresponding section of the intima; this results from the interference with nutrition by cutting off its vascular supply. Smith says that the intima is liable to but one acute process, viz., an erosion or crumbling away of its structure from disease in the outer coats of the vessel. The intima has a perfectly smooth, glistening surface, and exerts an influence, not perfectly understood, on the integrity of the blood; the intima, too, is somewhat dependent on the condition of the blood and its movement. To maintain a normal condition of the vessel wall and of the blood, a current of healthy blood must be constantly passing along the surface of the intima, the vital activities of either being impaired by disorder in either. Quain says, so long as blood remains fluid it does not cause change in the vessel wall. To this statement we take exception; the condition of the blood in alcoholism, nephritis, syphilis, lead poisoning, etc., is known to cause disease in the intima of arteries, independent of clot formation. In syphilis and interstitial nephritis, endarteritis obliterans is not infrequent as a result of blood state, especially in the cerebral vessels. Why may it not similarly affect veins? There are conditions of the blood, the nature of which we do not understand, that cause pathological changes in the intima of vessels.

Phlebitis may be divided into two classes, depending upon the nature and source of the exciting cause. If from without the vessel, we find external

or peri-phlebitis. If from causes operating from within the vessel, internal phlebitis or endo-phlebitis. Smith, in "Pepper's System of Medicine," makes three forms of idiopathic phlebitis:

1. Simple or primary inflammation of the vessel wall.

2. The phlebitis arising as a part of inflammation of surrounding structures and involving the vein by contiguity of surface.

3. That arising from blood states. Practically, the conditions may be reduced to two—viz., those inflammations of the vessel wall arising from contiguity to diseased structures and those arising from clot or other foreign matter in the blood current, and from morbid states of the blood. It is not denied that the tissues composing the outer and middle wall of a vein may be the seat of primary inflammation; but aside from traumatic causes it is very rare. First, of what we may term peri-phlebitis. This type of inflammation in the wall of a vein may arise from cellulitis, erysipelas, injuries to wall of vein, amputations, or operations in general, involving veins and fracture of bones. In some instances it originates in the viscera, as in the liver and portal vein, and in the uterus after labor. It is specially liable to occur in the sinuses of the brain in connection with scalp or skull injuries, with chronic internal otitis, and with erysipelas about the face and head, particularly facial anthrax. This form of phlebitis may be associated with thrombosis or not, according to its extent and character. In the majority of cases a thrombus forms; but in some instances the inflammatory process in the outer and middle wall of the vein does not involve the intima. If only a portion of the circumference is the seat of disease, there may be swelling and partial occlusion of the lumen of the vein; yet if the intima retain its integrity, no thrombus will form, the inflammatory process may be fibrous (or adhesive), or suppurative. In the first instance, there will be increase in the connective tissue, and thickening of the wall of the vein from interstitial inflammation, but no clot will be formed. Loomis says this is the only form of phlebitis in which no thrombus occurs; the course of adhesive phlebitis is slower, and the symptoms less active than in the suppurative type. Pus may form between the outer coats of the vessel, which will from the crumbling away of the intima, enter the blood current, unless prevented by the formation of a thrombus. Sometimes the thrombus disintegrates, and the débris, with pus mixed with it, floats off in the circulation to set up foci of inflammation in distant parts; this constitues the most dangerous form of phlebitis—viz., the suppurative. Again, the adhesive and the suppurative types may occur together, the adhesive non-suppurative inflammation not unfrequently, by blending with the clot formed in the lumen of the vein, obliterates it, reducing the vein to a mere fibrous cord. This process, occurring on either side of a suppuration, inflammation would exert a salutary influence and prevent general dissemination of disease products. Suppurative phlebitis is by far the most dangerous form, because of the greater severity of the symptoms, and because of the tendency of the thrombus, which always forms, to disintegrate and wash out into the general circulation; this is the type usually, or at least frequently, occurring in cellulitis, erysipelas, and anthrax. It is found not unfrequently in the uterine and ovarian veins in connection with diseases of the puerperal state. When it occurs in the course of these disorders, it may not display any distinctive feature, but develops in a most insiduous and dangerous fashion.

The second general classification in which the inflammation or tissue change in the vessel wall is secondary to conditions of the blood itself are much the more common. By far the most frequent cause of phlebitis is thrombosis. Thrombosis has no essential connection with inflammation in the vessel wall, and in the majority of instances of clot formation there is no inflammation. Phlebitis is, however, often secondary to thrombosis. Thrombi may occur in arteries where they are commonly the result of disease of the intima. Thrombosis is much more frequent in veins, and most often is not dependent upon the state of the vessel wall; this is so common that Virchow proposed to abandon the term phlebitis and substitute "thrombosis." Again, he says the disorder known as suppurative phlebitis is not an inflammatory disease, but is wholly the history of a thrombus. In the type of phlebitis in question, the changes in the vessel are secondary to the occurrence of thrombosis. As already stated a thrombus is the result, nearly without exception, of antecedent disease in the vessel wall; so that, either as a cause or as a result, we find a thrombus an important factor in all types of phlebitis. The term thrombosis comes from a Greek word, meaning clot. It is applied to formation of a clot in the living blood- or lymph-vessels at some given localized point. It may occur in arteries, veins, or in the lymphatics.

In arteries the conditions of clot formation do not so much concern us in the present review; except to say that the condition of the vessel wall is a much more frequent factor of thrombosis than in veins. The blood, under certain conditions, has a tendency toward spontaneous coagulation in the veins. What are these conditions? First, let us consider the nature of thrombus or clot formation. Fibrin which composes the bulk of the thrombus does not exist preformed in the blood, it is formed from its antecedents under certain conditions. These genetic principles are fibrinogen, existing in the blood plasma. Paraglobulin or fibrinoplasten, supposed to come from the corpuscular elements. A third factor of the nature of a ferment, whose habitat is not definitely settled, is supposed to exist. The more recent views make the hæmatoblasts or blood plaques play an important part in formation of clot. Experiments seem to show that the white blood corpuscles and the blood plaques are each important elements in the process. Wooldridge has shown that the amount of fibrin formed exactly equalled the amount of leucocytes lost, determined by weight. It is thought by some that the ferment resides in the vessel wall and is set free at the moment the intima loses its normal vitality. By others that the ferment resides in the blood plaques, and is freed by their destruction and disintegration.

These elements, variously known as third corpuscles, hæmatoblasts, blood plaques, and other names are shown by Osler to be very important in the formation of fibrin. Nature closes a wounded vessel by the formation of a thrombus, the blood plaques are the elements which are first to settle upon the edge of the wounded vessel. The origin or destiny of these bodies is as yet involved in mystery, but it is safe to say they play an important part in coagulation, they are found relatively increased in all chronic cachectic or exhausting diseases, and in fevers in the later stages. It is in just these conditions that an increased tendency to spontaneous coagulation and thrombosis is found. These bodies, if the blood current is moving at a normal pace, keep in the center with the red corpuscles. If the movement becomes slow and stagnant, they collect with the leucocytes along the wall of the vein, where they tend to adhere. The plasma is a living fluid and while in motion resists coagulation, in this being aided by some influence exerted by the intima. Both the blood and intima depend upon the free and constant change in the blood current for their integrity; blood corpuscles broken down and disintegrated, or leucocytes from lymph glands as practised by Wooldridge, will not, when injected into the bloodvessels of a healthy animal, induce coagulation. It is only plasma which is tending toward necrotic change that is prone to coagulation. Space forbids more minute inquiry into this part of the subject, but from what is known we may safely assert, that the formation of fibrin is a result of necrobiotic change in the blood, that the factors exist in the plasma and in the colorless and so-called third corpuscles, or blood plaques, that they are freed and fibrin formed under conditions that change the normal activity and constitution of the blood or its relations to the vessel wall. Under what conditions is spontaneous coagulation prone to occur? When we consider that the most frequent cause of phlebitis is a primary thrombosis, that in a majority of cases there is no inflammation of the vessel wall, prior to the thrombus, it becomes an important question to note the diseased states in which thrombosis may be likely to occur. Delafield says, "the peculiar state of the blood causes vaginal and vulvar thrombi," also "thrombosis of large veins without inflammation or other facts in general condition to account for it, is not an uncommon occurrence." It is most often found in elderly people and in the femoral or the veins of the neck. Charcot says that the blood in old age has a smaller proportion of red corpuscles and coagulates more readily. Obviously any cause which increases the proportion of fibrin factors in the blood, will increase the tendency to coagulation. In rheumatic fever, scarlet fever, diphtheria, inflammatory croup, pneumonia, pregnancy, malarial, typhoid and typhus fevers, after severe hemorrhages, phthisis, cancer, the various cachexiæ and wasting diseases generally, all these states induce, in greater or less degree, this condition of the blood. It is not true that so-called sthenic or inflammatory conditions alone produce hyperinosis and inopexia; any cause that lowers the nutrition of the system is productive of such results. The fibrin factors are a lower grade of elaborated product, and their excess means impaired nutrition. Thrombosis occurring either slowly or rapidly in arteries or veins, but most in veins, is by no means uncommon. Cases of sudden death from alleged heart failure in croup, diphtheria, are often, no doubt, thrombosis of the right breast or pulmonary artery. It is believed by Tanner and with him many eminent clinicians, that central thrombosis, is much more frequently a cause of death in croup and diphtheria than asphyxia, and the same may be said of pneumonia. The thrombus may form in some of the peripheral veins and becoming dislodged, be washed into the right breast or pulmonary artery. This is specially true in puerperal cases. Central thrombosis is not so common as other forms, but is found most in septic condition of the blood, in parturient states, and the exhaustion and debility consequent to fevers, hemorrhages, etc. Barker says, embolism and thrombosis of the right heart and pulmonary artery are more common in puerperal women than arterial thrombosis. It is more frequent also in primiparæ. Virchow thought thrombosis of the pulmonary artery was always secondary; it is certain, however, that it may not be embolic but primary. The blood in cancer, phthisis, and the cachectic states in general is liable, especially if stagnated, to form clot and set up phlebitis or to originate emboli and thrombosis of distant parts. Rheumatic fever induces a blood state which favors thrombosis; the thrombus is most apt to form at the junction of the deep and superficial veins; according to Paget, the vein may be partially or completely filled by the thrombus, the œdema and pain varying accordingly. Paget mentions a form of phlebitis occurring in gouty subjects, which he calls adhesive; it is associated with thrombi, is most common in the superficial veins, and may entirely obliterate their calibre. The plastic deposit in these cases extends inward from the wall of the vein, and may extend a long distance, obliterating large veins, even the vena cava; it occurs sometimes in connection with thrombi that are disposed to suppuration and disintegration. They thus limit the diseased process and cut off from contamination the general circulation. This organization of thrombi is much more frequent in arteries, but occurs in veins. Malarial fevers exert an influence on the vascular glands which lessens the red corpuscles and increases the white corpuscles and the pigment. With this state of the blood and a weak heart, clot formation is probable. The excess of pigment coming mainly from the disintegration of the red corpuscles causes embolic accumulation and capillary thrombosis. Thrombi under these conditions, if the heart is weak, are likely to form in the veins. We are led to infer as we consider this subject, that venous thrombosis, both central and peripheral, is a frequent and often unsuspected factor in the history of the later stages of fever. In the thrombosis of peripheral veins the state of the blood plays the more important role. Cardiac weakness, usually present in such cases, is more potent in determining venous than arterial thrombosis. Thrombosis following fever is most apt to occur in the left femoral vein. The reason is found in its course and

relations; it is longer, more oblique, and lies under the right common iliac artery in the upper part of its course, and is also subject to rectal pressure. The left femoral vein is also most often the seat of thrombosis in rheumatic phlebitis. In all these cases the femoral popliteal and saphenous veins are most frequently involved, but the radial and brachial may be. Thrombosis of axillary vein is rare. Thrombosis in the peripheral veins is more liable to occur near valves than elsewhere. The thrombus is more apt to disintegrate and give rise to emboli, if near a junction with another vein.

Thrombosis is entirely distinct from embolism, yet embolism is often a sequence of thrombosis. Dr. Fagge records a puerperal case that had had phlegmasia alba dolens, and she was suddenly seized with abdominal pain, collapse and death. No tympanitis occurred; at the autopsy the heart was found healthy, and a thrombus or, more correctly, an embolus had plugged the mesenteric vein; the portion of the intestine corresponding was discolored and in incipient gangrene. Stokes reports a case of femoral phlebitis following typhoid fever; patient was up and about the ward, when he was suddenly seized with intense pain in the splenic region, with elevated temperature, followed by symptoms indicating general phlebitis. The autopsy showed occlusion of the pulmonary artery. In the later stages of fever and in puerperal states, pain in the hip, or deeply seated in the calf, is indicative of mischief in the veins, and should lead to a suspicion of thrombosis, which may ultimately extend upward or give rise to emboli. It is asserted by Lidell, Trousseau, Druitt and others, that the so-called metastases of rheumatic fever are of this character. Tanner calls attention to the so-called cerebral metastasis occuring suddenly in some cases of rheumatic fever, and suggests that the stupor, embarrassed respiration, etc., seen in that condition, probably result from embolism of the pulmonary artery or from thrombosis in the right cavities of the heart.

Atlee reports a case of thrombosis of the femoral artery ending in gangrene of the extremity, which followed unusual exertion; the femoral obstruction was preceded by signs of cerebral thrombosis. In another instance phlebitis of the popliteal vein was found after over-exertion and exposure. In one of the daily papers of recent date I find the following: A young lady, of 19 years, never sick in her life, did a large washing on Monday—presumably over exerted. On Tuesday morning, shortly after breakfast, was seized with pain in her foot, in three hours the pain had gone to her heart and she was dead.

Diagnosis.—Neuralgia of the heart. Was it correct? Fidy in reviewing the causes of sudden death says: "Embolism of the right heart or pulmonary artery may cause death very suddenly; the clot may be detached from the saphena or femoral by very slight causes and swept along to the heart." Was not the pain in the foot caused by thrombosis in the veins of the leg at some point, the thrombus being subsequently detached, possibly by the frictions, etc., made to relieve the pain, and swept along to the heart, a much more probable conclusion than that neuralgia should destroy life in a young person with a perfectly sound heart. Nièmeyer cites cases where clots from the femoral vein washed into circulation and occluded the pulmonary artery causing death, also cases of pleurisy with the same results. Frictions in phlebitis or phlegmasia of the periphery are to be avoided because of the danger of dislodging clots and washing them into the general circulation; the same danger would follow active exertion. Weak heart and low tension in the bloodvessels is a prominent feature in the causes of thrombosis. In marasmic cachectic conditions, not only is the heart weak, but the capacity of the vessels exceeds the volume of blood, and a slow current results; this is an element of danger after hemorrhage and long fevers; it often happens if the dangers from thrombosis can be averted in exhausting diseases, the crisis may be passed in safety. Henoch reports a case of scarlet fever in a boy of 7, in which the vena cava inf, was converted into a solid fibrous cord by a thrombus extending upward from the iliac and peripheral veins. It was thought to be a marantic clot due to cardiac weakness. When a thrombus forms from the feebleness of the circulation, or from the state of the blood, it behaves differently than when it forms from disease or injury to the vessel wall. In cases of injury to the vessel wall, as in ligation or thrombus from local lesion of veins, the thrombus organizes, 1st, by a growth of granulation tissue in place of the endothelium; 2d, by the pushing forward into the thrombus of vascular supply from the outer coat of the vein. Thrombi under these conditions do not extend beyond the junction of the first branch in the vessel. While in the spontaneous coagulation and formation of thrombi with secondary involvement of vessel wall the thrombus may extend indefinitely.

Phlebitis and thrombosis of the vessels about the cranium are a common and important class of diseased vein conditions. Meigs reports a case of cerebral thrombosis in a young and previously healthy woman, caused by long continued mental anxiety. Thrombosis of the cerebral sinuses from other blows or injuries to the cranial vault is common; cerebral thrombosis often happens when the vessel wall is healthy, caused by the state of the blood, or feeble circulation, or both. Coagulation is often extensive under these circumstances. It is not infrequent after protracted bowel diseases of infants, and, no doubt, constitutes the condition many times known as brain complication, when the malady "goes to the head" and speedily snuffs out the little sufferer. Henoch says thrombosis of the cerebral veins is frequent in the exhausting diseases of childhood and infancy. Lidell says there are four localities where the blood is prone to coagulate in debility, viz.: the cavities of the right heart, veins of the pelvis and lower extremities, and sinuses of the dura mater. Inflammation or periphlebitis in the venous sinuses of the brain is a common event in connection with many diseases about the head and face. Lesions of the scalp, of the skull, or of the membranes of the brain often give rise to it. Scarlatina and erysipelas of the face and scalp are specially prone to originate it. Otitis usually sets up cerebral phlebitis through the medium of caries in the temporal bone. Pyæmia

may thus occur. Suppurative phlebitis arising in this manner may cause pyæmia, constituting an instance where pyæmia may exist without external evidences. In that exceeding fatal disease, facial anthrax, and in lesions of the nasal fossæ, thrombosis of the facial, frontal, or temporal, or of the ophthalmic veins, may extend to the sinuses of the dura mater and to the veins of the diploe. Marasmic or non-inflammatory thrombosis is not uncommon in elderly people, or after free venesection or hemorrhages, and, as noticed, in children after exhausting diseases. The uterine sinuses and ovarian veins are often the seat of thrombi, which may soften and give rise to pyæmic abscesses in distant parts. This is most common after labor or abortions. The thrombus in these instances may arise from the entrance of septic material into the uterine veins, or from periphlebitis of the uterine or ovarian veins communicated by inflammation in the walls of the uterus or in the cellular tissue of the broad ligaments. Dr. Putnam-Jacobi found phlebitis with thrombi in the post-vaginal veins leading to the uterine sinuses. The lymphatics may be the seat of thrombosis, most common in the lower extremities and in puerperal states, and known as phlegmasia alba dolens. It is probable the condition rarely exists alone, but is connective with phlebitis. It may occur in the upper extremities, and is not infrequent after fevers. In phlegmasia following typhoid fever the pain and swelling are greatest over the femoral vein. Stokes says the diseased process is identical with that which occurs in parturient women. Occurring as a sequel, or in the later stages of fever, it is not always painful, and in any case the pain may be localized in a toe, or in the foot, or in the sciatic notch. Trousseau thinks the principle features of phlegmasia, the venous thrombosis and secondary phlebitis, the enteric irritation in fever, and the uterine irritation acting as an exciting cause in either form, phlegmasia, is also a frequent and sometimes the only prominent sign of deep-seated visceral cancer, indicating its existence when no tumor can be felt. In all these cases the blood condition, the feeble circulation and sometimes pressure on the veins in the cavities of the body, are the determining causes. Compression of a vein causes thrombus. Some surgeons consider thrombosis and phlebitis as not uncommon results of surgical pressure on aneurisms during amputations, etc. It is probable that phlebitis is not uncommon in the visceral vein. In obstructive disease of the liver, cirrhosis, etc., it has been observed that the œdema of the subcutaneous tissues of the abdomen was not dependent on the liver disease, but on phlebitis and obstruction of the vena cava ascendans. In cases where meteorisms and ascites were present without œdema, no disease of the vessel wall was found. The portal vein and its branches are the seat of thrombi, we believe, much more frequently than suspected. The suppurative form, or pyle-phlebitis, is induced by malarial and septic poisoning or visceral disease, also by hemorrhoidal inflammation, dysentery, or other localized inflammation of intestinal tract. The chronic form of portal phlebitis will present symptoms almost identical with cirrhosis of the liver; the acute suppurative form has no bloating of abdomen or acetic collection, but is accompanied with chills, sweats, diarrhœa, and phenomena like that of pyæmia. It would be interesting to discuss the relations of phlebitis to pyæmia, also to review the treatment of these conditions, but space forbids, and we will only say that in the treatment of thrombosis in general, and especially in those forms occurring in connection with scarlatina, diphtheria, rheumatism, and other forms, carb. of ammonia will be found useful because of its power to lessen coagulation and to stimulate the action of the heart, two very important factors in these conditions.

THE NASAL CAVITIES.

(Read before the Southern Kansas Medical Society.)

By E. E. HAMILTON, M.D.,
WICHITA, KANSAS.

THERE is no mucous surface, of equal extent, in the body, the functions of which are more important than those of the nasal cavities.

Standing at the gateway of the respiratory system, exposed as no other mucous surface is to our climatic changes, characterized by excessive humidity to-day, and almost absolute dryness of the atmosphere to-morrow; is it to be wondered a surface so exposed, having to meet not only daily but often momentary changes in the humidity of the inspired air should easily become impaired in function.

Such an impairment, besides its attendant local discomfort, too often produces grave effects upon neighboring organs and through them upon the general body economy.

Briefly let us notice some of their most important anatomical points as a basis for an intelligent understanding of their uses in helping to maintain our existence.

In describing the nasal cavities we include the vault of the pharynx for reasons more physiological and pathological than anatomical. Above the border of the soft palate the pharynx, like the anterior nasal cavities, is respiratory in function, being traversed, practically, by air alone. Below this boundary line, besides being a channel for air in respiration, the pharynx is impinged upon by food and drink, and is, therefore, kept comparatively clean.

In the upper region mucus and cast-off epithelial cells tend to adhere to the sinous surfaces, particularly if, as the result of morbid conditions, the glands or cilia of this region are destroyed. We then have the one posterior and the two anterior nasal cavities, the boundary line between which is the posterior nares and the anterior limit of the pharyngeal vault.

The septum, which forms the inner wall and separates the anterior nasal cavities, is seldom perfectly perpendicular, its center usually deviating to one side, oftener the left, encroaching more or less upon the corresponding cavity, narrowing its calibre and sometimes obstructing the breathing.

The outer wall of each cavity is traversed anteroposteriorly by the three scroll-like, turbinated bones, which serve to increase the mucous surface and divide each passage into three incomplete supplementary passages or meatus.

The two upper meatus are connected by canals with three accessory cavities, the sphenoidal, maxillary and frontal, the former of which opens into the superior, the two latter into the middle meatus. The lower meatus has the opening of the nasal duct which often becomes involved in the same catarrhal process to which the nose is subject.

These accessory sinuses do not form a part of the nasal cavities proper, but are sometimes, though by no means as often as has been generally supposed, affected as a complication of nasal catarrh.

They probably serve as reservoirs for warm and moist air, thus aiding the respiratory function, but their chief use is undoubtedly to give lightness to the bony structures of the face.

The mucous lining of the cavities may be divided according to function and microscopic character into two portions, viz., a superior or olfactory, and an inferior or respiratory. The former includes the covering of the upper third of the septum and the superior and upper third of the middle turbinated bones. The respiratory portion being the part below these limits.

In contrast with the respiratory the membrane of the olfactory region is thinner and more closely adherent to the periosteum, contains fewer glands and is covered with non-ciliated tesselated epithelium. It is the part to which the olfactory nerve is distributed, the substance of the membrane being largely made up of terminal filaments of that nerve. This region presides over the sense of smell, the proper enjoyment of which function requires that no mechanical impediment, such as polypi, hypertrophies, etc., shall prevent the admission of odors, particularly over the inferior turbinated bones.

This thickening is due partly to a grouping of follicular glands in this vicinity, but more to a plexus of bloodvessels—a cavernous network of veins giving the parts somewhat the character of erectile tissue. The nerve supply of this region comes mainly from the nasal branch of the ophthalmic and from branches of the spheno-palatine ganglion. This region has a connecting link with the sympathetic system through the vidian of the spheno-palatine ganglion, and through the first division of the fifth with the ciliary ganglion particles to the sentient surfaces; that the glands and nerve filaments should be healthy; that the membrane should be moist and not clogged with unhealthy mucus, and that the nerve itself should be unimpaired in function.

Minute particles of odorous matter are drawn into the nasal cavity with the inspired air, and lodging against the membrane are dissolved in its mucus, where their peculiar qualities are recognized by coming in contact with the terminal filaments of the olfactory nerve. In the respiratory region the mucous membrane is covered with columnar ciliated epithelium.

It is thicker in places. This connection is of importance, as it sheds light upon certain reflex neuroses of nasal origin. The posterior nasal cavity contains two important anatomical points, viz: The Eustachian tube openings and the pharyngeal or Luscha's tonsil. The former are trumpet-shaped openings directed toward the posterior nares situated in the superior and lateral wall of the space just above the level of the floor of the nostrils. The latter is an aggregation of glands situated at the superior and posterior part of the space, and so called from their resemblance to the faucial tonsils. The most important function of the nasal cavities is its respiratory function. They are the natural channels for the passage of air to the lungs in respiration; to the larynx in phonation, and to the ear in audition. During the passage through the cavities the impaired air becomes filtered and cleansed of impurities, and it becomes warmed and moistened. Dust and coarser particles are arrested by the coarse hairs or vibrasse which guard the entrance to the nostrils. Finer particles are caught by the moist ciliated mucous surface. The vibratile motion of the cilia being directed backwards, it is probable that the normal secretion of the nasal glands is carried to the pharyngeal or Luscha's tonsil and there reabsorbed. When the balance between secretion and its physiological removal by this backward ciliary motion is interfered with, as in acute catarrh, a discharge from the nose results.

Warmth is communicated to the air by the long and tortuous fossæ,—also by the admixture of a watery secretion coming from the underlying blood supply. The normal function of the mucous glands is to secrete enough mucus to keep the membrane moist and pliant, any excess of this is abnormal. Nasal mucus is composed of 92 or 93 per cent. water and 7 or 8 per cent. solid matter. Robbed of a small quantity of this water it becomes thick, inspissated and unhealthy. Every breath of inspired air must gain moisture, if not it would exert an injurious effect upon the membrane of the lower air-passages by robbing them of their moisture.

Physiologists estimate that from twelve to sixteen ounces of serum are poured out daily upon the surface of the nasal membrane, the object of which is to prevent the inspired air from robbing the lower air-passages of their scanty supply of mucus.

We find in this plexus of bloodvessels under the turbinated bones the apparatus which supplies this water. The watery constituents of the bloodvessels in this situation exude from the vessels through the membrane and appear on the surface to be taken up by the inspired air. The vaso-motor system of nerves controls this function regulating the supply according to the demand. In health this control is so delicately exercised, that this exosmosis of serum adapts itself to every existing atmospheric condition. The function of the nasal cavities as resonant chambers for the voice is an important one. The voice is formed in the larynx, but purity of voice depends upon these chambers being free.

We are all familiar with the nasal intonations resulting from the obstruction of these cavities by swellings, new growths, etc.

Many diseases in, or symptoms referable to other parts of the body, now have their recognized origin in the nasal cavities.

This subject is a large one and deserves much more attention than can be given it here. I would like

very briefly though to call you attention to a few troubles of mucous surfaces that are continuous with the nasal membrane which depend upon the nose as an etiological factor. These may occur: 1. By extension through continuity of structure. 2. By the irritating effect of catarrhal discharges. 3. By any morbid process that deprives the inspired air of its heat and moisture, or fails to rid it of impurities. 4. By reflex irritation. Under the first cause, extension through continuity of tissue, we may cite middle ear troubles as an example. As is well known, most inflammations of the tympanum start from the pharyngeal end of the Eustachian tube. This fact implies a pre-existing post-nasal trouble, and as the relative position of the parts does not permit gravitation of the discharges, it must result from an extension of the morbid process over the mucus surface involved by continuity of structure. Under the second cause, irritation of catarrhal discharges, we may cite particularly pharyngeal and laryngeal catarrhs. The source of the diseases may be in part due to an extension downward of the inflammatory process, but a far more frequent cause is a morbid secretion poured out from the nasal cavities above. This discharge adheres to the membrane interfering with its function, and causes a desire and effort to clear the throat of the offending matter. That the position of the larynx in normal respiration permits these discharges entering the laryngeal cavity is proven. That this cause does not operate to any great extent in the production of bronchial troubles is probable.

The larynx and trachea are both intolerant of any foreign matters, and usually reject these discharges before they reach the bronchi.

Anything that deprives the inspired air of heat and moisture, or fails to rid it of impurities is injurious. This condition may result directly through some local morbid process that destroys the cilia of the nasal membrane, or causes destruction of the glands, and absorption of the bloodvessels of the submucous tissue.

In these cases the cavities fail to perform the functions of preparing the air for entrance into the lungs.

Indirectly the same effect much oftener results from an enforced habit of mouth breathing, induced by some obstruction to nasal respiration. In either case the inspired air is not sufficiently warmed, moistened, and filtered to deprive it of its irritating qualities. As a consequence the membrane of the respiratory tract is robbed of its moisture, and irritated by contact of the cold unpurified air of inspiration, until finally a chronic inflammation is induced as a result.

Mouth breathing is a fruitful source of pharyngeal and laryngeal catarrhs. I am persuaded that bronchial troubles are often produced by the same cause, particularly in young children whose powers of resistance are not great.

In mouth breathers, the tendency is to swallow the food as quickly as possible in order to permit breathing. Indigestion results from the food being imperfectly masticated and insalivated.

Mouth breathers are usually dyspeptic, anæmic, and poorly nourished.

The moral is, establish free nasal respiration by removing enlarged tonsils, hypertrophies, or any condition causing nasal stenosis.

There are sensitive areas in the nasal mucous membrane, the stimulation of which through some local morbid process produces reflected phenomena, some of the most important of which are cough, laryngeal spasm, asthma, photophobia, lachrymation, headaches, facial neuralgia, etc. The production of these symptoms is probably favored by a neurotic habit either inherited or acquired. That complexity of symptoms, known as asthma, hay fever, etc., has for its predisposing cause, according to the best authority, a diseased condition of the nasal mucous membrane. Added to this a neuresthenic condition and we have the factors latent, which are awakened to action in a paroxysm by some extraneous irritant. Much evidence has accumulated to show that asthma has for its causation a neurotic habit, nasal disease, and some atmospheric condition—the nasal disorder being the most important.

Placing the nose in as healthy a condition as possible has been followed by very satisfactory results in the removal of these symptoms.

THE JUGULATION OF ACUTE DISEASES.

(Read before the Nebraska State Medical Society, at Kearney, Neb., June 22, 1889)

By L. A. MERRIAM, M.D.,
OMAHA, NEB.

THE word jugulation is derived from the Latin verb, *jugulare*, to strangle. In its full signification, it means not only to shorten the duration of the disease, but also to lessen the severity of the symptoms and prevent or mitigate the development of pathological lesions. A popular, but erroneous belief among the laity, and the majority of physicians, is that acute diseases have a natural period of continuance, notwithstanding the best efforts the scientific physician may put forth, and that the whole duty of the physician consists in alleviating suffering and conducting the disease to a safe termination, even though it may take weeks or months to do so. This idea, originating in ignorance, has been perpetuated by the dishonest physician, who, regarding the practice of medicine as a method of making money, prefers to extend the number of his visits, thereby increasing the size of his bill. The progress of scientific inquiry during the present century, and, especially, during the past twenty years, has demonstrated much concerning the nature of diseases, their prevention and appropriate treatment; yet how many physicians of to-day resort to methods of treatment long since proven to be erroneous, from a scientific basis, worse than useless, even positively detrimental to the best interests of the health and life of the patient. We gather in our State Medical Society the best educated and most skilful physicians of the State, and yet even here I shall find opponents to the progressive views I offer. Most of you will readily admit that there may be a few acute diseases which may be jugulated, or cut short in their early stages, before pathological lesions have been produced, and that some other diseases may be so jugulated that the pathological lesions will not be severe or exten-

sive, but you are not yet ready to admit that all or even many acute diseases can be thus successfully jugulated; nor are you ready to dispense with your old methods of poly-pharmacy, and accept the scientific treatment of to-day with pure medicines and definite doses. That the practice of medicine is becoming more precise, more accurate, more uniform, and more scientific is acknowledged by all studious, progressive physicians. That all acute diseases when placed under proper treatment in their early stages may be successfully jugulated I firmly believe. In all departments of nature, conditions mould fashion and determine all things. Life, health, disease and death depend upon conditions. Our duty then when called to treat disease is to remove all unfavorable conditions, and by appropriate therapeutic agents regulate the life forces of the body, so that the organs or tissues in process of degeneration may be restored to their normal condition and function. Compare, if you will, the recent methods of prevention, management and treatment of surgical fever, puerperal fever, typhoid and typhus fevers, measles, scarlet fever, smallpox, diphtheria, yellow fever, gonorrhœa and syphilis, generally known as germ diseases, and the methods of treatment in use less than twenty years ago. It is important to remember that a bad physiological condition is the principal accessory to the operation of the microbes, and while it is well to make a direct attack upon them with germicides, it is also very necessary to strengthen the organism against their influence by the use of the vital stimulants, chief among which stands strychnia and its salts. The value of cleanliness and corrosive chloride of mercury in surgical cases and the puerperal state is well known to you all, but the great value of the sulphide of calcium in measles, scarlet fever, diphtheria, smallpox, and yellow fever as an internal germ destroyer, has so long been demonstrated that no one who practices medicine need be ignorant of its virtue any longer. Take the long list of *pyrexias*, the result of various conditions, such as a sudden chilling of the body, etc. Some of these will be aborted naturally without medicine. Others will develop a condition which we call febrile, and by its continuance the malady becomes localized, and the affected organ undergoes alterations in structure. By suppressing the cause of these lesions, namely, the functional trouble which appeared at the commencement of the disorder, by controlling the fever which is the manifestation of this functional derangement, we control the disease and it is averted or jugulated. The jugulation of many acute diseases, when treated in the early stage, is often abrupt and complete. When treatment is begun at a later stage, and degenerative changes are well advanced, and pathological lesions well under way, the jugulation is less rapid, more time being necessary to restore the normal equilibrium. In some diseases jugulation becomes progressive in character, diminishing the severity of the symptoms and lessening the duration of the disease, and is a potent factor in preventing grave lesions, thereby forestalling the dangers that are sometimes found in convalescence. The proper method of treatment by which acute diseases may be successfully jugulated I shall proceed to show, basing my conclusions on actual cases in practice. Let it be remembered that I insist that the malady be treated early, before the organic lesions have become fixed. The difficulty at the first lies in the dynamic disturbances with which it commences, and the keen diagnostician can form an opinion from these without waiting for pathological results. The dynamic disturbances prolonged, will surely bring about some pathological lesion, and to turn about this morbid current, before great injury to some organ has been caused, is the duty of the scientific and skilful physician. Let it be remembered that medicines, like foods, act upon living matter by their material and dynamic properties, and they become valuable when they furnish the vital energy which is requisite for the restoration of the normal equilibrium. Hence the necessity of giving medicines that are pure and have a definite strength. This can only be done by using pure alkaloids, and other medicines that have a definite chemical combination. Discard all crude drugs, such as leaves, roots, tinctures, fluid and solid extracts, and by using pure medicines, adopt the dosimetric method, as laid down by its founder and great teacher, Prof. Ad. Burggraeve, of Ghent. What this dosimetric method is, and what are its fundamental principles, I shall proceed to show. The word dosimetric means measured doses, or the giving of pure medicines, with mathematical precision as to quantity and time. The medicaments should be administered just so far as to produce the desired effect, and in small doses, increased in proportion to the acuteness of the disease.

You will observe that in acute diseases the treatment is sharp and active. In chronic diseases the treatment is made to correspond to the character of the disease. These are the fundamental principles of dosimetry. But how, you may ask, can these granules of pure alkaloids jugulate disease. Take the initial fever of the pyrexias, which, if left to itself, persists with remittences of more or less duration or regularity, sometimes rising suddenly, and sometimes little by little, and under the influence of this fever, the condition of the patient becomes greatly aggravated, and finally the anatomical lesions appear in the organ which becomes the seat of the localization. Now, if it be true, as I claim, that by controlling the preliminary fever, and restoring the perverted functions, we prevent the localization of the malady, we have surely jugulated the disease. The agents most used to accomplish this work are aconitine, veratrine, digitaline, and strychnine, given together every thirty minutes, or every fifteen minutes, and in quantities suited to the case in question. I do not claim to be able to correct the deviations imparted to nutritive functions by the drathesis inherited from our ancestors, but I do claim that by the use of pure alkaloids and other medicines having a definite chemical composition we have the best and most scientific method of treatment at present discovered. Suppose you are called in the month of March, at 1 P.M., to see a man who had been exposed to a severe rain-storm, had become thoroughly wet on the night before, had a heavy chill at 9 o'clock in the morning, and you now

found him with a temperature of 102° F.; pulse 100; headache, backache, and a general feeling of malaise, with a severe pain in the region of the right nipple, some coughing, with a little expectoration of viscid, transparent mucus. On examination of the right lung you detect some engorgement. Shall you wait until you get the rusty sputa and crepitant râle before you decide that you have a case of pneumonitis. Three or four hours later you may have these symptoms, but your time for action is precious. At once give your patient one granule each of aconitine $\frac{1}{150}$ of a grain, digitaline $\frac{1}{67}$ of a grain, arseniate of strychnine $\frac{1}{134}$ of a grain, veratrine $\frac{1}{134}$ of a grain. Give one each of these granules every fifteen minutes. They are tasteless, small, easy, and pleasant to take, and in a few hours you will have the satisfaction of finding the pulse and temperature falling to nearly or quite normal, a profuse perspiration, a general feeling of comfort and absence of pain. Plenty of water should be given with these alkaloids as an adjuvant. The rusty sputa and crepitant râle may not appear, yet with these agents, even when they do appear, the pneumonitis may be quickly, safely, and completely jugulated.

It is said by my opponents that the defervescent alkaloids, such as aconitine and veratrine, are dangerous agents, and leave the patient in a state of great depression, hence they ought not to be used in ataxic and adynamic affections. In the hands of a bungler and ignorant physician, they, like the surgeon's knife and obstetric forceps, no doubt are dangerous. But in the hands the skilful they are agents of precision, and are indispensable. Let it be noted that asthenia is in these cases hidden behind sthenia, and when sthenia is brought down asthenia shows itself the more forcibly, the more violent the pyrexia has been.

Here, then, comes in the great value of digitaline and arseniate of strychnine in supporting the life forces of the body. Of the one hundred and more dosimetric granules now ready for use and used by many physicians, I have only, thus far, in this paper noted five, hence do not understand me to say that the jugulating of all acute diseases is done with these five agents. I have used the dosimetric method successfully in measles, scarlet fever, pneumonia, diphtheria, typhoid fever, and peritonitis, and have succeeded in jugulating these diseases far better than by the old methods of polypharmacy, and with greater satisfaction to my patrons.

Many of the alkaloids I have never used, because I have had to grow into the practice by degrees, but I have seen enough to convince me that it is a great improvement over the nauseating compounds of polypharmacy and crude drugs. And when I read of the cases in practice by other reputable physicians, I have from my own limited experience seen enough for me to believe their statements, and I shall continue to use more of the alkaloids, as I find myself able to apply them.

MERCK'S *Bulletin* for June contains a useful table of doses of the newer remedies; many of which have originated with this house.

DIPTHERIA.

(Abstract of a paper read before the Southern Kansas Medical Society.)

BY J. T. POTTER, M.D.

MY first treatment of this disease was in the autumn of 1875, when we had in the city where I was practicing in Eastern New York an epidemic of it of a very severe type, which generally developed rapidly, giving the characteristic mal-odor in a few hours. I concluded to give heroic treatment, and went at it with counter-irritation and strong topical applications, and I think this proved to be the most successful treatment it received in the city, and probably the hardest and most inhuman. As soon as I was sure that I had diphtheria to treat, I blistered deeply over the seat of the disease and always had bad sores, but as truly saw the corresponding improvement on the mucous membrane. In one dangerous case of a child of four years, where I was called in council, we gave chloroform to make our treatment more humane, and applied the hot hammer to get our blister, and saw a marked improvement in an hour, and a rapid recovery. I still thought this metastasis treatment too severe, and studied earnestly to find some agent that would take the place of it and be as sure of doing good. I believe I found the therapy sought in the bichloride of mercury. This I used for one year, and thence changed my treatment to the mild chloride, which I have since used. Now I give calomel in small doses oft repeated, not for the cathartic effect, but simply to cause the whole glandular system to discharge freely.

As a topical application I use a strong solution of the nitrate of silver. As a milder wash or gargle, and one which I pass through the nose if necessary, I use the perchloride of iron, glycerin and water, in the proportion of one part each of the former to six or eight parts of the latter. If the disease has developed extensively in the nose, I use this two or three times a day. If the sloughing is deep and severe hemorrhage follows, I use the above wash double this strength until the trouble is checked. Powdered pepsin is put on the patches every hour or two until they come off. Dover's powder is given in the early stage of the disease, but not, as a rule, after the angina is troublesome. I exhibit one large dose of quinine in the earliest stage of the disease, and one dose each day for four or five days, each being a little smaller than the preceeding. One great point in the treatment is proper nourishment. From the decline of the inflammatory stage I pay as much attention to this as to medicaments, and give it as regularly, and give as explicit direction in regard to its administration. And if I fail of administration, per oram, I give it per anum. If rectal alimentation must be resorted to I use, with the nourishment, a small quantity of opium to allay the irritation and assist nature in its retention. I find no tonic in the stage of convalescence to be as good as some preparation of cinchona and iron, my pet prescription being—elix. calisaya, iron and strychnine.

My treatment has never failed to bring my patients through, and many of my brethren are using it with the same success.

MOUNT HOPE, Kansas.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 17, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

J. M. ANDERS, Philadelphia, Pa.
GEORGES APOSTOLI, Paris, France.
GEORGES ASSAKY, Bucharest, Roumania.
W. B. ATKINSON, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. J. BERRY, Portsmouth, N. H.
SIMON BARUCH, New York.
C. A. BRYCE, Richmond, Va
W. S. CHRISTOPHER, Cincinnati, Ohio.
HENRY C. COE, New York.
T. D. CROTHERS, Providence, R. I.
J. D. S. DAVIS, Birmingham, Ala.
DUJARDIN-BEAUMETZ, Paris, France.
J. T. ESKRIDGE, Denver, Col.
F. C. FERGUSON, Indianapolis, Ind.
LAWRENCE F. FLICK, Philadelphia, Pa.
JAMES E. GARRETSON, Philadelphia, Pa.
W. B. GERKIE, Toronto, Canada.
J. A. S. GRANT BEY, Cairo, Egypt.
MORRIS H. HENRY, New York.
WILLIAM A. HAMMOND, Washington, D. C.
E. P. HURD, Newburyport, Mass.
W. F. HUTCHINSON, Providence, R. I.
JOSEPH JONES, New Orleans, La.
P. D. KEYSER, Philadelphia, Pa.
JOSEF KÖRÖSI, Buda-pesth, Hungary.
HENRY LEFFMANN, Philadelphia, Pa,
I. N. LOVE, St. Louis, Mo.
THOMAS LINN, Paris, France.
L. H. METTLER, Philadelphia, Pa.
AUGUST MARTIN, Berlin, Germany.
E. E. MONTGOMERY, Philadelphia, Pa.
J. J. MULHERON, Detroit, Mich.
NICHOLAS SENN, Milwaukee, Wis.
W. H. PANCOAST, Philadelphia, Pa.
ROSWELL PARK, Buffalo, N. Y.
LEOPOLD, SERVIAS, Antwerp, Belgium,
LUTHER SEXTON, Wesson. Miss.
J. V. SHOEMAKER. Philadelphia, Pa.
J. LEWIS SMITH, New York.
A. VAN DE VEER, Albany, N. Y.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa

THE MEDICAL PRESS COMPANY, LIMITED.

IT seems that the aim and scope of this Association are not yet so fully comprehended as we believed them to be. The publication of the articles of partnership of the Medical Press Company, Limited, will inform any one who is interested as to the personnel of the Company which owns and controls THE TIMES AND REGISTER. This has been on record for months, and as there is nothing to be made a secret of, no measures have been taken to keep it secret. If we have not published this information previously, it was simply that we did not believe any one cared to know it. The objects of our company are perfectly well defined, and are open to the light of day. We have no hidden interests, no deep-laid schemes of treachery profound, with which to "envelop in slimy embrace[1] every legitimate interest of scientific medicine." We are not a "wolf in sheep's clothing;" though we confess, reluctantly, that we do wear woolens in cold weather. Whether we are a "hydra-headed monster" may be judged by a glance at the genial countenance of our president, Professor Pancoast.

Of the members of our company, it will be seen that three are physicians in active practice, one is a railroad magnate, and the others give their time and attention to the business interests of the Company, here and in New York.

We are not, up to the time of going to press, patent medicine men or manufacturers; we haven't leagued together to break down the medical journals by withdrawing our advertising from them, because we haven't any to withdraw. We haven't any club of any kind, to wield upon the heads of any journals which we want to gobble up at a bankrupt price, and we are not the sort of men who do such things. We haven't had the experience in blackmailing and bulldozing necessary to enable us to form such a scheme, and if we had, we think we have too much good sense to put it into operation.

To the other medical journals our attitude is simply this: When a periodical is well established fulfilling a need, with interests which require a journal to represent them, and an income which warrants its publication, we have nothing to do with it. Take, for instance, the New Orleans, St. Paul, Atlanta or Buffalo journals. They worthily represent the local profession of their cities; which ought to have journals to represent them. We have the desire to live on terms of amity with them; they would be of no use to us, and would be very unwise were they to join our combination. They fill their places better than we could, for they can give to local matters the space which we could not afford, and which would not be relished by the greater part of our readers. If they joined us, local pride would prompt the organization of new journals to take their places; and the result would be that the subscribers would desert us for the local journals. Hence, there is no conflict of interests between us and them. But there are other journals which are differently situated. Two or more occupy a field for which one is sufficient; and some of these could join us to their own great advantage and that of the others in the same field.

One of the oldest American Medical journals has just ceased publication, after a long and reputable career; after money had been spent and the labors of men of

[1] Texas Health Journal.

intellect lavished upon it. They built up a valuable journal whose revenue was yet insufficient to warrant its continued publication. So that the material results of these labors were wiped out, when its publication ceased. Instead of that, had the journal been merged in our weekly, its excellent editorial corps added to our own, THE TIMES AND REGISTER, would have been a better journal, its readers would have had more varied matter presented to them, the advertisers of both journals would have had the combined circulation of both, and the contributors would have had a larger circle of readers. The income, which was insufficient for the support of an independent publication, would have been a material aid in improving one already self-supporting. Everybody knows that the cost of running a few thousands of extra copies is not very large, after the first cost of setting up a journal, so that the expense to us of supplying the subscribers of another journal is not nearly so great as the cost of independent publication. Our readers will now see why the success of our plan is certain; as the four parties concerned in a medical journal, the subscriber, the publisher, the contributor, and the advertiser, each receive benefit.

The publishers of really valuable journals will be benefited by our operations, even more than we ourselves are, by the removal of competitors. If a city has two local journals and we take in one, all who desire a local journal will subscribe to the other; and it will be our interest to favor that one by liberal clubbing rates, etc., so as to induce them to take both the local journal and our own. With the cutting off of unnecessary journals, all remaining will be better off. This seems so evident, that it should be the aim of every one of our contemporaries to favor and to imitate our movement.

It is singular that there are scarcely any persons who will not be favored by our success. We may, perhaps, except the smaller sort of advertising agents, who favor the little journals, which are weak enough to be bullied into granting double and triple discounts; but as the interests of every one else are subserved by extinguishing such agents, this is a strong point in favor of our plan.

As this matter is of interest to medical journals everywhere, we invite the freest discussion and criticism. If there are flaws in our reasoning, if there are elements of uncertainty which we have not taken into account, we would like to know them.

ABSTRACT OF THE ARTICLES OF PARTNERSHIP

—OF—

THE MEDICAL PRESS COMPANY, LIMITED,

OF PHILADELPHIA,

Publishers of THE TIMES AND REGISTER.

BE IT KNOWN, that the subscribers desiring to form a partnership association for the purpose of carrying on a printing and publishing business in the city of Philadelphia, under and by virtue of the Act of the General Assembly of the Commonwealth of Pennsylvania, entitled "An Act authorizing the formation of partnership associations," in which the capital subscribed shall alone be responsible for the debts of the Association, except under certain circumstances, approved the second day of June, A.D. 1875, and the various supplements thereto, do hereby set forth and certify as follows, to wit:

The names of the subscribers are: William H. Pancoast, of Philadelphia; William F. Waugh, of Philadelphia; H. W. Hancock, of Philadelphia; Allen H. Still, of New York; John V. Shoemaker, of Philadelphia; Geo. Wharton McMullin, of Philadelphia.

The total amount of capital is $50.000, divided into shares of the par value of $50.00 per share.

The character of the business to be conducted is printing and publishing books and periodicals.

The name of the Association is The Medical Press Company, Limited.

The managers selected in conformity with the provisions of the aforesaid Act of Assembly are William H. Pancoast, H. W. Hancock, Allen H. Still, and William F. Waugh; and the officers are William H. Pancoast, Chairman; H. W. Hancock, Treasurer; Allen H. Still, Secretary.

Witness our hands and seals, this 7th day of May, A.D. 1889.

WILLIAM H. PANCOAST, [SEAL]
WILLIAM FRANCIS WAUGH, [SEAL]
HENRY W. HANCOCK, [SEAL]
ALLEN H. STILL, [SEAL]
JOHN V. SHOEMAKER. [SEAL]
GEO. WHARTON MCMULLIN. [SEAL]

State of Pennsylvania, County of Philadelphia, s.s.

On the 7th day of May, A.D. 1889, before me, the subscriber, a Notary Public for the Commonwealth of Pennsylvania, residing in the city of Philadelphia, personally appeared the above-named William H. Pancoast, Wm. F. Waugh, H. W. Hancock, Allen H. Still, John V. Shoemaker, and Geo. Wharton McMullin, and acknowledged the foregoing to be their and each of their acts and deeds, and desired the same recorded as such.

Witness my hand and official seal the day and year aforesaid. J. MONTGOMERY GREENE, [SEAL]
Notary Public.

Recorded May 8, 1889, at 10.

NOTE.—Since the foregoing was executed no transfers of stock or changes in the partnership have been made. THE MEDICAL PRESS CO., LIMITED.

PILOCARPIN IN TRAUMATIC TETANUS.—Dr. Cassati reports three cas s of traumatic tetanus cured by the injection of large doses of chlorhydrate of pilocarpin. He inoculated with tetanus nine rabbits, and all recovered except two. Recovery was rapid, but in every case there was a relapse after the first disappearance of all tetanic symptoms. This relapse always terminated in recovery or death. The symptoms disappeared a few hours after the injection, with the exception of trismus, which continued until recovery. Animals inoculated with tetanus bear doses of pilocarpin which would infallibly destroy healthy animals.—*Hospital Gazette.*

Annotations.

THE ELIXIR OF LIFE.

DR. ERNEST LAPLACE, who has been with Brown-Séquard within a not very remote period, strongly dissents with those who look upon the French physiologist as in his dotage, and affirms that he is still in the full possession of his mental faculties. His opinions are, therefore, to be received with the respect due to his great achievements, and his theory should have an impartial examination. We need not more than advert here to the improbability of any lasting effect being produced by these injections of testicular fluids. There is a disease which sweeps into the arms of death all who escape from other fatal ills, and that is old age. The periods of physiological activity and of subsequent decay come with the same unerring certainty as the succession of the seasons. Numerous experiments have been made, in fact, the world has been scoured, in the endeavor to find means of prolonging life, or, at least, the period of sexual activity. It cannot be said, however, that there has been any success in this search. Stimulants to the sexual appetite exist, but they are not lasting in their effects, and serve simply to more quickly exhaust the little vitality remaining. Since Hufeland's day no one has thought it well to prepare a work upon the art of prolonging life; and we may doubt, with Erasmus Wilson, if the art has made much progress since Hufeland wrote his book, now a century old. While all works upon medicine may be said to treat of this art, yet none have treated the subject in the simplest and most direct form, apart from the treatment of disease. In these latter days, when the profession is so overcrowded, it is likely that honor and profit would result if one were to take up as a specialty the art of prolonging the lives of aged persons and chronic incurables. But even if the effects reported by Brown-Séquard do not prove to be permanent, or really beneficial in the long run, it is probable that he has discovered a most valuable and powerful stimulant; one which may prove useful in other than the affections for which he used it. In the low stages of fevers, in anæmias, in many cases where a powerful stimulant to the exhausted vitality is needed, the testicular fluid may prove useful. There are such cases when alcohol does not answer; where strychnine is powerless, phosphorus and nitro-glycerin too evanescent, and ordinary tonics fail completely. In these, and in true neurasthenia, as well as in phthisis, the new remedy may find a place; provided the remarkable observations of Brown-Séquard are verified by other investigators.

Viardot has endeavored to eliminate from the experiments with the testicular fluids the effects of imagination. He described in glowing terms the results of the new method, and then injected pure water instead, but the patients found no relief. This is not satisfactory, however, as it is not always possible to carry conviction through simulated enthusiasm. Had he selected another physician, who believed in the method, and allowed him to address the patients, he himself believing that he was using the true fluid, the conditions of the experiment would have accorded with those found in actual practice.

ONE OF THE DANGERS OF TEA-DRINKING

Horace in one of his beautiful odes advises a friend to observe the "golden mean," the advice probably having as little effect as it has at the present day.

The difficulty of keeping this highly desirable mean is especially noticeable in the matter of stimulants. Just as the system is likely to become tolerant of any drug, by long taking, larger and larger doses being required to produce the same effect, so it is with stimulants. But with this latter class there is an additional danger that of passing from a weak to one of a stronger character.

Simple increase in amount ceases to give the necessary support, and the subject replaces his mild first with a more potent second.

The evils of tea-drinking *perse* are well-known, but we believe that the editor of the *Quarterly Review of Narcotic Inebriety* is the first one to call attention to the possible secondary consequences of this habit. He says that to the habitual tea-drinker who nerves herself for special efforts by taking large draughts of strong tea, there comes a time when this fails of its accustomed benefit.

If the habitué happens to be one surrounded by rather low moral impulses, she is likely to take to the alcohol habit; but if, on the other hand, she has a high social position to keep a reputation at stake, she will probably form the more secret but not the less dangerous habit of opium eating.

As long as a person takes stimulants simply for their taste he is comparatively safe; but as soon as he begins to drink for the effect, then he is running into danger. This subject at any rate merits more attention than it has yet received.

GOOD IN EVERYTHING.

JUPITER PLUVIUS is giving us what we consider rather more than our proper share of his attentions this summer, but these violent showers and huge floods are not an unmitigated evil. On the contrary, frequent flushings of a city's conduits and an occasional flushing of a nature's great waterways are of undoubted benefit. But just as a war may be of good to a nation, though of much ill to many individuals, so a flood falls hard on some, whilst laving a country's face.

A river's border is chiefly occupied by the lowest classes, those who are utterly careless about every hygienic precaution; so it comes to pass in time that the river's bank is lined with every species of abomination, both to the eye and to the nose, and becomes a capital pestilence incubator. The detergent waters, *en rampant*, change all this, and what they do not take along to the all-receiving sea, they at least cover with a non-conducting layer of mud. There is no cleanser so good as an abundance of water, but to do good it must run swiftly; and whilst running swiftly it is likely to take along more than we consider necessary. Nevertheless floods do good.

NOTES ON ACQUIRED LEPROSY.

DR. HUTCHINSON (*Brit. Med. Jour.*), in an interesting article upon this subject illustrated by the histories of some twelve cases, claims that the specific germs of leprosy are introduced into the system of previously healthy foreigners either by direct contagion or in the food, especially in the consuption of potted fish, which seems to be a favorite dish in the leprosy districts of India. From a study of the cases quoted, he arrives at the following conclusions :

1. That one not inheriting any taint may acquire leprosy by residing in a locality where it is endemic.

2. That such acquisition may be effected wholly without exposure to hardship or poverty.

3. That the malady may come to an end in the course of years during residence in a healthy district.

EXPRESSION IN THE TREATMENT OF TRACHOMA.

WE have received from Dr. A. E. Prince, of Jacksonville, Ill., an interesting paper, entitled, Expression in the Treatment of Trachoma, read by him at the meeting of the Illinois State Medical Society in May. He opens his remarks by calling attention to a singular "method employed in the treatment of chronic follicular trachoma which has found its way into few of the journals and none of the text-books." He says that the first reference to the subject is to be found in v. Graefe's "Archiv. für Ophthal.," 1883, by Mandelstamm, who, he says, speaks of the efficacy of squeezing, by means of the thumbs, in the treatment of trachoma. He goes on and describes how the thumbs are to be placed, etc., but nowhere do we find it in Mandelstamm's article.

It is true that the first suggestion or mention of this squeezing the follicles out that appeared in any article in Europe was in a paper, Der Tracho-matösa Process, von Dr. E. Mandelstamm, in v. Graefe's "Archiv.," Bund 29, Abtherling I, 1883, but we remember well the practice and teachings of Dr. P. D. Keyser, Wills' Eye Hospital, in this city, for years before that date, of the advantages of pressing out the follicles in certain forms of granular conjunctivitis; and in a paper, Some Ophthalmological Observations During Ten years' Service (1872–1882) in Wills' Eye Hospital, which he read before the Medical Society of Pennsylvania, in May, 1883. He recommends the pressing or squeezing out of the granulations as having been found very beneficial in thickened tissue and apparent loss of vitality. He describes the method as easily done by pushing the finger, nail outward, well under the turned-up lid, and then pressing with the finger of the other hand on the exposed conjunctiva. A little yellowish-white sago-like kernel springs out, leaving the whole tissue much softer. See Transactions of the Medical Society of Pennsylvania, Vol. XV., 1883. In looking over Mandelstamm's article, he nowhere describes a method for the treatment of granular conjunctivitis, only touches upon it lightly in his paragraph on treatment, page 100, by recommending the pressing ut or pricking of richly or well-developed follicles. Dr. Holz, of Chicago, in his article in "Knapp's Archives of Ophthalmolagy," June, 1886, was the one who deecribes the technique with the thumbs, etc. In looking over the success of this simple treatment of such a troublesome and tedious disease, it is really astonishing how little has been said about it in any articles or books treating this subject. Dr. Keyser's article being the first notice of the method in this country, Dr. Holz following in 1886, and now Dr. Prince giving his successful experience with the same, and it is one that, from the successes we have seen in the clinics of Prof. Keyser in the Wills' Eye Hospital and Medico-Chirurgical College, we feel sure that if adopted more universally it would be of great benefit to the many suffering patients who frequent the numerous clinics.

NATIONAL ASSOCIATION OF DENTAL FACULTIES.

THIS Association met at Saratoga Springs on August 6, 7, and 8. Out of twenty-eight dental colleges, eighteen were represented by delegates, representing institutions which were pledged to abide by the action of the Association.

The delegates adopted resolutions requiring the colleges to exact an examination preliminary to matriculation, and compelling the students to attend a three years' graded course. The resolutions passed by a two-thirds vote, which was subsequently made unanimous. They are to take effect from the beginning of the winter term in 1891–2. This date was adopted as a concession to the schools which are departments of medical colleges, whose course extends only over two years, and was designed to give these institutions time to lengthen their course of medical study. These were almost the only opponents of the resolutions.

It will thus be seen that the dental profession has taken a decided step in advance; one which places it ahead of the profession of medicine; and in fact puts the latter into the position of requiring less time for the study of the whole science and art of healing than modern dentists demand for the acquiring of a small portion of the same art. The action of the Association will be endorsed by all the dental colleges. In fact, they will be practically compelled to do so, as Dental Boards exist in many States, which are united in an Association of Dental Examiners. This body has the power of forcing any recalcitrant college into conformity with its reqnirements by refusing to recognize its diplomas without examination. A Baltimore college defied the Association for one year; but was glad to come into the fold before the opening of the next term.

The Association of Dental Faculties has been in existence for five years, and in that short period has accomplished three decided reforms in dental education. First, it put a stop to the practice of allowing practitioners of five years' standing to enter the graduating class. Then it established the graded course, with preliminary and junior examinations; and finally, it has instituted the great reform herein recorded. One result of this action will be to increase

by one-half the cost of the dentist's course of instruction; as the same body regulates the fees to be charged at dental colleges, and the student has now to pay for three terms.

It will thus be seen that the dental profession is much better organized than the medical; and that this is made possible largely through the influence of legislative enactments; further, that this has made possible an advance in dental education which could not have been secured otherwise; as the weaker schools would have held back those desirous of lengthening the course. The difficulties in the way of procuring suitable legislation are much less in dentistry, as there are no homœopathic or eclectic dentists.

SUPRAPUBIC CYSTOTOMY.

H. F. HERRING, M.R.C.S., M.B. (*Brit. Med. Jour.*) reports the results of thirty-one cases of suprapubic cystotomy, comprising all the operations of this nature performed by Sir Henry Thompson, and extending over the period from 1865 to the present date of this number. Two were performed by the old method as practised before the adoption of Garson's modification, both of which resulted fatally. The twenty-nine cases of the new operation include eleven for tumor of the bladder, only one of which was fatal, death resulting from pyæmia; and eighteen for calculus with three deaths, showing on the whole a considerable degree of success, especially when we note that "all of these cases represent the most advanced and the most complicated examples of disease."

In the performance of the operation the chief points to be noted are a full distension of the rectum associated with a moderate distension of the bladder, a small abdominal incision thus avoiding the use of a ligature, and an opening into the bladder sufficient to admit one finger only, by this means rendering stitching unnecessary.

DISEASES OF THE PROSTATE.

THE treatment of *chronic prostatitis* as recommended by Dr. Matthew Berkeley Hill (*Brit. Med. Jour.*) is general and local. The non-astringent iron preparations, nux vomica and strychnine as tonics, belladonna if there be micturition during sleep, and ergotine when there is much enlargement of the organ, with aching, constitute the general treatment. Locally, he employs the cold sitz bath of a temperature of from 50° to 35° F., taken once or twice daily, at first for one or two minutes, and gradually prolonging to ten minutes, the cold douche on the perineum, daily enemata of from two to four ounces of cold water, beginning at a temperature of 45° F., and gradually lowering to 35°, and in the later stages of the disease injections of ten minims of a solution of silver nitrate of a strength of 20 to 30 grains to the ounce, which must be repeated at intervals. In prostatitis arising from masturbation or excessive venery, one drachm of the fluid extract of salix nigra, three times a day, will often check the involuntary emissions, while too speedy ejaculation during copulation may be relieved by the use of the fluid extract of damiana.

In the later stages of the treatment of *tuberculous prostatitis* antisepsis is the main point to be observed. Dr. Hill recommends for this purpose the cleansing of the bladder by repeated small injections of boric acid solution, to be followed by an antiseptic solution consisting of two grains to the ounce of sulphate of quinine. A still more powerful antiseptic is an emulsion of iodoform, the formula of which is: iodoform, 2 parts; mucilage, 4 parts; glycerin, 2 parts; water, 20 parts. One or two drachms of this will remove all fœtid ammoniacal urine and cause a marked improvement in the condition of the patient. If there be much pain experienced while washing out the bladder, an injection of cocaine previously given will overcome this difficulty.

Letters to the Editor.

L'ELIXIR DE VIE.

IT is better to be out of the world than out of the fashion, and when the rage for pumping every invalid's bowels (who had a cough) full of sulphuretted hydrogen gas, or analagous ill-perfumes, was at its height, and all the great professors and their satellites were devoting their energies and their pens (those of them who could write) to letting us know how far up they could shove the wind—or how many cubic miles—no! feet, they could induce the sufferer to hold, I found from the remarks of friends anxious for my temporal (or temporary) welfare, that it was a mistake for me to ignore the prevailing fad, and to stick to old-fashioned remedies.

Now that Brown-Séquard has rejuvenated himself and set every one wild after his open secrets, I am going to redeem my former mistake. Thus far I have treated six patients with the "elixir of life." The medicament is easily procurable, and the patients too. Following out the advice of the great experimentalist, I injected into the chest muscle of an old gentleman, aged seventy-six, a drachm of liquid, and waited the results. In fifteen minutes his pulse has risen twelve heats, his face was flushed, and he declared that he felt thirty years younger already. In half an hour he was back to normal, all except the presumed rejuvenesence, but next day he came for more, the liveliness having vanished. He got another dose with similar results. I told him to wait a week before returning. He has, if his neighbors (who know of his enterprise are not jealous of him), been casting sheep's eye at the ladies on our block, but whether this is because Richard is a man again, or not, I don't know. He is a great gallant, anyhow. Two others underwent a similar experience, but their behavior, so far as I can learn, is all that can be required of them. They will return, probably, after awhile.

Now, the apparent effect of the hypodermatic injections in these three individuals was precisely what might have been expected from persons who, failing from age, were buoyed up by expectation incident to reading the fulsome reports so widely published in

the daily press under the guise of reports from men more or less eminent as quacks, holding high places in public esteem.

But the liquid used in the cases above noted was simply diluted gum arabic water!

The fourth patient was an old maid, and in her case the mixture was gluvine testicular "juice," as fashion has already christened it. A young but salacious tom-cat sacrificed his virility on the altar of science partly to please a friend who, in a Christian spirit, didn't want after awhile to trouble her neighbors with midnight warblings, and partly to afford me an opportunity to test the matter fairly. The usual crushing admixture with distilled water, and filtering were practised, the injection given, and the anticipated result followed. She was certain for two days that her vigor had returned—then it disappeared. Her associates considered that her volubility was more pronounced, but aside from that nothing startling was noted.

Two other injections in males used up my stock in trade. These gentlemen could not discover any change in sensation or ability to work harder than they ordinarily do. As my opportunities are better for experimenting on nervous patients than in the ordinary family practice, I intend to try further with such varied material as can be got, and after awhile I may have more to report. Meantime it strikes me that albuminous solutions injected into the general circulation are not particularly beneficial, or to be recommended too highly, if some of the reports on produced albumenuria are to be trusted. Care must also be used to avoid septic trouble, for butchers are not always truthful about the age of their produce.

W. R. D. Blackwood, M.D.
246 North Twentieth Street.

RADICAL CURE OF FISTULA IN ANO AND HEMORRHOIDS BY ELECTRICITY.

I WOULD call the attention of the profession to more rapid methods of curing fistula in ano and hemorrhoids, coupled with safety and their radical extermination.

Having devoted years to this branch of the healing art, many times with tedious and unsatisfactory results employing the much talked of Brinkerhoff and other methods, I challenge the world to compare results with the methods I now use in the cure of fistula in ano, be there one or a dozen openings. I employ an electrolytic battery of about 12 ampére power with sufficient of the cautery element to subdue any hemorrhage that may perchance occur. My portable battery that I take to the patient's house is about six inches by ten long, and ten inches high, with two cells, and built chiefly for quantity, charging it with tri oxide of chromium and sulphuric acid; the method of procedure is this; the battery is first charged and the patient's bowels thoroughly emptied by means of an astringent injection, I then place the patient on his side and with the Shotwell rectoscope or other suitable specula, the inner opening is located, or if it be an external incomplete fistula, the side opening of the rectoscope is so turned that the possible opening is in view. The patient is, of course, under the influence of an anæsthetic. I then straighten out the fistulous track next nearest the anus, with a stiff steel probe of sufficient length having an eye near its introductory end, and if the sinus does not quite open into the bowel, perforate the intervening tissue till the eye of the probe is distinctly seen in the rectroscope, and leaving it there I next introduce a lance-pointed probe, having also an eye near its end about three-eighths of an inch farther from the anus into the solid structure and parallel with the fistulous track till its eye is also seen penetrating the bowel in the opening of the rectroscope; the eyes of both probes are then threaded with the opposite ends of a No. 24 platinum wire about ten inches in length, and both probes are then withdrawn, leaving the wire *in situ* forming a loop, both ends are now secured to an electrode, the electric current turned on, and the loop drawn through the partition, in its passage destroying the membrane which lines the fistulous track. No dressing is necessary, as it is well known that no wound heals more kindly than those made by a battery, the bowels, however, must be kept locked up for at least a week (longer is better), when the patient gets up a well man, complete union taking place by first intention. The above method I have employed in many instances with complete success. For hemorrhoids and prolapsus ani, I employ a similar treatment, no matter how large the protrusion or how long the patient has suffered; first bringing the growths all outside the anus, and in one treatment of a few moments the work is done and is always successful, followed by no hemorrhage or unpleasant symptoms or pain. And should your many readers desire further information, I shall be only too glad to give the same gratis to all who may apply, by addressing me at Grand Rapids, Mich.

W. S. Shotwell, M.D.

The Polyclinic.

JEFFERSON HOSPITAL.

HERE is a girl of twenty years of age, who has suffered for seven months from trouble in her right breast. It began to enlarge at that time, and has steadily continued to do so, giving her at the same time much pain.

A number of different diagnoses have been made, and she has finally been sent here in order to have the breast removed, under the belief that it is the seat of a scirrhus cancer. Though it is quite possible to have a cancer at her age, nevertheless I do not think this is one; if a tumor at all, it rather resembles a rapidly growing sarcoma.

But from the heat and sense of semi-fluctuation, I am inclined to suspect an abscess; though, strangely enough, this possibility has not been suggested by anybody else who has examined the case, probably because abscesses of the breast are so rare in a nullipara.

My first attempt with the exploring needle elicits no pus; but at the second, in a different place, you see pus escaping; and the diagnosis is now clear.

Making an incision at this point, I insert a grooved director, find the direction of the pus chamber, and make a counter-opening at the other end. My finger finds another passage radiating from the first incision, and I must accordingly make another opening. Besides these, we have discovered a pus chamber disconnected from the others and on a lower level; this is also freely opened; all my incisions, as you notice, radiating from the nipple. These cavities will now be syringed with the bichloride solution, drainage-tubes passed through each; and we shall expect, with this thorough drainage, that the patient will be up and about in a few days.—*Barton.*

Society Notes.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, March 15, 1889.

A. B. JUDSON, M.D., Chairman.

CICATRICAL CONTRACTION OF FINGERS.

DR. A. M. PHELPS presented a patient on whom he had operated four weeks ago for restoration of motion to the fingers, which had been flexed in the palm by a cicatrix in the wrist of eight years' standing.

He had freed each tendon from the cicatricial tissue and had secured healing by blood-clot, with the hope that new sheaths would be formed in the clot. The wound was dressed antiseptically, and the first dressing was changed at the end of three weeks. The prospect of recovery of motion was good.

DR. R. H. SAYRE said that Paget had long ago recognized the organization of blood-clot after subcutaneous tenotomy. The case presented by Dr. Phelps shows that advantage can be taken of it after open incision under antisepsis.

HYSTERICAL EQUINO-VARUS.

DR. N. M. SHAFFER presented a patient, a girl of twelve years, who had been affected for ten weeks with hysterical equino-varus and rhythmical movement of the left foot. The talipes was reducible manually, but the motions were persistent. There was inability to walk, the result of the disability of the quadriceps extensor group. Before coming under Dr. Shaffer's observation, plaster-of-Paris had been applied to the limb for several weeks, but without benefit.

DR. A. B. JUDSON thought that choreic elements were seen when the patient attempted to walk. He recalled a case of rhythmical myoclonus reported by Dr. Peckham in the "Archives of Medicine," in 1883, in which the patient had been subjected to a great variety of treatment, and recovered finally after the hypodermic use of atropine.

DR. S. KETCH suggested treatment by hypnotism.

DR. R. H. SAYRE thought that the case illustrated the fact that abnormal muscular contraction can produce degrees of deformity as marked as those caused by bony distortion.

DR. L. W. HUBBARD thought the case allied to chorea, being the result of nerve irritation or exhaustion. He suggested absolute rest or recumbency for a long period, with efforts to improve the nutrition.

DR. A. S. HUNTER had treated with success a case of hysterical hip by the administration of ignatia amara. The use of this drug in a number of cases of this kind has led him to value it highly when the disturbance was limited to groups of muscles only; but he thought it was of little value in the treatment of general choreic conditions.

DR. V. P. GIBNEY had had a favorable effect in a case of rotary spasm of the neck, from the fluid extract of gelsemium, given in five-minim doses, and pushed almost to toxic effects.

DR. H. W. BERG said that the contractions in the case shown could not be due to nerve lesion, because it yielded so readily to manual replacement. Where there is irritation of motor nerves, as in spastic paralysis, it is extremely difficult to reduce the limb to a proper position. He suggested the ordinary treatment of chorea with electricity to make an impression on the mind rather than on the nerves.

THE MANAGEMENT OF HIP-JOINT DISEASE.

The paper of the evening was read by DR. PHELPS, entitled, The Management of Hip-joint Disease from an Anatomical Basis.

In regard to the pathology of hip disease, Dr. Phelps believes that it is a local tubercular affection, due to accidental inoculation, and not to a constitutional or strumous condition. Following Volkmann, Albert, and Konig, he believes that the inflammation, at first simple, becomes tubercular by inoculation, and then purulent. The irritation of the peripheral extremities of the nerves in or about the joint produces muscular spasm, which, in turn, distorts the joint by trauma, aided by the bacilli of tuberculosis.

In regard to treatment, he relies on mechanical treatment, believing that if we immobilize a joint and remove the intra-articular pressure, nature will take care of the tuberculous material. His experiments on dogs has convinced him that immobilization of healthy joints does not produce anchylosis. Encouraging motion in an inflamed joint is a violation of the surgical law that an inflamed part requires rest.

He believes that the muscular spasm, which is a most serious element of destruction, should be overcome by extension, and that while extension is necessary to secure immobilization, it is not sufficient by itself. He therefore resorts to a combination of extension and fixation; the extension always to be in a line corresponding to the axis of the neck of the femur.

Treatment, as a rule, should be begun in bed, extension being made in two directions, *i.e.*, toward the foot-board and laterally, the body and well leg being fixed to a long splint extending to the axilla. If the deformity does not yield to extension properly applied, the tissues at fault should be divided subcutaneously, or by open incision. Abscesses are to be incised through their entire length, and thoroughly scooped out and washed, strict antiseptic precautions being observed.

Distention of the capsule should be relieved by aspiration or incision; then traction will not produce pain.

He exhibited a patient in a portable bed, which is an ingenious substitute for the wire cuirass, made with a board cut in an outline of the body, and plaster of Paris. The child is laid on the board, and then the whole enveloped with plaster-of-Paris bandages from the foot to the axilla. The plaster is then cut away in front, the interior comfortably padded, and the patient held in place by lacings or bandages. Extension and fixation in bed are to be continued until the active symptoms and the deformity have entirely disappeared, and the spasm of the muscles is no longer present. Adults are then given crutches, and a portable splint which has a perineal crutch, extension by adhesive plaster, an abduction bar, and an upper (thoracic) ring to prevent flexion and extension at the hip. Children, after treatment in bed, are to have the portable bed, and then the portable splint, with or without the high shoe and crutches.

Dr. J. Ridlon was much pleased to hear the author of the paper take the ground that hip cases should be cured without deformity. He recalled a case of a patient in which the muscular spasm had been relieved by pinching the muscle. The child was very thin, and it was found that when the adductors were separated from the other muscles, and the belly of the muscle was pinched without any attempt at fixation, there was as much relief as could have been afforded by lateral traction.

Dr. Shaffer said that the paper had suggested to him the importance of separating in our minds the disease from the deformity. It is a question how far we are justified in meddling with the deformity, which is simply an expression, or, so to speak, a symptom of the disease. In his experience, attempts at speedy reduction of the deformity had been followed by disastrous results. Nature gives a very positive indication in the acquired position of the thigh—that in which the immobilization of nature reaches its maximum, and the diseased parts receive the greatest relief from reflex muscular spasm. If we forcibly interfere with this effort on the part of nature, we inflict a distinct traumatism.

On the threshold of treatment, the important question is, not whether traction is to be made in the line of the shaft of the neck, but how to secure an artificial immobilization in the position nature assumes as the one that affords the most protection to the inflamed parts. He believed that if the joint were protected from traumatism; in other words, if traumatic contact of the inflamed joint surfaces is removed, and this can readily be done by the use of portative apparatus without entailing immobilization of the entire body from the head down, the joint is placed in the best known local condition.

The portative traction treatment is compatible with fresh air, sunlight, and moderate exercise, which are the best means of combating the tubercular disease, and the tubercular diathesis. More lives have been saved, and better results have been thus secured, than by any other method which has been thoroughly tested.

Dr. R. H. Sayre agreed with Dr. Shaffer as to the importance of maintaining the general health, and the inadvisability of general immobilization of the body, if the diseased joint could be controlled without it. He thought that complete immobilization of the hip-joint in young children was very difficult to secure; and that the movement that stopped short of producing muscular spasm and pain was not harmful. For poor children particularly, he thought the portable bed was an admirable contrivance.

The relief obtained in some cases by pinching the muscle could be explained on the supposition that it stopped the reflex action of the muscle. It is known that firm constriction of the belly of a muscle will, in certain cases, abolish spasm.

Dr. Chas. L. Scudder, of Boston, advocated a more frequent resort to the results of experiment on the cadaver. He recalled Dr. Bradford's experiments made in 1880, in which it was found that in an adult a force of one hundred pounds was not sufficient to separate the head of the femur from the socket; while in the shallow and not yet completely ossified acetabulum of a young child, a moderate force caused separation, and still less force was required in the fœtus. Dr. Scudder believed that in hip disease of children a tractive force of from three to five pounds would separate the joint surfaces as was illustrated at the Children's Hospital, in Boston, in the case of a young boy who had hip disease and night cries. The joint cavity was opened and a small quantity of pus evacuated. While the boy was under ether, it was found that traction made with the hand separated the joint surfaces to such an extent that the finger could be placed between the head and the acetabulum.

Dr. Hubbard thought that no one at the present time held the opinion that anchylosis is caused by immobilizing the joint affected with chronic inflammation. He had found it difficult to get anchylosis in cases where it was desirable, as in disease of the knee. The first object is to give rest to the joint, which is best done by traction; not to separate the surfaces, but to overcome articular pressure which leads to muscular spasm. He believed the long hip splint gave sufficient immobilization for all practical purposes. It is more easily managed than the portable bed of Dr. Phelps, which from neglect would be likely to cause excoriations. As the disease seems to be a struggle between the tubercle bacilli and the vitality of the organism, he thought it especially important to place the system in the best possible condition to resist attack. He had rarely seen constitutional disturbance from abscesses which had been let alone, although in exceptional cases acute and painful conditions are certainly greatly relieved by surgical interference.

Dr. Judson commended the title of the paper. It was an admission that hip disease is not to be cured by treatment, but so managed that the almost inevitable recovery by natural processes should be with the minimum of disability and deformity. He thought that more emphasis should be placed on the importance of protecting the joint from the traumatisms of standing and walking, as is done by the use of Hut-

chison's extra long crutches and high sole on the well foot. But in every case there are long periods of exemption from pain, when this simple apparatus will be discarded. The ischiatic or perineal crutch of the hip splint, however, cannot be wilfully discarded; and when it is seen that the rack and pinion not only furnish traction, but also a convenient means of adjusting the length of the upright, the hip splint appears to come very near perfection as an instrument for the management of hip disease. He had never recognized either the trauma, said to be caused by reflex muscular contraction or the alleged mechanical counteraction of the muscles by traction. He believed, and had always held, that the hip splint mitigates reflex muscular contraction by allaying the inflammation which gives rise to it. This it does by arrest of motion and prevention of pressure; motion being arrested by traction brought about by the use of the key, and pressure being averted by the perineal or ischiatic crutch, which makes the limb a pendent member. As the inflammation is resolved the reflex muscular contraction ceases.

The last annual report of one of our orthopædic institutions contains a table, from which it appears that there have been under treatment 371 cases of disease in the hip; 6 in the shoulder; 85 in the knee; 3 in the elbow; 27 in the ankle; and 5 in the wrist; an aggregate of 483 in the lower, and 14 in the upper extremity. Shall we draw the inference that the incipient osteitic focus is found only or chiefly in the cancellous tissue of the lower extremity, or that a focus in the upper extremity more readily undergoes resolution by reason of its comparative exemption from violence? If the latter view is correct, it follows that the limb is to be made a pendent member by the persistent use of the axillary or ischiatic crutch at the earliest recognition of the disease. In some cases an early diagnosis may be facilitated by the following simple method:

Let the patient sit on a table with the legs hanging and the knees separated; in this position, swinging the leg laterally is possible only with rotation of the femur; and if one leg oscillates in a less arc than the other, it induces or confirms a suspicion of the integrity of the joint.

He did not believe in treating abscesses and sinuses excepting indirectly through the general and local management of the bone disease in which they have their origin.

Dr. Gibney was in favor of securing absolute immobilization, but sometimes he would rather have less perfect immobilization, if by so doing he could secure a change of air and climate, with the consequent improvement in the general nutrition.

Ordinary hip disease is managed satisfactorily by the portable traction splint, with or without the rack and pinion; and he had been agreeably surprised with the facility with which these patients ran around in the tenement houses. They come to his clinic only every three or four weeks for adjustment of the apparatus; and during these intervals engage in the most active sports; they certainly do not lie in bed in dark rooms and die of pyæmia. It is unsafe to put these children in an appliance like a cuirass or the portable bed, unless one is certain of being able to see and attend to them at short intervals. It had been his lot to see cases in which he had been unable at times to obtain proper coöperation on the part of the patient's family. He had often seen abscesses burrowing up to the spinal column and down to the knee; and such cases seemed to baffle even attempts at surgical interference. We must be guided a good deal by circumstances, and if we can protect the hips from trauma and give the patient the benefit of outdoor exercise, abscesses will generally be insignificant.

He believed in correcting the deformity speedily, if necessary, by dividing tendons and bone under an anæsthetic, for by so doing we save much time and lose nothing.

In regard to aspirating the joint over distended with fluid, it was almost impossible to diagnosticate an over-distended hip-joint. The position of the limb does not depend on the quantity of fluid in the joint, but is due to reflex spasm, and the efforts made by the child and nature to secure fixation.

Dr. J. H. Gardner described an experiment on the cadaver in which great force was applied without separating the surfaces of the hip-joint. He also cited a case in which it had been necessary to keep the hand applied to the face for nine weeks in the course of a plastic operation on the nose. At the end of this time there was no limitation in the motions of the elbow and wrist.

Dr. Ketch believed that hip disease is so often characterized by exacerbations that all attempts at a division into stages are of no practical value. He thought that the hip splint could be often of use for the reduction of deformities even in those periods when the patient is confined to his bed. In general, he believed it was a great mistake to make use of any apparatus which can be entirely left to the care of the patient or family for long periods.

The explanation of the relief of pain by compression of muscles was to be found in an involuntary action on the part of the patient which secures fixation and traction at the same time.

Dr. Berg, speaking from the standpoint of the general practitioner, who frequently saw children in the very beginning of hip disease, related the histories of three cases which had presented the symptoms of early hip-joint disease, and yet recovered perfectly after rest in bed for a few weeks. He now insisted on all such patients remaining in bed for several weeks before commencing any other treatment.

Dr. Phelps, in closing the discussion, said that many cases in tenement houses, whether treated by the long traction splint or by the portable bed, are deplorably neglected; but this does not argue against the use of either apparatus; it simply illustrated one of the difficulties with which all practitioners have to contend. He valued the portable bed because he desired immobilization of the affected joint, and this could not be obtained with splints having joints in them, and not including the trunk. He could relieve his patients better in bed during the period of deformity, and so adopted this method of treatment.

He had seen patients in England who had been in bed for several years, and were still in excellent health. He did not, however, advocate prolonged bed treatment. Believing that the cases in question are inoculations of the bacillus tuberculosis on a previously inflamed surface, and not instances of constitutional tuberculosis, he explained the frequency of tubercular joint diseases in the lower extremity, by the statement that the joints of the lower extremities being more subjected to traumatic inflammation, furnish good ground in which the bacillus of tuberculosis could more readily reproduce itself.

He had presented his honest convictions, and hoped to report his cases later in such a way that others could disprove his statements, or he could substantiate his views.

Book Reviews.

THE CLASSIFICATION, CORRECT DIETARY, AND TREATMENT OF DISEASES OF THE SKIN, AS PRACTICED IN THE BELFAST HOSPITAL FOR THE SKIN. By HENRY S. PURDON, M.D., L.R.C.P. Belfast: William Mullan & Son, 1889.

This is a small volume of thirty-six pages, intended to be used as a sort of noter or ready reference-book.

The author has classed the diseases as much as possible according to their causation, instead of adhering to the ordinary methods. The matter is well arranged.

He does not favor ointments, but pomades. These are put up in sticks covered with tinfoil, and can thus be carried about by the patient and rubbed on at any time. We think this plan much neater than that of giving an ointment.

BOURNMOUTH AS A HEALTH RESORT. By A. KINSEY-MORGAN, M.R.C.S. Illustrated. London: Simpkin, Marshall & Co., 1889.

Nearly every health resort of any name has now its special book, and the author feeling that Bournmouth's just claims have not been heretofore properly recognized hastens to fill the want. Since he is the medical officer of health, he is in a position to write understandingly. The usual information is given with regard to history, geology, water supply, climate, and balneology. As a work of the printer's art the book is only mediocre, and the illustrations miserable.

A TEXT-BOOK OF HUMAN PHYSIOLOGY. By AUSTIN FLINT, M.D., LL.D., etc. etc. New York: D. Appleton & Co., 1888.

This now famous text-book comes to us very much improved, and in fact so rewritten as to embrace the latest discoveries and teachings of the science without increasing the size of the volume. The author, whose experience and learning fully entitle him to the high position he occupies, has made a work that is a model in that it is severely confined to didactic teaching. It is notable for the absence of foot notes or references, and the comparatively few allusions to the costly and cumbersome apparatus of the accepted physiologcal laboratories; the evident design being to secure at all hazards concentration to the purpose of the book. This view of the plan will explain the absence of foot notes which, however troublesome they may be to arrange accurately, no doubt are rarely used by the ordinary student; although to one who proposes to investigate accurately the opinions of other writers, or advance views of his own, they are of great value as a convenient means of promptly consulting that which already has been recorded. The loss of time to the reader by such reference notes interrupting him, and their increase of the bulk of the book, are not sufficient to remove a regret that data so desirable should have been left to be sought elsewhere or in other works on physiology.

There can be little doubt of the wisdom of omitting the long and necessarily verbose descriptions of apparatus, much of which is so costly and so little used, as to make the explanation of the cuts of the appliances appear at best as lumbering the book and swelling it with matters suited for a manufacturer's catalogue. If such descriptions are excusable to show how delicate and difficult the work has been, they at best are tedious to follow and serve more to advertise the owner and manufacturer of the apparatus than really to add anything new. This is additionally true since Landois & Sterling's book has the descriptions and they are in that work so arranged by different fonts of type that they may be passed without trouble at the pleasure of the reader. Indeed such experimentation, with rare exceptions, but repeats the facts that for years have been confirmed.

The novelties of discoveries, so numerous of late, are treated with becoming attention, showing the advanced and liberal position of the author. His right to sit in judgment upon their values in the explanation of physiological functions may be seen in every part throughout the work. It is seldom that one can justly estimate the importance of his own efforts and observations, and many hold that a teacher is the better if he have no pet theory or themes of his own to champion. Even if fairly impartial he may, by dwelling comparatively too long upon matter of minor importance, cause distorted mental views of facts, detracting from the harmony by reason of undue magnification of secondary points.

It would take up a space unwarranted in this review, to recount all the later changes in and additions to the science of physiology, since the third edition of this book was published. Suffice it to say that one cannot profess to keep abreast of the current of the day in a study like this where so great is the activity and so far reaching and ingenious is the research, and be without an epitome of the latest information, of which this book is an admirable exponent.

Little, if any doubt is left upon the mind of the reader as to the views of the author, when contested points are under discussion, except in cases that are yet vague by reason of the differing opinions among the most advanced thinkers and investigators.

The adoption of the new chemical nomenclature and the metric system of expression of quantities, are evidence of the reformation of the times and the retention of the English weights and measures, plainly indicate how the change will probably arrive at completion, after a general education that

will familiarize students with both the old and the new methods.

An example of the brevity with which the author treats of some views, that in the past have been discussed at much length, is found on page 10 where the structure of the blood corpuscles is described in about ten lines and a half. In these he clearly expresses the opinion that they are homogeneous and without investing membrane and that "the appearances . . . . which have been supposed to indicate the presence of shreds of ruptured ossicles, are not sufficiently distinct to demonstrate the existence of a membrane." Perhaps the substitution of the words "often found" for "distinct" would be an improvement. One cannot forget the unique specimen of Prof. J. G. Richardson, wherein a crystal, apparently of hæmoglobin, seemed to distend like a tent, what might have been a membrane of a blood globule, whose contents were evacuated. Certainly there was in this specimen no lack of distinctness or definition, and the membrane like matter, had to all appearances, been originally globular and was complete and without a missing portion.

Upon the same page the theory of the formation of the red blood globule from the leucocyte, receives a dangerous thrust in the sentence. "The red corpuscles appear before the leucocytes are formed; and it is mainly the fact that the two varieties consist in the bloodvessels which has given rise to such a theory."

On page 14 he calls attention to the fact that the leucocytes appear "in fœtal life, before the lymphatics can be demonstrated. They appear in lymphatics before these vessels pass through the lymphatic glands, in the fœtus anterior to the development of the spleen, and also on the surface of mucous membranes, so that they cannot be considered as produced exclusively by the lymphatic glands, as has been supposed." Further on, however, he says: "The blood, also, in passing through the spleen has been shown to gain largely in these corpuscles," and he then proceeds to remind the reader of the bearing of these facts upon leucocythœmia, and also that "pseudo-leucocythœmia, presenting the anatomical characters and general symptoms of leucocythœmia, without an increase in the leucocytes of the blood, has been accurately described."

The subject of the blood-plates or plaques microcytes, or invisible or elementary corpuscles described by Manschultze, Hayem, Bizzozers, Neumann, Laker, Osler, and others, although on inviting one to the investigator, is most sternly dealt with by our author, after a brief description of them and how they are demonstrated he says: "Physiologists have no knowledge of the uses of the blood-plaques. The relations which have been supposed to exist between these bodies and the development of the other corpuscular elements of the blood, the phenomena of coagulation, etc., are as yet indefinite and uncertain."

If more evidence were needed to show the prevalence of the idea that it is a text-book and in such brevity has rare merit; we will refer to p. 104 where is the consideration of "Passage of the Blood-Corpuscles through the Walls of the vessels (Diapedesis)." In this paragraph of about twenty lines is described the migration of the leucocytes "through the walls of the bloodvessels, either by means of small orifices (stomata), or by a kind of filtration through the substance which unites the borders of the endothelial cells." Without lengthening the subject by reference to the discussion of the pros and cons, Waller and Cohnheim are referred to as the authors who first invited to the study and that, according to Hering, "the red corpuscles pass through the walls of the vessels only when the pressure is sufficient to produce transudation of the blood-plasma." Here, however, he might have added from Landois that "Hering observed that in large vessels with perivascular lymph spaces, the corpuscles passed into these latter, hence, cells are found in lymph before it has passed through lymphatic glands." Furthermore, that "quinine not only arrests the movements of the leucocytes when applied to them directly, but when injected into the circulation of a frog to the amount of $\frac{1}{20000}$ part of the animals weight, the leucocytes no longer pass through the walls of the capillaries (Binz)." T. C. S.

The Medical Digest.

Intestinal Occlusion Treated by Electricty.—M. Hérard commences by injecting into the rectum a certain quantity of salt water, after which he passes a current of galvanic electricity. Of nineteen observations there were ten cures.

For M. Hérard this treatment is exempt of all inconveniences and dangers; it should always be employed when the other customary methods have failed.

—*La France Médicale.*

Action of Medicaments on the Utero-ovarian System During Menstruation.—To verify the popular opinion that certain medicaments modify the menstrual flow, M. Lambi Atthil took occasion to administer medicinal doses of ergot, strychnine, and quinine during this period. In each instance the menstruation remained normal.

—*Gazette de Gynécologie.*

Treatnent of Puerpural Septicæmia by Curetting the Uterus.—Chartier claims that this treatment is indicated in all cases where intra-uterine injections are insufficient to rapidly reduce the temperature, especially if there remains any placental dèbris. Even peritonitis is not a contraindication.

—*Bulletin de Thérapeutique.*

Operation for Incontinence of Urine.—M. Gersung, of Vienna, presents a new operation for this troublesome complaint. It consists of torsion of the urethra (the operation was performed on a child of eleven years), following its axis, and then in the fixation of its external extremity in its new position. This operation is only indicated, however, when the sphincter of the bladder is defective.

—*La Tribune Médicale.*

VACCINATION OF THE NEWBORN.—In a communication to the Society of Medicine, at Berlin, M. Wolff demonstrates that the public and the physicians are wrong in rejecting early vaccinations in infants.

It has been pretended that the newborn are refractory to the vaccine virus; the experiments of the author have demonstrated that this opinion is absolutely erroneous. In all his cases the general condition has remained unchanged; the fever is generally absent, while in older children it is most generally severe.

Again—and this is the point which has been contested—the newborn acquire by vaccination new protection, as has been proved by attempts at revaccination.

In conclusion, we can vaccinate a few days after birth, not only without inconvenience, but with decided advantage.

This fact is important, because smallpox is very dangerous the first year and particularly so the first month after birth.

Since the year 1876, 5578 persons have died of this disease; of this number there were 2122 children one year of age, that is to say probably not vaccinated. In effect, in Prussia the laws recommend that children shall not be vaccinated before the end of the third month, and allows exemption from vaccination until the age of ten years.

In England, on the contrary, all children must be vaccinated before the age of three months; this example should be imitated.—*Revue Médicale.*

ANTISEPTIC VINEGAR.—In his recent volume on "Hygiene," Dr. Duiardin-Beaumetz gives the following formula for the *vinaigre pennès*, which he considers one of the most useful of disinfectants, more especially because of its general applicability.

℞.—Salycilic acid 30
Acetate of aluminum 30
Alcohol of eucalyptus globulus . 100
Alcohol of verbena 100
Alcohol of lavender 100
Alcohol of benjamin 100
Acetic acid 100

—*Journal d' Hygiene.*

PURGATIVE CHOCOLATE (Giraud fils).—

℞.—Cacao in powder (oil extracted) . 50 grammes.
Pulverized sugar . . . . . 100 "
Castor oil . . . . . 50 "
Vanilla powdered . . . . . q. s.

Sig.—Make into large pastilles; 3 to 6 will be sufficient to purge a child.

DRY CORYZA.—

℞.—Powdered starch,
Boric acid,
Tincture of benzoin (Siam) in equal parts.

Mix and dry by gentle heat.

Union Médicale du Canada.

OPHTHALMIC MIGRAINE (Piéchaud).—

℞.—Syrup of ether . . . . . 60 grammes.
Antipyrin . . . . . 3 "
Citrate of caffein . . . . . 0 gr. 20
Cocaine hydrochlorate . . . . . 0 gr. 20.

M.—Sig. A tablespoonful every three hours until relieved.

—*Revue de Thérapeutique.*

NASAL CATARRH (Garageorgiadès).—

℞.—Pulverized iodoform,
Powdered acacia . . . . . ăă 2 grammes.
Hydrochlorate of cocaine . . . . 0 gr. 15.

M.—Sig. Use as snuff.

TREATMENT FOR EXCESSIVE MENSTRUATION (Rheinstadter).—

℞.—Ergotine dialysed . . . . . 10 grammes.
Distilled water . . . . . 70 "
Glycerin . . . . . 20 "
Salycilic acid . . . . . 0 gr. 2.

M.—Sig. One teaspoonful diluted with three tablespoonfuls of water, to be injected into the rectum once a day after a stool.

INFANTILE DIARRHŒA (Critzman).—

℞.—Salycilate of bismuth . . . 1 to 2 grammes.
Laudanum of Sydenham . . 1 to 5 drops.
Infusion of tea . . . . . 60 grammes.
Syrup of raspberries . . . 20 "
Rhum . . . . . 15 to 20 grammes.

M.—Sig. One teaspoonful every two hours.

Or,

℞.—Lactic acid . . . . . 2 grammes.
Distilled water,
Syrup of raspberries . . . . ăă 50 grammes.

M.—Sig. One teaspoonful every half hour.

—*La Tribune Médicale.*

PILLS FOR THREATENED MISCARRIAGE (Lafferta and Cuzzani).—

℞.—Pulverized gum resin of assafœtida . . . . . 60 grammes.
Simple syrup . . . . . 6 "

For sixty pills: Commence with two pills a day and then increase one pill every two or three days. The results are excellent.

PREVENTION OF DENTAL CARIES.—

℞.—Rose water . . . . . 500 grammes.
Tannin . . . . . 8 "
Tincture of iodine,
Tincture of myrrh . . . . . ăă 5 "
Iodide of potassium . . . . . 1 "

M.—Sig. One teaspoonful in a glass of warm water, t. i. d.

Revue de Thérapeutique.

LAXATIVE POWDER.—

℞.—Powdered anethum,
Powdered senna,
Sublimed sulphur . . . . . ăă 6 grammes.
Powdered cream of tartar . . 2 "
Powdered licorice . . . . . 8 "
Powdered sugar . . . . . 25 "

M.—Sig. Teaspoonful to a dessertspoonful to be taken at night in a little water.

LAXATIVE PILLS.—

℞.—Sulphate of iron,
Extract of aloes,
Extract of hyoscyamus . . ăă 1 gramme.
Alcoholic extract of nux vomica . . . . . 0.15 centigrammes.

Make fifteen silver-coated pills.

M.—Sig. One at night,

La Normandie Médicale.

Medical News and Miscellany.

EPIDEMIC dysentery prevails at Warsaw, Ia.

BRISTOL is suffering from an epidemic of babies.

A DEATH from actino-mycosis is reported in New York.

MERCY HOSPITAL, in Pittsburgh, is crowded with typhoid fever cases.

THE Hay Fever Convention will meet next month at Bethelem, N. H.

SMALLPOX rages in lower Egypt, whence we get large quantities of rags.

AN Egyptian mummy shows evidences that when its owner resided therein he had the gout.

A HOME OF REST for nurses is proposed in London. There is a great army of nurses in London.

THE number of deaths from cholera infantum in Philadelphia is steadily decreasing from week to week.

A WILLIAMSPORT barber reverses the Brown-Séquard method, and makes young doctors look ten years older.

SHIRLEY DARE says that if women would resort to the fruit-cure every season they would not be troubled with liver spots.

SUNSTROKES are common in Southern Russia, where the thermometer during two weeks registered 144°, or over, every day at noon.

ATLANTIC CITY has escaped the wet weather prevalent along the Atlantic coast. The water has been rather too cold for bathing until the present week.

MISS A. L. LOCK, Superintendent of the University Hospital, has been exonerated of the charges that her management was inefficient and careless.

THE continued rains in and about Philadelphia have developed an unusual amount of malarial disease; even in localities where it has not been known for many years.

DR. D. A. HARRISON, Medical Superintendent of the Kings County Insane Asylum, at St. Johnsland, L. I., has been elected Superintendent of the Delaware Insane Asylum, at Farnhurst, at a salary of $2300 per annum.

DR. GRANT BEY, Fellow of the Society of Science, Letters and Arts of London, has been appointed an honorary member of the Council and Examiner, to hold office from November 10, 1889, until November 9, 1892.—*Egyptian Gazette.*

DR. HAMMOND proved conclusively, not long ago that men ought never to die, and that if they could only attain the ideal conditions of life, they would live forever. This was not a particularly practical idea, but it was rather more scientific than the plan of rejuvenating men by hypodermic injections. Still, the world is never too old for new experiments.

—*Times.*

DR. W. S. ROLAND'S appointment as Pension Examiner at York, Pa., has been withdrawn, as he was not a soldier, and Dr. B. F. Spangler appointed in his stead.

THE New York Board of Health has printed 10,000 copies of nine rules for the guidance of those who attend consumptives. Great stress is laid upon the danger of patients sleeping in the same room with a consumptive person, and consumptive mothers are warned against nursing their children.

SATURDAY, August 10, was donation day for the Children's Seashore House, at Atlantic City, N. J. We understand that a large sum of money is needed for the summer's work of this most commendable institution. Money can be sent to Dr. W. H. Bennett, or to E. A. Sibley, No. 136 North Fourth Street, Philadelphia.

AUGUST changes in the staff of the Presbyterian Hospital. Dr. De Forest Willard retires as Visiting Surgeon and Dr. W. G. Porter takes his place; Dr. R. G. Curtin succeeds Dr. O. P. Rex as Visiting Phpsician. The resident staff will consist of Dr. John Traill Green, Dr. Seymour Van de Meter, Dr. B. W. McGalliard.

THE latest development of the automatic machine is a Dr. Cureall, in Holland. It is a wooden figure of a man, with compartments all over it, labeled with the names of various ailments. If you have a pain find its corresponding location on the figure, drop a coin into the slot, and the proper pill or powder will come out.—*Record.*

DR. BENJAMIN LEE, Secretary of the Pennsylvania State Board of Health, has written President Harrison, suggesting that some portion of the national epidemic fund, which now amounts to over $100,000, should be expended in dredging and diking the Conemaugh River at Johnstown.

The President has referred the letter to Surgeon-General Hamilton.

WILLIAM WOOD & CO.'s *American Druggist* says "our antiquated and always boastful contemporary" accuses some of its "Infant Contemporaries" of having stolen a part of its telegraphic report of the A. P. A. Convention at San Francisco. The *American Druggist* says it "could find nothing worth stealing in the skeleton," and makes it the occasion of a protest as follows:

"This is a small matter, but we make it the occasion of uttering just here a protest against this illiberal, boastful, and contemptible habit, indulged in by whatever journal or newspaper, of trying to make capital for itself by throwing mud at rival or competing publications. We do not feel envious at the prosperity or good fortune of any of our competitors; we would rather be on friendly terms with them than not, and it is not the policy of the publishers or their representatives, *either within the printed pages of the journal or outside in speeches at convivial gatherings, to violate all journalistic proprieties by vicious attacks on people who may be engaged in the laudable enterprise of minding their own business.*"

LAST year there were 2800 deaths in Philadelphia from consumption, 1708 from inflammation of the lungs, 891 from cholera infantum, 795 from old age, and 621 from typhoid fever. Thus, it will be seen that a Quaker is more apt to die of old age than of typhoid. And yet we're not happy!

A RIVAL for the new rejuvenator has already appeared. In a Wisconsin town there is an alleged discovery of pearls in clams, and the town has dropped all other avocations to engage in clam shucking. Among others, a woman, who had been confined to her house for twenty years with rheumatism, recovered at once, and sallied out to search for the treasures.

JUDGING by the expressions of opinion in the secular press, we are in a hopeless minority in regard to the Schuylkill water. Would it not be well for the County Medical Society to appoint a committee to investigate the subject and report upon it? Any conclusion reached by this body would have weight with the public; who are left too much to the daily press for information on matters of public hygiene.

TENTH INTERNATIONAL MEDICAL CONGRESS.—WE, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, September 9, 1887, the Tenth International Medical Congress will be held in Berlin.

The Congress will be opened on the 4th and closed on the 9th day of August, 1890.

Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on the 17th of September in the current year.

Meanwhile, we should feel sincerely obliged if you would kindly make this communication known among your medical circles, and add in the same time our cordial invitation to the Congress.

VON BERGMAN, VIRCHOW, WALDEYER.

DR. J. EDWARD TURNER died at his home in Wittau, Conn., July 26, aged sixty-seven years. He was born in Bath, Maine, and attended lectures in Philadelphia, and was licensed to practice by the Maine Medical Society. Early in his career he became impressed with the fact of the disease of inebriety and the need of asylum treatment for such cases. He abandoned his profession and gave his entire time and energy to establish an asylum for this purpose. Twenty years after, he projected and built the first asylum in the world at Binghamton, New York, for inebriates. This was changed to an insane asylum by the "Tweed Ring," but lived long enough to show the value and need of such places. Over seventy different asylums for inebriates in the world now in operation, date to Binghamton and Dr. Turner as the great pioneer and projector of this new field of reform. The later years of Dr. Turner's life were spent in efforts to have the Binghamton Asylum restored to its original purpose. He was one of the best known men among reformers in this country, and in many respects was a remarkable man, who not only impressed his day and generation, but left a permanent work of reform for the future.

THE *Ledger* closes an editorial upon the water supply and its relation to typhoid fever, with the following sensible expressions:

"Now we insist on having it understood that what is above set forth is not for the purpose of disputing anybody's theory or effecting any contemplated movement for the purchase or sale of the city's water supply—a thing not likely to occur—but is wholly and solely for the purpose of adding to the public's information on an important subject, and for the purpose of fortifying our own belief that the increase and decrease of typhoid in Philadelphia are largely due to other influences than the Kensington water or any other in our water system; and finally, for the purposes of reasserting the fact that, notwithstanding all said on the subject, Philadelphia's official returns of sickness and death prove it to be one of the two or three healthiest cities in the world."

IMPROVED METHOD OF AMPUTATION OF THE PENIS.—The most unpleasant symptom following amputation of the penis is the funnel-like retraction of the urethra, which causes the patient endless discomfort. Dr. Assaky overcomes this by dissecting the pars spongiosa of the urethra from the penis, for about an inch beyond the superficial incision. Then the corpora cavernosa of the penis are cut through from below, leaving about an inch of the urethra protruding beyond. The tunica albuginea and the skin are then brought over the stump of the pars cavernosa and stitched around the protruding urethra. This will retract to some extent, leaving a very natural looking meatus.—*Hospital Gazette.*

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from Auugust 6, 1889, to August 12, 1889.

WOODHULL, ALFRED A., Major and Surgeon. Is granted leave of absence for two months on account of sickness, by direction of the Acting Secretary of War, with permission to leave the Division of the Missouri. Par. 5, S. O. 178, A. G. O., August 3, 1889.

JANEWAY, JOHN H., Major and Surgeon. Leave of absence for two months is hereby granted, with permission to apply for an extension of two months. Par. 3, S. O. 52, Headquarters Division of the Pacific, July 29, 1889.

COCHRAN, JOHN J., Captain and Assistant-Surgeon (now on duty at Fort Adams, R. I.). Will report in person, by direction of the Secretary of War, to the commanding general, Department of the Platte, for temporary duty with troops, en route to and at the summer camp at Fort Robinson, Neb. Upon the completion of this duty will return to his proper station. Par. 10, S. O. 180, A. G. O., August 6, 1889.

GORGAS, WM. C., Captain and Assistant-Surgeon. The leave of absence granted, by direction of the Secretary of War, in S. O. 84, July 3, 1889, Department of the Missouri, is extended two months. Par. 2, S. O. 182, A. G. O., Washington, August 8, 1889.

BANISTER, WILLIAM B., First Lieutenant and Assistant-Surgeon. Is relieved from further duty at Fort Wingate, N. M., by direction of the Acting Secretary of War, and will report in person to the commanding officer, Fort Grant, Ariz., for duty at that station, relieving Captain Arthur H. Taylor, Assistant-Surgeon, who, upon being relieved, will proceed to Fort Wingate, N. M., and report in person to the commanding officer thereof for duty at that post. Par. 4, S. O. 178, A. G. O., August 3, 1889.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Address delivered at the forty-third annual meeting of the medical superintendents of American institutions for the insane. American Journal of Insanity, July, 1889.

Antinomycosis, Bovis Gibbes. N. A. Practitioner, August, 1889.

Antipyrine en obstétrique et en gynécologie, contribution clinique a l'étude de, Misrachi. Archives de Tocologie, Juillet, 1889.

Atrophied uterus cured by electricity. A case of retroversion and fixation of os, Johnstone. N. A. Practitioner, August, 889.

Bemerkungen zur hypnotischen heilmethode, Krafft-Ebing. Wiener Med. Presse, July 21, 1889.

Beitrag zur aetiologie und Therapie des Vomitus gravidarum perniciosus, Wiesel. *Ibid.*

Beitraege zur Pathologie des Darmcanals, Rosenbach. Berl. klin. Woch., July 22, 1889.

Bitter Waters, Au. Sander. Cincinnati Lancet-Clinic, August, 1889.

Catedra de Clinica, carmona y valle, Revista Med. de Mexico, May 15, and June 1 and 15, 1889. Clinica Macias. *Ibid.*

Castor-oil as a menstruum for cocaine, Mitchell. *Ibid.*

Consumption, climatic treatment of. Niles Med. Record, August 3, 1889.

Cortical epilepsy; a clinical lecture, Inglis. Canada Lancet, August, 1889.

Cook County Insane Asylum, the Gilmore, Stevenson and Moyer. N. A. Aractitioner, August, 1889.

Corps étranger du genou, Arthrite aiguë suppurée développée chez un malade atteint d'hydarthrose chronique, Malinas and Mosimann. Arch. de Méd. et de Pharm. Milit, Aug., 1889.

Das morbad und sein ersatz, Jacob. Berl. klin. Woch., July 22, 1889

De la désinfection des matieres fécales au moyen du lait de chaux. Richard et Chantemesse. Archives de Méd. et de Pharm. Milit., August, 1889.

Des accidents laryngés de la syphilis héréditare tardiveir, Cartaz. Revue de Laryng., August 1, 1889.

Deux cas de tubage de larynx, Ramon de la sota y Lastra. *Ibid.*

De la fatigue dans ses rapports avec l'étiologie des maladies des armées en paix et en campagne, Coustan. Archives de Méd. et de Pharm. Milit., August, 1889.

Du mode d'action de l'électrolyse linéaire par les courants faibles, et de sa température, dans la destruction des tissus organiques, Fort. Revue de Thér., August 1, 1889.

De la colite muco-membraneuse, Brunon. La Normandie Méd., August 1, 1889.

De la méthode des pesées continues, Stackler. Bull. Gén. de Thér., July 30, 1889.

De l'essence de térébenthine contre les piqûres de vive, Fayel. L'Année Méd. de Caen, July 15, 1889.

Die moderuen bestrebungen in der Therapie, Semmola. Int. klin. Rundschau, Vienna, July 21, 1889.

tetanie, Wichmann. Deutsche Med. Zeitung, July 22, 1889.

Diseases of the teeth and ears, On the relation between the, Barclay. Med. Record, August 3, 1889.

Delirium, Worcester. American Journal of Insanity, July, 1889.

Diphtheria, on the treatment of. N. A. Practioner, August, 1889.

Éclampsie, mode d'administration du chloral dans le, Blanc. Archives de Tocologie, Jnillet, 1889.

Extirpation des uterus und des beckenzellgewebes, Pawlik. Int. klin Rundschau, Vienna, July 21, 1889.

Ein Fall von mykotischer Mandelentzuendung mit toedtlichem Ausgang, Metzner. Berl. klin. Woch., July 22, 1889.

Etat sanitaire de l'armée belge en 1887, Longnet. Arch. de Méd. et de Pharm. Milit., August, 1889.

Fécondation. de la caryocinèse et de ses relations avec le processus de la, Waldeyer. *Ibid.*

General paresis of fourteen years' standing, a case of. Simpler and Brush. American Journal of Insanity, July, 1889.

Gynecology, electricity in, Davis. Atlanta Med. and Surg. Journ., August, 1889.

Gastronomy, a case of McFadden. *Ibid.*

Gastric ulcer, Longfellow. Cincinnati Lancet-Clinic, August 3, 1889.

Hernia, the radical cure of, Park. Canada Lancet, August, 1889.

Intestinal obstruction, a case of, Rodenhurst. Med. Record, August 3, 1889.

Inebriates at the Danvers Lunatic Asylum, Elliot. American Journal of Insanity, July, 1889.

Inebriety with insanity, a case of, Hurd. *Ibid.*

La goutte chez la femure, Mabboux. Gazette de Gynéc., August 1, 1889.

Le chimaphila umbellata, son action diuretique, Abet. Bull. Gén. de Thér., July 30, 1889.

Modern hypnotics, Wetherill. American Journal of Insanity, July, 1889.

Muscular action a cause of fracture among paretics, Burr. *Ibid.*

Mydriatic, correcting the whole error of refraction and the necessity for the use of a, Cotter. Atlanta Med. and Surg. Jour., August, 1889.

Medical jurisprudence, Ewell. N. A. Practitioner, August, 1889.

Myopie héréditaire, Boucheron. La France Méd., July 30, 1889

Naphtol, traitement de l'ophtalmie des nouveau.nés par les irrigations de, Buscarlet. Archives de Tocologie, Juillet, 1889.

Note sur le traitement des kystes sébacés et des lipômes, saus opération sanglante, Marais. L'Année Méd. de Caen, July 15, 1889.

l'incubation de la rougeole, Leroux. La France Méd., August 1, 1889.

Observation d' un cas de diphthérie causée par l'intermédiaire d'un individu indemne, Veil. La France Méd., July 30, 1889.

Obstetrics, two unusual cases of, McHalton. *Ibid.*

Ovariotomie, Revista Med. de Mexico, May 15, 1889.

Ovariotomies, a report of two incomplete, one fatal, Buchanan. Atlanta Med. and Surg. Jour., August, 1889.

Periostitis albuminosa of Ollier, a case of, Dupuis. Canada Lancet, August, 1889.

Péritonite aiguë généralisee, Lienard. Arch. de Med. et de Pharm. Milit., August, 1889.

Puerperal fever (concluded), Boeseke. N. A. Practitioner, August, 1889.

endometritis, the use of the curette in, Rooney. *Ibid.*

Rapport du traitement de l'occlusion intestinale par l'electricité, Herard. Bull. de l'Acad. de Méd., July 16, 1889.

concernant cinquante ovaro-salpingites traitées par la laparotomie, Cornil. Bull. de l'Acad. de Méd. July 16, 1889.

Septic infection of the extremities, treatment of, Wittwer. Augnst, 1889.

So-called antiseptics, the relative germicidal value of the, Weeks. Med. Record, August 3, 1889.

Spinal cord, suspension in the treatment of affections of the, Shaw. Atlanta Med. and Surg. Jour., August 1889.

Summer health resort, a, Dakeman. *Ibid.*

Sur un cas de pierre dans la vessie chaz une petite fille de six ans, Hamaïde. Bull. Gén. de Ther., August 30, 1889.

cas d'osteo-synovite foungeuse du coude, Piechaud. Annales d'Orthopedie, August 1, 1889.

cas de lithopædion, Tarnier. Bull. de l'Acad. de Med. No. 29, 1889.

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 572. NEW YORK AND PHILADELPHIA, AUGUST 24, 1889. The Medical Register. Vol. VI, No. 138.

PAGE

ORIGINAL ARTICLES.

CLINICAL OBSERVATIONS ON SOME OF THE EFFECTS OF DIRECT AND INDIRECT TRAUMATISMS OF THE BRAIN. By R. Harvey Reed, M.D., Mansfield, O. - - - - - - 385

REPORT OF THE SPECIAL COMMITTEE ON DISEASES OF THE ALIMENTARY CANAL. By A. J. Baxter, M.D., Astoria - - - - - 392

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:

Double Orchitis. *Stubbs* - - - - - - - 394
Abscess of Cheek. *Stubbs* - - - - - - 394
Vaccination. *Waugh* - - - - - - - - 394
Whooping-cough. *Waugh* - - - - - - 395
Pain over the Right Eye. *Waugh* - - - 395
Diseases of the Stomach. *Waugh* - - - 395
Consumption. *Woodbury* - - - - - - 395
Albuminuria in Pregnancy. *Stewart* - - 395
Removal of Cystic Tumor. *Montgomery* - 395
Operation for Catarrh. *Keyser* - - - - 396

PENNSYLVANIA HOSPITAL:

Railway Spine. *Hunt* - - - - - - - - 396
Typhoid Fever. *Longstreth* - - - - - - 396
Acute Enteritis. *Longstreth* - - - - - 396

PAGE

EDITORIAL.

PUBLIC BATHS - - - - - - - - - - - - 397
CHLORAL HYDRATE IN SEVERE CHOREA - 398
A SOCIAL EVIL - - - - - - - - - - - 399
AN ERROR OF SPECIALISM - - - - - - - 399
A PERSONAL JOURNAL - - - - - - - - 400

ANNOTATIONS.

Aims and Limits of Hydrotherapy - - - - 400
Dr. S. Lustegarten - - - - - - - - - - 400
Recent Discoveries in Morphine and Strychnine Elimination - - - - - - - - - - 400

BOOK REVIEWS.

Inebriety, its Etiology, Pathology, Treatment, and Jurisprudence. *Kerr* - - - 401
Transactions of the Southern Surgical and Gynæcological Association - - - - - - 401
Chemical Experiments for Medical Students Arranged after Beilstein. *Christopher* - - 401
A Laboratory Guide in Urinalysis and Toxicology. *Witthaus* - - - - - - - - - 401

THE MEDICAL DIGEST.

Paraldehyde and Sulphonal. *Hay* - - - - 402
Renal Complications in Whooping-cough. *Mircoli* - - - - - - - - - - - - - - 402

PAGE

Influence of Permanganate of Potassium on Menstruation: *Stephenson* - - - - - - 402
Nutritive Value of Blood. *Hunter* - - - - 402
One Year of Acetanelide. *Love* - - - - - 403
Volatile Oil of Coriander. *Cadèac and Meunier* - - - - - - - - - - - - - - - 403
Tabes Dorsalis. *Inglis* - - - - - - - - 403
Friction for Varices. *Kobert* - - - - - - 403
Nature of Infantile Pneumonia. *Guaito* - 403
Eau De Cologne Drinking. *Jour. of Ineb.* - 404
The Geographical Distribution of Disease in Southern India. *Bidie* - - - - - - - 404
The Curette and Paralysis of the Uterus - 404
Laxative Saline Mixture - - - - - - - - 404
Tuberculosis in Some of its Surgical Aspects *Marsh* - - - - - - - - - - - - - - 404

MEDICAL NEWS AND MISCELLANY, 405

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - - 407

MEDICAL INDEX - - - - - - - - - - 408

NOTES AND ITEMS - - - - - - - iv, xiv

Original Articles.

CLINICAL OBSERVATIONS

ON SOME OF THE EFFECTS OF DIRECT AND INDIRECT TRAUMATISMS OF THE BRAIN.

(A paper read before the Second Annual Meeting of the National Association of Railroad Surgeons, held at St. Louis, Mo., May 2 and 3, 1889.)

BY R. HARVEY REED, M.D.,

MANSFIELD, OHIO.

Surgeon B. and O. R. R., Member American Medical Association, American Public Health Association, British Medical Association, etc.

CASE I.—William McB., aged twenty-three, a farmer. Was always an unusually strong, healthy lad, and with the exception of an occasional attack of indigestion, was never ill.

In the fall of 1879 he fell backward off a shed, falling some ten feet, and striking the ground with his head, causing a slight depression of the skull over the right coronal suture, commencing close to the sagittal suture and extending outward about an inch. He received no surgical attention, and soon recovered, being able to be out the following day, and apparently suffering no special inconvenience from the fall.

In the fall of 1882, while helping to haul some logs, he was kicked by a horse, whose feet struck him on the shoulder and side of the neck, which threw him under a heavy log-wagon, loaded with five logs averaging a foot in diameter and fifteen feet in length. A front and hind wheel of the wagon ran over him just across the hips as he lay with his face on the ground. From this accident he received little or no injury outside of a few bruises, from which he soon recovered, excepting a little soreness along the track of the wheels.

In February, 1886, he contracted mumps, which metastasised to the testicles, from the effects of which he suffered considerably.

In the spring of 1887, he contracted rubeola, and became quite sick with more than the usual amount of lung symptoms, and complained of a great deal of soreness across his chest, and he never felt as strong physically afterwards.

In August, 1887, he came home from school feeling ill, and continued to decline in health for about a month, when he became so debilitated as to get what his parents called "fainting spells," after which he recovered sufficiently to ride to the city, a distance of five miles, where he consulted Dr. J. W. Craig, who discovered a swollen condition of the left testicle, which he strapped and gave the young man a tonic. The testicle, however, subsequently suppurated and had to be lanced twice.

About the first of November, 1887, he returned to school, feeling much improved in his general health, which continued until about February 1, 1888, when it began to fail him, and a general muscular weakness was complained of. This increased until he found it necessary to call in a physician, where he was attending school, who put him on a general treatment for nervous prostration.

Notwithstanding this, he gradually grew weaker and weaker, until he was obliged to leave school and return home February 17, 1888. The writer was

called to see him Feb. 25, 1888, and found him suffering from great muscular weakness, which seemed to be general.

His temperature was normal, pulse 80, but rather weak; slight soreness complained of over abdomen and chest; other than that no pain was complained of. Respiration was normal, and the respiratory murmur could be distinctly heard over both lungs, which were normally resonant on percussion. There was no tympanitis, and the urine was normal, with the exception of the presence of large quantities of earthy phosphate and indican, as the following analysis shows: Sp. gravity, 1022; acid reaction; no albumen; no sugar; large quantities of earthy phosphates; indican in considerable quantities.

Microscopical.—Nothing of importance except large quantities of amorphous urates.

Bowels alternated from slight diarrhœa to constipation; pupils were normal; light did not affect the eyes; no headache, but mind slightly wandering, and there was a distinct impediment in his speech.

I saw him again on February 27. The difficulty in articulation had increased until there was almost complete aphasia, with great languor and drowsiness.

His appetite was poor, he would drink some milk and take a little broth when urged by his nurse. He complained of some pain over lower portion of right lung, and some tenderness over the bowels, which were kept open with an occasional dose of *hydg. cum creta*. From this time on the aphasia and muttering delirium increased. The latter, however, frequently alternated with an exceedingly noisy and occasionally boisterous condition, which had to be controlled with opium in full doses.

The tongue was dry and furred brown; pulse slow and irregular; temperature only slightly above normal, and some abnormal dilatation of the right pupil.

On February 29, Dr. J. W. Craig saw him in counsel with the writer, at which time his condition had become worse, and prospects of recovery very doubtful. The treatment during this time consisted in alteratives, with opium, salicin, and pure pepsin, with liquid nourishment in the form of milk and beef essence, the latter made fresh each day with an extractor. His condition gradually grew worse until he passed into a comatose state just before his death, which took place on March 3, 1888.

The post-mortem was held thirty-four hours after death in the presence of Dr. J. W. Craig, Dr. J. Harvey Craig and Dr. Frank McBride.

Rigor mortis was very marked. A slight depression was found in the skull, commencing near the sagittal suture on the right side, and extending about an inch along the line of the coronal suture. Removed calvarium and found some thickening of the skull and periosteum immediately under the external depression; found the dura mater congested, and tubercular degeneration of the pia-mater extending along the posterior portion of the right hemisphere from a point just anterior to the fissure of Rolando, and extending posteriorly to near the cerebellum, in close proximity to the median fissure; this tuberculous patch was from one-half to an inch in width, and about five inches in length. A patch of the same was found on the left side, commencing at about the same place, and extending posteriorally about two inches, and from a fourth to an inch in width.

The optic commissure was surrounded with organized lymph, having the appearance of white grape jelly, with a fine net-work of bloodvessels running through it, of which there was more on the right side than on the left. Just posterior to the lower portion of the fourth ventricle, and almost immediately opposite to the calimus scriptorius in the anterior portion of the arbor vitæ of the left cerebellum was found a blood clot about the size of a coffee bean, which was apparently of recent origin, yet of sufficient age to show signs of incipient softening, while the brain substance around it was beginning to undergo destructive degeneration.

The ventricles of the brain were filled with effusion, especially the lateral ventricles. The pons was very much hardened, almost as if it had been in alcohol. Extending in all directions from the blood clot, the brain was softened; the white substance having a yellowish appearance, which gradually faded out into the normal white, near the periphera of the white substance in both lobes of the cerebellum.

The pituitary body, corpora albicantia, tuber cinereum, optic thalamus, corpus striatum, corpora quadrigemina, and pineal gland, were all softened and degenerated, which softening extended out along the fissure of Sylvius, and involved the Island of Riel, especially on the left side.

On examining the thorax we found the pericardium firmly adherent to the sternum and the surrounding lung tissue, while both the lungs were completely adherent to the costal pleura and the diaphragm by the tubercular adhesion, although the lung substance itself was not tuberculous, but, on the contrary, with the exception of a little recent congestion, apparently normal..

The heart was normal in size and general appearance. On examining the abdominal viscera we found the omentum was as thin as a piece of brown paper, and was not only adherent to the parietes, but also to the visceral peritoneum.

The large and small intestines, spleen, pancreas, liver, bladder, and even the diaphragm, were all completely and firmly adherent to each other by old tubercular adhesions, that were almost impossible to separate.

The kidneys were slightly congested, but otherwise normal, as was also the bladder, which contained a quantity of urine. On opening the stomach and bowels they presented the normal appearance. The left testicle had undergone degeneration, and was atrophied to at least one-third its normal size.

CASE II.—On February 29, 1888, I was called to see Mr. J. McK., aged seventy, a farmer, who gave me the following history:

January 1, 1887, he was as well as he ever was, so far as he knew. On January 31, of the same year, he was taken with pain on the right side over the region of the liver, which lasted three or four weeks. After a few weeks remission, he was taken ill again (about the last week of April) with a severe pain in his head with "dizzy spells;" when this pain across the front

of the head was very severe he was troubled with nausea. Said he had been treated for pleurisy, "liver trouble," dyspepsia, and brain disease, and finally got a little better, but never fully recovered.

In August, of the same year, he commenced to get very short of breath, which difficulty had troubled him all summer, more or less. Never had any severe pain, except in his head. Never spit any blood. During this illness he called another physician, who pronounced his one lung "gone," and the other "going on the fly," and treated him accordingly. During the following November he had an abscess of the right testicle, since which time he said he had been failing more rapidly.

A third physician was called about this time, who pronounced his case one of malaria, and stuffed the old gentleman with anti-periodics for weeks without favorable results, after which he was "sidetracked" for an old quack, who lives up in the country a few miles. After diligently applying his "roots and herbs" for a season, he was dealt with after the manner of those who had preceded him, and, lastly, the author was called only a few days prior to his death.

When I found him, he complained of no pain in any place except in his head; his tongue was dry and red as a piece of beef. His appetite was poor, and he was not thirsty, only drank to wet his lips and tongue, and ate because he thought he ought; bowels never loose, but slightly constipated; stools light colored; urine scanty and rather high colored. Examined urine chemically, which revealed the following: Sp. gr., 1024; reaction acid; no sugar; no albumen; large quantities of earthy phosphates; indican in large quantities.

Microscopical Examination.—Nothing of importance except amorphous urates.

The patient was very much emaciated, and greatly prostrated, but his mind was clear and there was no trace of paralysis.

After examining the abdominal and thoracic viscera carefully, and finding everything substantially normal, with the above history, I was led to believe he had some organic brain disease, the exact nature of which I was uncertain of, but considered a grave prognosis in order, and so expressed myself to the friends.

With little else of interest other than above stated, he gradually grew weaker, and died March 7, 1888. The post-mortem was held fourteen hours after death. On examing the brain there was found to be general effusion throughout the sub-arachnoid spaces. A tumor was found attached to the choroid plexus on each side, and located just between the posterior portion of the thalamus opticus and the corpus fimbriatum.

The one on the left side was about the size of an ordinary hazel-nut, while the one on the right side approached the size of a small hickory-nut. These tumors were grayish in color, quite hard, and of a calcareous nature, undoubtedly having undergone calcareous degeneration subsequent to their acute stage, the lime salts having since filled the interstices of their fibrous capsules.

I sent the one tumor to Prof. Senn, of Milwaukee, for examination, who says: "I have examined the specimen sent me, and dissolved out about 33 per cent of the weight of tissue—phosphate of lime and carbonate of lime.

"Microscopically, stroma of connective tissue in various degrees of degeneration can be seen. I am inclined to believe, from the structure and the well-formed capsule, that it is an apoplectic cyst." The corpus collosum, corpus striatum, corpus fimbriatum, thalamus opticus, tænia semi-circularis, hippocampus major and minor, together with the fornix, corpora quadrigemina, and pineal gland, were all very much hardened, which condition gradually disappeared and became lost in the more normal condition of the brain near its periphery.

The medulla oblongata and pons varolii, and even the chord, shared in the hardening process already referred to. On examining the visceral organs, the lungs, heart, stomach, liver, kidneys, and bowels, were found in a normal condition, with the exception of a slight congestion of the liver, and the recent deposit of numerous tubercles over the hepatic capsule and along the intestinal tract.

Case III. — Miss C., aged twenty-five, Green Valley, Ohio. The first time I examined her was during the summer of 1887, when she was under the care of Dr. W. W. Pennel, of Fredericktown, Ohio, who, being absent at the time of my visit, subsequently furnished me the following history:

She was taken very suddenly ill on July 6, 1886, with complete aphasia while at work in a very hot room. When seen a few hours after she had considerable fever; pulse 120; unable to articulate, but perfectly conscious; no difficulty in protruding the tongue; left pupil dilated. The patient was of a rheumatic diathesis, having suffered from rheumatic endocarditis of the left side of the heart, resulting in numerous vegetable growths, one of which, in the doctor's opinion, had been dislodged and found its way into the middle cerebral artery.

On July 7, 1887, her condition was much the same, with the addition of paralysis of the right arm and leg, but did not involve the face; had a disposition to act hysterically. Temperature 103° F., pulse 120, and respiration 24. From July 8 to 15, her condition gradually improved. She commenced to articulate a word or so, and with that the paralysis of the right arm and leg gradually improved. Her mind was perfectly clear, and on being interrogated, complained of tinnitus aurium. An ophthalmoscopic examination revealed a congested condition of the vessels of the retina. Her improvement was quite rapid, and on August 4, she visited the doctor at his office, at which time she could walk very well, and had tolerably good use of her right hand. She could articulate very distinctly, though she often made use of the wrong word.

All through her sickness she was annoyed with occasional attacks of articular rheumatism. In December, 1886, she was seized with chills, which recurred daily, followed by a fever which ranged from 103° to 104° F., with a pulse varying from 120 to 130.

At this time a noticeable increase of the paralysis

was observed, which only lasted a few days and then gradually declined, and never was a marked symptom after that. On percussion over the left temporal region she complained of pain, and often sharp pain, which was confined to the left side of the head. The tinnitus continued, with dilatation of the left pupil. The appetite was poor, emaciation marked, night sweats very debilitating, and not controlled even with atropine. The menses ceased, and constipation set in. At no time was there nausea or vomiting. There was often insomnia, but at all times perfect mental equilibrium. The chills, fever, sweats, tinnitus, scintillations in the left eye, with dilatation of pupil, remained to a greater or less extent until May, 1887, when she gradually rallied. The chills ceased, and also the perspiring. She gained flesh, and her menses were again established and became fairly regular but scanty.

The tinnitus, partial aphasia and incomplete paralysis of right side, dilatation of left pupil, and occasional pain in the left temple continued.

In August, 1887, the chills, fever, and sweats returned, and continued for several weeks. This was followed with another decline of the symptoms, but the patient afterwards made a gradual rally, and seemed to gain in every way except as above stated. Suddenly, however, on the morning of November 22, 1887, after having been unusually comfortable the day previous, a cerebral bloodvessel ruptured whilst she was asleep in bed, causing death in a few hours.

The author assisted Dr. Pennel in conducting a post-mortem a few hours after death, which revealed an abscess of the brain located in the anterior third of the left hemisphere. The abscess was about the size of a large turkey egg, and wholly imbedded in the white substance of the brain, and was believed to be the result of an embolus, which degeneratad into an abscess, destroying the coats of one of the branches of the left anterior cerebral artery, producing its rupture, and resulting in death.

One of the peculiarities of this case was the perfectly normal appearance of the entire brain, excepting just the part involved by the abscess, which was encased by firm walls of brain substance, completely circumscribing its boundaries. By request, the examination was not continued further, and the exact condition of the rest of the body will ever remain a mystery.

CASE IV. — William S., of Mansfield, O., aged thirty-one; day laborer. During the summer of 1885, I saw him for the first time in counsel with Dr. Craig, with reference to an operation for his relief, at which time we obtained a part of the following history of his case, which I completed a few days prior to his death:

In March, 1880, he was accidentally struck on the back of the head with a ballast pick, while engaged at work as a section hand on the Erie Railway, causing a depressed fracture of the skull a little to the right of the crown. The injury knocked him senseless for a few minutes, after which he got up and walked home, a distance of some two miles. A homœopath was called in, who volunteered to let nature and the injury fight it out between them.

The stroke of the pick cut the skin, which soon became swollen as large as a hen's egg. The injury only disabled him for two weeks, when he returned to work, and for the next five years he labored as hard as he ever did. During this time "conservative" surgeons would point to him with pride and call attention to the achievements of their skill.

During all this time, however, he complained of his neck and back part of his head hurting him more or less.

In February, 1885, he became partially insane, which condition lasted for about five weeks, when that condition improved and his mind got apparently well, which was followed with what the doctors called "rheumatic pains," which were confined to his feet and arms, but gave place about the following July to paralysis of the left arm and leg, which increased until both motor and sensory nerves were almost completely paralyzed. This condition lasted nearly four months, when he commenced to improve, and kept on convalescing until he gained fairly good health, and resumed work again. He was unable to do heavy labor, so went to peddling, which he continued until about the middle of April, 1888.

About this time he seemed to give out all over. He had no special pain, but seemed to be completely exhausted. His weakness was increased by the suppurating of some of the cervical glands on the left side of his neck. This was followed with shooting pains through his abdomen. On May 17, 1888, I was called to see him for the first time since 1885, when I completed the above, and learned that wise (?) counsel had advised him against permitting either Dr. Craig or myself making any operation for his relief—a measure we had advised at our first visit in 1885, but which, on the advice of a lot of "old granny" doctors had been refused.

I now found that my patient was beyond all hope of recovery, and gave it as my opinion that the injury to the skull had resulted in the destruction of a sufficient portion of the brain substance to cause such a degree of inanition as to result in tubercular degeneration and death.

At this time there was no paralysis, slight aphasia, no headache of any consequence, marked suppression of urine, diarrhœa, with symptoms of subacute suppurative peritonitis. Baring a stupid, listless condition, his mind was apparently clear; pulse 130, feeble and irregular; a low grade of fever; skin moist; tongue coated very heavy; pupils dilated; feet swollen, with some ascites. The abdomen was tender and painful to the touch.

Urinalysis, made May 18, 1888: Sp. gravity, 1018; no sugar; no albumen; large quantities of urates, and bile-coloring matter; indican present in large quantities.

Patient died May 22, 1888. Post-mortem held twenty-six hours after death. Rigor mortis very slight. Suppuration of the cervical glands on the left side of the neck; emaciation quite marked; abdomen very much distended.

On removing the scalp we found the evidences of the two wounds. One evidently produced by some flat instrument was located over the sagittal suture,

and two inches above the posterior fontanelle. The other one showed evidences of having been made with a blunt instrument, and was located about an inch to the right of the sagittal suture, and on the same level with the former.

The first wound showed no evidence of any depression of the bone, while at the seat of the latter there was a depression about an inch long and a quarter of an inch wide. After removing the calvarium a bony tumor was found immediately beneath the depression above referred to, about the size of a hickory-nut in circumference, but only about half as thick. There was general thickening of the calvarium in the vicinity. All openings through the skull for the bloodvessels on the right side were obliterated, as well as the pacchionian depressions.

The meningeal grooves on the left side were larger than their fellows on the right. There was effusion within the dura mater especially on the right side, with the membrane somewhat thickened. There were numerous lymph adhesions, even dipping into many of the convolutions of the brain. Immediately beneath the depression in the cranium was found a small abscess located in the brain substance near the middle of the superior parietal gyrus, about the size of a hazel-nut, which was evidently a partially broken down tubercle, the pus of which had burrowed its way through the brain substance into the posterior portion of the right lateral ventricle, forming a small sinus between the abscess and the ventricle.

The bulbs of the olfactory nerves were softened and degenerated. There was general congestion and hardening of all the brain tissue with sclerosis of the spinal cord. Also marked effusion into both lateral ventricles, with degeneration and softening of all the brain tissue lining the lateral ventricles, especially toward the posterior portion, the anterior portion being lined with tubercular membrane. On examining the abdominal viscera, the intestines were found adherent to each other throughout, due to the tubercular inflammation, occasioned by the breaking down of thousands of tubercles which were scattered all over the intestinal peritoneum, from one end to the other.

Subacute-purulent peritonitis had thickened and destroyed the parietal peritoneum, whilst the peritoneal sac contained over two gallons of "creamed coffee" colored purulent liquid.

The stomach was adherent to the intestines and covered with tubercles, whilst that portion of the hepatic capsule that rested on the stomach was studded with tubercles also. The liver proper was normal, with the exception of being slightly congested and adherent to the diaphragm.

The lungs were normal, but were pressed upward until their lower margins were opposite the upper margin of the fifth rib.

The heart and pericardium were normal, as were also the kidneys, spleen, and pancreas.

CASE V.—Mrs. Sarah D., of Belleville, Ohio, aged sixty-nine years. Was severely injured on the night of March 15, 1888, by some murderer, who attempted to brain her with the pole of an ordinary hatchet. The old lady was feeble-minded prior to the injury, and was looked on by the neighbors as having been "queer" in her habits for years.

Her injury consisted in three wounds in close proximity to each other, on the left side of her head, evidently produced by three strokes from the pole of the hatchet, producing a compound comminuted fracture of the skull, the fragments of which were driven down upon the dura mater with great violence without lacerating that membrane however. The dura was forced down from one-fourth to one-half an inch on the brain substance.

Dr. E. Stofer, of Belleville, was called and removed the fragments of bone, which left an opening in the skull four and one-fourth inches in length, and from three-fourths to one and one-half inches in width, extending from a point one-half an inch inward from the external angle of the left eye, and from about an inch above the same posteriorly across the frontal bone, and penetrating into the anterior superior portion of the left parietal bone about an inch. The wound was widest at its middle and narrowed at either end.

After making a free incision lengthwise of the wound, and removing all the fragments of bone and raising them to place, the doctor cleansed the wound thoroughly. Uniting the edges of the scalp with interrupted sutures, he put on a light antiseptic dressing. The subject of this brutal assault was evidently injured during the forepart of the night, and lay in a cold house until eight o'clock the following morning before she was found and relief afforded.

When discovered she was wholly unconscious with stertorous breathing. Her pulse was slow and sluggish, but soon rallied after the operation, from fifty to ninety, and the respirations became natural. Consciousness returned in part, but did not improve much afterwards; has not improved much since. The aphasia was almost complete, the word "yes" being the only word she was able to articulate, and when asked any question, no matter what it was, her only answer was "yes."

She had complete paralysis of the right arm, and partial paralysis of the right leg. The left arm and leg were apparently normal. The pupils were always normal. Her appetite was good, bowels regular, and urine natural, but she had no appreciation of the calls of nature any more than a child. Notwithstanding the unfavorable circumstances following the accident, the wounds healed without any trouble, and when seen by the writer, May 24, 1888, were almost entirely closed, with no indications of cerebral hernia.

I was told by Dr. Stofer, through whose kindness I am enabled to give you the history of this interesting and instructive case, that at no time was there any marked constitutional disturbances, and but little suppuration.

Some months after I was informed by the doctor that Mrs. D. had died from an acute attack of dysentery, which proved fatal on the third day, but that her mental condition had never changed materially from that already reported. Unfortunately there was no autopsy made.

CASE VI.—On May 31, 1888, I saw Mr. E. L. S.,

of Perrysville, O., in counsel with the attending physician, Dr. J. F. Johnston, of that village, through whose courtesy I received the following history of this very interesting case: Mr. S., aged thirty, a telegraph operator, was injured early on the morning of March 8, 1888, while jumping from an engine, slipping and falling backward, striking the side of his head against a bolt on the tender, producing a compound comminuted fracture of the skull on the left side, immediately over the parietal protuberance. Drs. Scott and Son, of Loudenville, being the nearest surgeons of the Pennsylvania Company, were sent for to look after the wounded man, and were assisted by Dr. L. Firestone, of Wooster, another company surgeon, who, with Dr. Covert, of Perrysville, took charge of the case. After a number of pieces of the fractured and depressed skull were removed or raised to place, an opening, about the size of a silver dollar, remained in the skull, from which a small quantity of brain substance was removed, after which the wound in the scalp was closed with two sutures, leaving the dura mater unclosed and without a drainage-tube.

The wound was then dressed with a wash of laudanum and carbolized water, and the patient put under the influence of anodynes, with which he was kept stupefied for several weeks. The wound was dressed with this wash twice a day, and the discharges, which were quite profuse, removed.

About the last of March, or three weeks after the injury, a fungus cerebri commenced to make its appearance, which soon reached the size of a large goose egg. Various devices were adopted to get control of this extruder by the attending physicians who again called to their aid Dr. Firestone, of Wooster. All the devices proved fruitless, especially strapping down with sheet lead, which invoked a tendency to convulsion, which were promptly relieved by removing the pressure. At this time there was complete aphasia and paralysis of both the upper and lower limbs on the right side, and also the face on the same side.

The nurse informed me that it was seventeen days after the injury before an operation was secured from the bowels, and that the urine had to be relieved with a catheter, and the bowels kept open by the use of both medication and enemata. The prognosis of the attending physicians was grave. This was concurred in by Dr. Firestone, and no hope of his recovery was entertained.

About the 20th of April, the family decided to call Dr. J. W. Craig, of Mansfield, in counsel with the attending physicians, who, after examining the case, advised a strict antiseptic dressing to be applied, which, with good regimen, careful attention to the excretions, perfect quiet, and elevation of the head, he thought would at least give the man a *chance* to recover.

A few days later, Dr. J. F. Johnston, at the solicitation of the family, was put in charge of the case, with Dr. Craig for counsel, who placed him on the above outlined treatment.

During all this time consciousness never has been interfered with, not even when he was injured, being able to get up, and with some slight assistance, walk into the depot. After being carried home, he walked into his room and assisted in undressing himself. He has remained perfectly clear in his mind ever since.

About three weeks after the injury paralysis set in on the entire right side, involving the face, tongue, arm, and leg, which gradually increased until the paralysis became complete. This condition lasted about eight weeks, when sensation and motion both commenced to return, and they have been gradually improving ever since.

Aphasia commenced about the time the fungus cerebri began showing itself, which soon became complete, and lasted until about the latter part of April, when his powers of articulation gradually commenced to return, and have also steadily improved. I found the patient sitting up when I visited him and feeling comfortable, but still had some paralysis of the right side. He could walk around the room and use his hand a little. The aphasia was disappearing, and the patient able to talk pretty well, although unable to articulate some words. The bowels were regular, and he sleeps and eats well.

I found an opening on the left side of the head just over the parietal protuberance fully as large as a half dollar, from which there was still protruding a small fungus cerebri about the size of an ordinary walnut. This I learned was decreasing rapidly in size, and healing from all sides. No suppuration of any consequence at present. There was no headache, and the pupils were natural. There was no tinnitus aurium, no fever, and pulse was normal. The patient has consulted me a number of times since at my office.

The last time, about six weeks ago, when I observed that the fugus cerebri had long since disappeared and the scalp wound was entirely healed, whilst the paralysis had improved very much and was steadily becoming less apparent.

The patient was unable to either give or receive telegraphic messages, owing to the sluggish action of the brain, but his general physical condition was gaining daily.

Remarks.—It will be observed that we have reported two cases of direct traumatism with death, two cases of indirect traumatism with death, and two cases of direct traumatism with recovery and partial restoration of the functions of the injured brain.

Cases I and IV give histories of direct traumatism, the one received nine years, and the other eight years prior to death. There was temporary recovery in each case, followed by tubercular degeneration and death. In both the recovery from the primary injury was rapid and without a bad symptom.

In Case I the extra tension placed on the brain by continued study no doubt acted as an exciting cause in developing the sequellæ of the traumatism received years before, the symptoms of which were manifested by the so-called "fainting spells," which for a time subsided with rest, only to return, accompanied with a general breaking down of the whole system on his resuming hard study with all its increased mental tension and close confinement.

In Case IV we had a man who apparently recovered from a traumatism which left a mechanical pressure

on a portion of the brain. For several years he seemed to resist all this irritation with little inconvenience outside of continual pain in his neck and back of his head. He finally broke down under this abnormal strain with an attack of insanity, followed by neuralgia, and, finally, partial paralysis of the whole left side and general tubercular degeneration.

In Case I there were symptoms of the pneumogastric centers giving out first, and thus lowering the vitality and predisposing to tubercular degeneration. In this case, outside of partial aphasia coming on after his last illness had progressed for some time, he had no symptoms of either paralysis or mental disturbance until just a few hours prior to death, when some paralytic symptoms manifested themselves, associated with mental disorders.

In Case IV the failure of the nervous centers was announced by the sudden disturbance of mental equilibrium, followed by neuralgia and paralysis, with a general lowering of the vitality, resulting in tubercular degeneration. There was no marked paralysis in the latter stages of this case, excepting the slightest aphasia, notwithstanding the immense amount of brain destruction.

In both of these cases you will observe there were large qnantities of earthy phosphates and indican found in the renal excretions, the latter pointing, everything else duly considered, to destructive "disease of the spinal cord and its membranes, and especially derangements of the entire central and peripheral nervous systems."—*Tyson.*

In both there was marked tubercular degeneration of the brain as well as its membranes, together with tubercular degeneration extending to the abdominal and even the thoracic viscera.

From these two cases we draw the legitimate inference that traumatic injuries affecting the cerebrum may, for the time being, apparently recover, yet will undoubtedly act as a predisposing cause of a devitalized condition of the whole economy, and, finally, result in general tubercular degeneration.

In Cases II and III we have what may be fairly called indirect traumatism; that is to say, in the one case there was an apopletic cyst formed on each side of the cerebrum involving the choroid plexus, which afterwards underwent calcareous degeneration, thus not only producing a mechanical obstruction, but also inducing mechanical irritation of the brain substance itself.

The other case was due to the traumatic effect of an embolus producing a mechanical obstruction of one of the branches of the anterior cerebral artery, resulting in localized suppurative degeneration of the anterior portion of the left hemisphere.

In Case II we have neither paralysis nor a disturbance of the cerebral equilibrium, notwithstanding the general effusion throughout the subarachnoid spaces and ventricles, and sclerosis of the brain, together with the spinal cord.

In Case III, only one portion of the brain was affected, and yet we had aphasia and partial paralysis of the entire right side, with apparent gradual recovery, notwithstanding the presence of a large abscess, which finally destroyed one of the branches of the anterior cerebral artery, causing almost instant death.

In Case II, we had large quantities of earthy phosphates and indican excreted by the kidneys, which showed almost the same results from analysis as Cases I and IV. Unfortunately, in Case III, there was no analysis of the urine made. Like Cases I and IV, Case II was just beginning to develop general tubercular degeneration when death ensued. This condition we were not able to search for in Case III, owing to a request by the family not to examine the corpse further than the brain. Cases V and VI are both cases of a direct traumatism inflicted on the right side of the head, resulting in aphasia and paralysis of the right side.

In neither one was there any apparent derangement of the mental function, although, in Case V, there was complete loss of consciousness until the brain pressure was relieved, while in Case VI, there was no loss of consciousness, notwithstanding a portion of the brain substance was removed.

In Case V, there was complete paralysis of the right arm and partial paralysis of the right leg from the time of the injury, with little, if any, improvement at the time of my visit, nearly two months after the damage, and yet the dura mater was not broken and there was no escape of brain substance, while in Case VI, there was laceration of the dura mater and escape of some of the brain substance, and yet there was no loss of consciousness, and not even aphasia or paralysis until two or three weeks after the injury.

In fact, there was no evidence of loss of the cerebral function until after the fungus cerebri began to appear, the aphasia and paralysis increasing with the growth of the tumor, and also gradually disappearing with the fungus.

Conclusions.—1. That very slight injuries to the cranium may produce such an amount of cerebral irritation as to cause a fatal termination years after the traumatism is received.

2. That the brain, under certain circumstances, is capable of making a rapid recovery from a severe injury of the calvarium, producing a continuous mechanical pressure on some portion of the encephalon, from which it will promptly rally, and, for the time being, assume its normal functions and maintain them for years before it succumbs to the effects of the traumatism.

3. That we may have grave destruction of portions of the motor and sensory nerves without either anæsthesia, hyperæsthesia, or motor paralysis.

4. That an injury and escape of portions of the brain substance is not necessarily *immediately* followed with motor or sensory paralysis, or even loss of consciousness, although it may follow weeks subsequently.

5. That abscess of the brain, or traumatic cerebritis, accompanied with fungus cerebri, may each be followed with aphasia and motor and sensory paralysis.

6. That an apoplectic cyst may undergo calcareous degeneration, and thereby develop a mechanical irritation which will sooner or later prove fatal.

7. That an embolus may cut off the blood supply

of a certain arterial territory, and so devitalize that portion of the brain as to result in an abscess and death.

8. That grave injuries to the brain are liable to be followed with such a degree of devitalization of the economy as to favor general tubercular degeneration.

9. That the presence of indican in the urine is synchronous with cerebral degeneration.

10. That whilst there may be nerve cells capable of taking on definite functions, under certain circumstances, distributed here and there throughout different portions of the encephalon, yet clinical experience points to the bilateral centralization of certain nerve cells at certain definite points, the injury of which produces fairly definite and reliable results.

REPORT OF THE SPECIAL COMMITTEE ON DISEASES OF THE ALIMENTARY CANAL.

(Read before the Illinois State Medical Society at Jacksonville, May 21, 1889.)

By A. J. BAXTER, M.D.,
ASTORIA.

FUNCTIONAL DISEASES OF THE STOMACH AND BOWELS.

THERE are, perhaps, few departments of medical science which have, in the last few years, enlisted more interest than diseases known to affect the alimentary canal, and particularly the effect of therapeutics on these affections. The progress made in this direction should awaken in us the strongest feeling of pride and satisfaction, as we witness the phantom of empiricism, which has hung over the medical world for so many ages, benighting this all important field, gradually dissipating before the headlights of scientific research.

The encouraging results thus far obtained are, in a large measure, due to the aid which the introduction of chemistry and microscopy in medico-physical science has furnished clinical medicine.

Chemistry, by resolving drugs into their proximate principles, gives us light on the chemical nature and composition of the digestive ferments, and teaches us to appreciate their value when applied to the science of medicine. And, among the facts which chemistry has revealed, none are of more importance than those which relate to the unorganized ferments. Without them, life of the organism would be impossible. If chemistry thus assists us, microscopy can have no less value by pointing out their normal and pathological effects on the tissues and functions of the human economy.

Granting what we have said to be true as far as our knowledge goes, it seems to us that no department of practical medicine stands more in need of scientific guidance for its therapeutics and hygiene, than the diseases of the canal heading this paper. And while we affirm this, we do not infer that the selection of remedies suitable to individual cases, or that clinical experience and a knowledge of temperamental idiosyncrasies go for naught. On the contrary, they must enlist the physician's attention as well as any other scientific principle established. To be more than usually successful in controlling or palliating the ills of gastric and intestinal disorders, whether inorganic or otherwise, requires patient and attentive investigation of the proximate and remote effects of medicinal agents, in order to ascertain their influence in relation to systemic changes with the hope of finding out with a degree of certainty, the hidden facts regarding the relationship between the condition of the part, or parts, and the relative or absolute effect of the medicament.

A paper of this kind, to be interesting, must be characterized by brevity. Time is too valuable to be taken up with the minutiæ of the topics touched on, and if you will forbear a little, we will call your attention more to generalizations. We all know that too much attention is given to learning much that is unnecessary. Our time should be given to therapy rather than to materia medica. The therapy of foods is as essential as the therapy of drugs, and cannot be disassociated by the careful practitioner. Appreciating this, we will confine ourselves in this article to functional diseases of the stomach and bowels. Not because of the lesser importance of the other maladies attacking this tract, nor because they are better understood, but because time forbids. Practitioners are probably oftener consulted, and have their patience and ingenuity taxed to a greater degree, in dealing with this class of cases, than with any other, unless it be *hysteria*.

Under the guise of dyspepsia, we find victims of this dreaded disease in most or all climes, and in all ranks of society. It being more likely, though, to single out the high livers, and those who lead fast, irregular lives, especially if they have acquired or inherited faulty diatheses. Some authors use the term dyspepsia, interchangeably with indigestion, although the latter term more properly belongs merely to a temporary disturbed condition of the function. It matters little how used, both imply disturbances not associated with inflammatory changes. We find it pure and simple, and again we come across it associated or dependent on some other morbid condition of the body. We will speak of it as a disease, *per se*, or, when it occurs without any grave organic lesion, as a factor of production, or, when the remedies must be directed to the dyspepsia as the main source of digestive disturbance. It is a common thing to find the complainants of a highly nervous organism. Inquiry into the family history reveals, nine times out of ten, that the immediate or remote ancestry at one period of their lives suffered similarly. Possibly we have been consulted by several members of the same family, who had had good health until arriving at a certain age, when symptoms of persisting indigestion showed themselves—these patients likely leading entirely different lives; regular in habits; bodily wants fully satisfied. For such cases, hereditary transmission will suggest itself as the explanation. We stated that this disease often affected those of a highly nervous organism. Pursuing this line of inquiry still further, we observe that a large proportion of the cases applying for treatment are of a nervous temperament, and so were their forefathers. The etiology can be explained in the same way as the cases just passed—hereditary transmission.

As causes, age, deficient gastric secretion, exhaustion of the nerves of organic life, anæmia, and privation, are some of the predisposing influences. Any abnormal state of the nervous system has a strong tendency to disorder digestion. Just what relation exists between digestive disturbances and the vasomotor system is not known, nor understood. But it *is* known that injuries of certain nerve trunks will suspend, for the time being, or seriously interfere with the process of digestion. Anything directly hindering alimentation, such as excess of food, unwholesome, indigestible, improperly prepared, or imperfectly masticated food, are exciting causes

The symptoms are varied, and, to a great extent, are those found accompanying most all cases of chronic gastritis. No disease, unless it be, as I have said, hysteria, has a larger train of symptoms. Noticeable among them are a sense of fullness after meals, loss of appetite, heartburn, a whirling in the head, headache, sometimes emesis, and often abdominal pain.

The abdominal pain being due to flatulence, affecting in an unequal degree the stomach and bowels. This distension being due to the evolution of gases produced by putrefactive and pathognomonic fermentative changes of the ingesta, wrought by undue multiplication of microscopic vegetations. Fermentation taking place in those of a saccharine nature and putrefaction in those made up of albuminoid matter. The propagation of these pathogenic microorganisms, to the extent of interfering with normal digestion, goes on by virtue of altered secretion. The tongue is oftener coated with a white or yellow fur, than clean. The bowels are generally constipated, but we frequently meet with cases where it alternates with diarrhœa, especially if associated with hepatic derangement. Palpitation, depression of spirits, and dyspnœa are no unusual symptoms.

In some, when the stomach and bowels are distended, the encroachment of the diaphragm on the thoracic cavity compresses the heart, causing apprehension, gloom, and sadness, more distressing than actual pain. Attacks of dyspnœa are ushered in by a feeling of tightness across the chest, a continual desire to draw long breath and a sensation of impending suffocation. Changes in the position of the body are rapidly made, and, also, repeated attempts at inspiration, but the relief is of short duration, and the alarm and suffering intense. It is a herculean task to impress a patient so affected that his heart and lungs are not structurally diseased. The duration of attacks are varied. We have known patients to have single attacks, others to have a number, and one, who had them daily for over a month, usually coming on at night. In this person the smothering was unattended by wheezing, and he had been under treatment for dyspepsia for months before these spells came on. The paroxysms generally worked him after retiring. If asleep he was aroused by an inability to get his "wind," as he termed it. Great beads of sweat were noticeable on his face and forehead. His skin felt cool and clammy. His respiration was irregular and sighing. The action of the heart was slow and irregular. If I remember correctly, about fifty pulsations per minute. Free belching usually dissipated the attack. The physical symptoms obtained were referable to nothing else than disordered digestion. He entirely recovered, and when last heard of was working on a farm, and well.

Functional and catarrhal affections of the alimentary canal are intimately associated and the dividing line is not as clearly defined as we might wish to see it. In this monograph of functional diseases we have attempted to confine ourselves to symptoms of a non-inflammatory character, and to those readily recognized as such during life. It being often a lingering disease, it has to be differentiated from chronic catarrhal troubles, especially because symptoms exist common to both. Though in the former the symptoms are not so continuous nor so aggravated.

In dealing with the treatment, we must keep uppermost in our minds that nothing will prove curative as long as the cause remains active. It will require thoughtful investigation, and diagnostic expertness, to detect and remove the fault. Each case and special symptom must furnish its own indication for treatment. Improve the general health as much as you can, observe attentively the diet and regimen. If your patient eat too much, or too often, or if his food is unpalatable, little can be expected from drugs. The stomach must not be burdened beyond the capacity of digestion, nor beyond the absolute needs of the economy. Too protracted fasting will equally impair the digestive process. No stereotyped articles of diet will suit your cases. Individual tastes must be consulted, and the intervals of time at which nourishment is given will depend on circumstances. Some will do better when it is given at short intervals; others at longer intervals.

Now, a few words as to the effects of drugs upon the digestion. We are aware that medicines are administered in so reckless a manner as to actually produce malnutrition. Patients are often thus criminally weakened. On the strength of advertisements published—we are sorry to say—in some of our leading medical journals, remedies utterly worthless are used to the detriment of the sick.

Pathogenic microörganisms cannot be destroyed outright. Our hope for the patient lies in the strength of his cells, and measures should be taken known to foster the vital forces instead of handicapping them, and many such remedies we possess. When the appetite is impaired, hydrastin, gentian, columbo, and quinine are indicated. Should torpidity of the bowels exist, cascara sagrada, given night and morning, is a useful drug. It also serves an excellent purpose combined with ipecacuanha, nux vomica, or Berberia-aquifolium. Ipecacuanha can be advantageously associated with the mineral acids. When medicines are given that are incompatible with the gastric juice, the time of giving them is as important as the medicines. A good rule to be guided by is alkalies before meals, and acids between. Hydrochloric acid, combined with pepsin, will benefit as many cases as any remedy we know. Pepsin is only active in an acid medium, and in many instances when we are called to prescribe, the difficulty is due

as much to the lack of the necessary acid as to the want of pepsin and pancreatine.

In fevers, a less active gastric juice is secreted than normal. One less qualified for proteolytic digestion, though intensely acid as shown by litmus. These facts tend to show that the acidity is not due to the proper kind of acid, but to the presence of pathological ferments. Acetic, butyric, or lactic acid may be present, rendering the stomach juices decidedly acid, and still it may be necessary to administer hydrochloric acid to bring the acidity up to the notch most suitable for the action of pepsin.

When an antifermentative, and a digestion-promoting drug is wanted, salicylic acid should not be forgotten. Acids are indicated when the peristaltic movements of the stomach are lacking, and when the gastric mucous membrane fails to respond to the stimulus of food. Unless they be given to check the excessive formation of the acids of the gastric juice, they should be given at least an hour after meals.

Pepsin might be called the universal remedy, for resort is had to it more than to any other single remedy. It is a natural ferment and the most perfect solvent of nitrogenous food known. It will give satisfaction in feeble digestion.

Could a way be discovered to prepare pancreatin so that the acids of the stomach could not destroy it before it reached the intestines, it would be a valuable preparation in intestinal indigestion.

Fermentation is sometimes so excessive as to render patients extremely uncomfortable. In such cases sweet and starchy foods are transformed into sour, yeasty, irritating masses, which, after punishing the patients for a time, are expelled by vomiting. In cases of this kind we have had flattering results by getting our patients to sip a pint of hot water an hour before meals, thus washing out the products of fermentation, and then giving them a napthaline powder one hour after eating.

In intense cephalalgia, when the nervous system is seriously at fault, good results can be had from electricity perseveringly used. Antifebrin, phospho-caffein, phenacetine, and bromo-soda are some of the best medicines that can be given in such cases.

These observations are not conclusive, but given with the hope of eliciting interest and possibly discussion of a subject needing enlightenment.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

CASE I.—Wm. M., aged thirty-three, American, by occupation a printer, complains of pain in both testicles, which are not much, if any, larger than normal, but hard to the touch. Gives a history of gonorrhœa three months ago. Diagnosis, double orchitis. Directions for treatment, paint over both testicles with tincture of iodine, full strength, twice a day, and then apply a compress of canton or woolen flannel, wrung out in hot water; cover this with another dry wrapping of wool flannel, and enclose both compresses with a pice of oiled silk, or soft, thin gum cloth or sheet, and then suspend and keep suspended the testicles in a good suspensary bag.

I have used this treatment for years, and in many cases, in private and hospital practice, with the quickest and best results.

The above noted case was quickly cured, the testicles becoming soft and free from pain in a few days, after which period the moist compress is discontinued, and only the dry wrapping and suspensory bandage or bag used.

CASE II.—J. D., aged twenty-two, laborer in iron works, robust and healthy in appearance, presents himself with a healthy looking incised wound, of large size, on the palmar surface of the right hand. Patient was cut by a heavy piece of steel, and was first attended at the Charity Hospital, when, after antiseptic cleansing and several stitches had been put in, he was referred to this clinic.

As the patient's wound is healing kindly, it is only necessary to carefully work in hot antiseptic solution of corrosive sublimate, 1 to 2000, dry and powder with iodoform, covering with a gauze of the same.

CASE III.—P. J. S., aged forty-two, a laborer, presents himself with a chronic, sluggish, ill-conditioned abscess of one cheek. The patient presents the appearance "strumous," as evidenced by pallor, glandular enlargements, etc., and the character of the pus is thin and sanious. The indications are plainly to build up by tonics and alteratives, both systemic and local. We order, therefore, the use of the muriated tincture of iron, internally, and the iodide of potash, and after freely opening the abscess at the most dependent portion, we cleanse with the hot 1 to 2000 corrosive sublimate wash; inject, with full strength, tincture of iodine, insert drainage-tube of clean antiseptic gum, cut off to the length of one inch external to the opening, and then apply some iodoform gauze loosely about the gum to catch all discharge.

By careful attention to this line of treatment I shall expect a good result. I have carefully enquired of the patient as to specific disease in the past, and do not learn of any. If the patient does not thrive under this treatment, it may be necessary to change to still other alterative treatment; but let us bear in mind that in all these cases we must not forget to put the patient on good nutritious, special diet, not forgetting a free use of good fibrin-producing food, such as milk and the various animal foods.

NOTE.—Each of the above-noted cases healed soundly, but the latter required much longer time and more careful attention to antiseptic and alterative measures.—*Stubbs.*

VACCINATION.

The virus from children is milder than that from animals. As the virus is used from child to child, it grows weaker.

Inefective Virus.—Two varities were noticed. First, from arms previously vaccinated. Second virus taken too late in the vaccination.

There is only one real danger from vaccination, and that is syphilis. Impetigo is contagious and sometimes results from vaccination but is easily cured. The same may be said of chicken pox.

If a patient is of a scrofulous diathesis it is apt to develop.

Do not vaccinate during febrile indications.

Virus may be removed on the sixth day, but the lymph will not keep.

On the fifteenth day remove the scab and always wipe off the pus.

If any pus has been allowed to remain it must be removed before using the crust, the first vaccination should be made at three months of age, and the second at the seventh year.

Three children were shown who were vaccinated at one of the previous clinics showing arms sore on the eleventh day, which was unusual as the ninth day was the general limit.

The virus had escaped from these crusts rendering them inert, and the use of such crusts would account for some of the failures. A sore did not always indicate a good "take." After healing it must present a deep pitted appearance as in smallpox, otherwise the prophylaxis is not assured.

WHOOPING-COUGH.

Various remedies have been tried and found wanting. Bromide of potassium, cyanide of potassium, monobromated camphor; the old-fashioned cochineal mixture etc., etc. A more recent remedy was fumigation by burning sulphur in a close room.

Three hundred and eighty-five grains of sulphur to every cubic foot yard of air space is the rule. The clothing and bedding is also to be fumigated. This method of treatment had failed in his practice. Quinine in three or four-grain doses in solution injected into the throat had effected a cure. The most effective remedy was the inhalation of illuminating gas, but during the first stage of the disease treat it as an ordinary catarrh. Keep a tally-book for the whoops, as only in this way could any change be determined.

For the case before the clinic he ordered two mixtures, one was the elixir of quinine and iron and the other cod-liver oil and syrup of orange peel simply shaken together. He preferred this to an emulsion.

PAIN OVER THE RIGHT EYE.

In the case of a man suffering with pain over the right eye he called attention to the necessity of a careful diagnosis between a true neuralgia and the so-called brow ague, which was a reflex pain due to liver derangements, etc. This patient, however, was referred to the eye department, as the trouble seemed to lie in that direction.

DISEASES OF THE STOMACH.

In commenting upon a case diagnosed as atonic dyspepsia Prof. Waugh briefly outlined three principal diseases of the stomach, viz.:

1. Gastric ulcer, a disease of young women.
2. Carcinoma, a disease of old men.
3. Catarrh of the stomach, the most common of all the ailments. For the atonic dyspepsia he ordered a restricted diet and pepsin, muriatic acid and tincture of nux vomica.—*Waugh.*

CONSUMPTION.

Prof. Woodbury presented a man complaining of spitting of blood and a cough. The patient is fifty years of age. He attributes his malady to sleeping in a room filled with coal gas.

The lungs upon auscultation give submucous rales showing softening. His hands are quite warm, but the temperature is only ninety nine and one-half. The fever of consumptives is treated by rest, also by ice. The yolk of eggs was recommended as a food, and as a sedative the bromide of sodium or ammonium in preference to potassium, as the latter depresses the heart, already weakened by disease. The skin should be brought into healthy action.

Consumption begins in a catarrhal condition.

—*Woodbury.*

ALBUMINURIA IN PREGNANCY.

Prof. Stewart in commenting upon a case of albuminuria in pregnancy, said that about twenty per cent. of all patients suffer from this ailment during this period. It is generally temporary, coming on during the latter months of the term, although it may have existed previously. It is caused by the pressure of the gravid uterus upon the renal veins, and extra work is thrown on the kidneys.

Always test for albumen in pregnant patients and meet the indications promptly so as to avoid convulsions later on As to remedies, colchicum and saline cathartics were recommended. For the convulsions following such cases he had found nothing so effectual as injecting chloral hydrate into the rectum.

—*Stewart.*

REMOVAL OF CYSTIC TUMOR.

Prof. Montgomery, before the removal of a cystic tumor, pointed out the difference between such growths and true fibroids. The fibrous cysts are not so frequently met with as the true fibroid tumor.

In these cysts we find a fluid resembling liquor sanguinis. They generally result from a degeneration of a fibrous tumor, the bloodvessels of the latter breaking down and a cyst is formed.

Some called them lymph spaces. The symptoms are the same as in true fibroid. They are generally found outside of the uterus. Simms emptied one, disinfected it, injected iodine and destroyed it.

These cysts may be mistaken for a pregnancy. They are, however, not uniform like a pregnancy, but are nodulated. They do not stop the menses; on the contrary, rather aggravate them. They are fluctuating and elastic. They are differentiated from ovarian tumors by being smaller and slower in growth. Another method was to tap the cyst and ascertain its character. Drysdale thought that there was a peculiar cell found only in ovarian tumors, although this has not been fully proven.

Fibrous cysts grow to a large size, and continue for a long time. They do not, like a true fibroid, sometimes subside without operative interference.

In speaking of polypi, he said we must not class them with tumors resulting from parts of a placenta left in the uterus. Polypi may be cellular, mucous, or fibrous. They are developed more particularly in the body of the organ. They may be multiplied, and

look like a bunch of grapes. These tumors gave rise to dysmenorrhœa, leucorrhœa, pain in the back, etc.
—*Montgomery.*

OPERATION FOR CATARRH.

Prof. Keyser, before operating for cataract, called attention to some serious complications that might arise. If the patient is suffering from albuminaria or diabetes, the cornea will slough. If the iris will not contract quickly, do not operate, but make an iridectomy, and wait six or eight weeks before operating. In all cases ask the patient whether flesh wounds heal readily or not. If they do, the operation will be a success.

In examining for cataract do so by an oblique light, or by moving a lighted candle in different directions before the eye or eyes as the case may be, as it would be useless to operate upon a "blind" eye, or where the fault was in the retina as well as in the lens. A traumatic cataract is apt to cause glaucoma.

A case of glaucoma was shown, and the following prominent features of this obstinate affection pointed out:

1. Increase of tension of the ball.
2. Rapid presbyopia.
3. Dilated ciliaries—sausage shaped.
4. Arterial pulsation.
5. Cloudiness of the aqueous and vitreous humors.
6. Dilatation of, and sluggishness of the pupil.
7. Periodic dimness of vision.
8. Halo about a flame or rainbow colors seen.
9. Ciliary neuralgia; which is very important.
10. Field of vision contracted.

Glaucoma is a disease of old age. It always attacks one eye and may remain in one only, but the other is liable to become affected.

In examining old eyes use atropia cautiously, as if there should be a latent glaucoma, *i. e.*, an increase of tension, it might be lighted up. Use eserine, one to two grains to the ounce of water, but even this must be carefully administered or it will set up an irritis.

For inflammation of the cornea, Prof. Keyser ordered the following:

R.—Iodoform . . . . . gr. iij.
Lanolin vel adipis benzin . . . . gr. j.
M.—Sig. Apply to the cornea as directed.

Cocaine should not be used in inflammations of the cornea, as it depletes nutrition, and not only fails to relieve, but is a positive injury.—*Keyser.*

PENNSYLVANIA HOSPITAL.

IN lieu of a clinic, Hunt made a few remarks on "railway spine." Shock he defined as that combination of symptoms brought about by a sudden depression of the nervous system. Page, he said, does not believe in transitory shock, and for that reason declares that there is no such thing as railway or spinal shocks. But to prove that a transitory shock does occur, Hunt cited a case in his own practice as clearly demonstrating it. It was the case of a man who had fallen from a considerable height on his feet, breaking the os calcis of each foot, which was followed by complete paraplegia of lower two-thirds of trunk and lower extremities, but terminated in an entire recovery. In the space of five years, he said, after Erichsen had published his investigations on spinal shock as produced by railway travel, English railway companies paid $11,000,000 in damages, suits for which were based on the authority of that eminent surgeon.

In cuneiform operations where a wedge of bone is removed, Ashhurst does not favor the use of a fixed plaster dressing. In fractures, however, he does, but does not apply it until after the callus is formed and the patient is able to go about.

TYPHOID FEVER.

The patient before us is a young man, printer by trade, admitted into the hospital a week ago, suffering from typhoid fever. On admission his face was flushed, tongue furred, tremulous and red along the edges. His abdomen was full, tympanitic and covered with red colored spots; temperature 103°, bowels loose, fæces yellow. He was troubled with a cough, a result of imperfect respiration produced by an over-distended abdomen pressing on the diaphragm, thereby interfering with proper aëration of the lungs. While I ask this patient to sit up that I may examine his lungs, I, as a rule, avoid having my patients do so, as they are more or less liable to faint when in that position, owing to the additional work it imposes on an already much weakened heart. In examining the spots on the abdomen it is necessary to differentiate them from acne spots. The rose-colored spots of typhoid fade away upon pressure and present no rough points to the touch as do the spots of acne. This patient we have kept under the regulation treatment, and is doing as well as can be expected.—*Longstreth.*

ACUTE ENTERITIS.

This patient has been ill three weeks. Has had from three to six movements a day, for which he can ascribe no cause, having always been healthy and temperate. Upon admission to hospital he was languid and pinched in appearance, tongue glazed and red all over, though uncoated. His temperature was 102°. His treatment consists chiefly in the regulation of his diet. He is given only such food as is not irritating, such as milk and soup, and a few spoonfuls of corn starch to give more consistency to his stools. He was given large doses of bismuth, thirty grains, every three hours, continued for three days, until stools were reduced in number. Fearing a typhoid condition, quinine and hydrochloric acid were given. A denuding of the mucous membrane of the intestinal tract is productive of more intestinal indigestion than any other cause, and is a condition very difficult to cure, inasmuch as the mucus which is being thrown out mixes with the food, and with it undergoes fermentation, whereby a constant source of irritation is maintained. The continual passage of the food through the intestinal tract does not give the mucous membrane time to repair itself.
—*Longstreth.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 24, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

A. VAN DE VEER, Albany, N. Y.
LEOPOLD, SERVIAS, Antwerp, Belgium,
ROSWELL PARK, Buffalo, N. Y.
AUGUST MARTIN, Berlin, Germany.
JOSEF KÖRÖSI, Buda-pesth Hungary.
J. D. S. DAVIS, Birmingham, Ala.
GEORGES ASSAKY, Bucharest, Roumania.
J. A. S. GRANT BEY, Cairo, Egypt.
W. S. CHRISTOPHER, Cincinnati, Ohio.
J. J. MULHERON, Detroit, Mich.
J. T. ESKRIDGE, Denver, Col.
F. C. FERGUSON, Indianapolis, Ind.
WILLIAM MURRELL, London, England.
NICHOLAS SENN, Milwaukee, Wis.
J. LEWIS SMITH, New York.
MORRIS H. HENRY, New York.
HENRY C. COE, New York.
SIMON BARUCH, New York.
JOSEPH JONES, New Orleans, La.
E. P. HURD, Newburyport, Mass.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa
E. E. MONTGOMERY, Philadelphia, Pa.
W. H. PANCOAST, Philadelphia, Pa.
J. V. SHOEMAKER, Philadelphia, Pa.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
L. H. METTLER, Philadelphia, Pa.
HENRY LEFFMANN, Philadelphia, Pa,
JAMES E. GARRETSON, Philadelphia, Pa.
LAWRENCE F. FLICK, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. M. ANDERS, Philadelphia, Pa.
W. B. ATKINSON, Philadelphia, Pa.
P. D. KEYSER, Philadelphia, Pa.
THOMAS LINN, Paris, France
DUJARDIN-BEAUMETZ, Paris, France.
GEORGES APOSTOLI, Paris, France.
J. J. BERRY, Portsmouth, N. H.
T. D. CROTHERS, Providence, R. I.
W. F. HUTCHINSON, Providence, R. I.
C. A. BRYCE, Richmond, Va
I. N. LOVE, St. Louis, Mo.
W. B. GERKIE, Toronto, Canada.
WILLIAM A. HAMMOND, Washington, D. C.
LUTHER SEXTON, Wesson. Miss.

PUBLIC BATHS.

AS in modern statesmanship, the great problem is the attainment of "the greatest good to the largest number," so it is the aim of modern medicine to achieve the same end by the prevention rather than by the cure of disease.

The study and practice of sanitary medicine, illumined as they are by marvellous discoveries in the sciences and arts, attract the best minds in our profession, because of the brilliant possibilities of this interesting field.

The improved sanitary condition of the civilized world, chiefly evidenced by the absence of those terrific epidemics which formerly scourged the most populous countries, has long been our boast. Nevertheless, the civilized world is far behind former ages in one great essential of sanitation—personal cleanliness.

Startling as this proposition may seem, it is open to absolute demonstration by historical data, as is clearly shown in a recent address of Dr. Lassar.

The recognition of the vital importance of personal cleanliness may be traced into the remotest antiquity. Zoroaster and Moses made it a law whose infringement was severely punished, and indeed, all Asian and Semitic nations had it impressed upon them by their ceremonial acts. These facts are so well known that they need only to be referred to here.

In the latter centuries before Christ, bath-houses were introduced from Greece into the smallest Italian towns, not only for ordinary use, but many were erected on the most luxurious scale. Seneca tells us that the walls of some of these establishments were covered with mirrors, and the floors with Numidian marble; the basins, surrounded by rare stones, received water from silver faucets; magnificent statues and pillars abounded, and the water fell in immense quantities in cascades upon the bather, whose eye meanwhile rested upon the most ravishing landscapes, exposed to view through the spacious windows.

Vispanus Agrippa built one hundred and seventy free baths in one year. Others were offered to those who were able to pay, for the price equivalent to one cent of our present currency. Nearly every well-to-do householder had his own private bath. From the time of Augustus to that of Constantine fourteen hot baths were erected, each one of which accommodated thousands of bathers. In Rome alone there existed, during the residence of Constantine in Byzantium, eight hundred and fifty-six free baths, which consumed seven hundred and fifty million gallons of water.

Pliny asserts that for six hundred years the people of Rome needed no physicians, because they bathed.

These grand structures, however, fell under the savage destruction of the uncultured multitudes which crushed out the power of Rome, and trampled upon its great works of art. The world has not yet recovered from the effect of this invasion of the field of hygiene.

To-day the paradox exists that among people whom we are wont to regard as uncultured, the resort to water for personal cleanliness is more in vogue than it is in our midst.

In Russia the poorest peasant would not don his holiday attire, without resorting to his village bath. In Japan hot baths are accessible to the people in the very humblest villages.

This glaring defect in our boasted civilization has been again and again recognized, and the press, that most potent agitator of the rights of the people has struck sledge-hammer blows in behalf of public baths. The New York *World* not long ago published a series of well written articles upon this subject, which have borne some fruit. It is to be hoped that this sturdy advocate of the people's prerogatives will again be heard from in the good cause and induce other journals to follow its energetic and brilliant initiative.

The interests of good sanitation demand constant and unceasing agitation of the subject of public baths. The family physician, armed with the historical facts briefly enumerated and imbued with the consciousness that cleanliness of person among the lower classes will surely tend to check epidemic diseases at the very portals of its usual entrance, may contribute vastly to the dissemination of ideas that will surely bring valuable practical results.

If public baths could be made as accessible as they were in the palmy days of Rome and Greece, the health and happiness of the laboring classes would be greatly enhanced; the unrest and discontent, which are but the muttering of a storm that will sooner or later sweep with devastating fury over our prosperous land, would be allayed by the recognition of the fact that they whom fortune has favored bear a kindly interest in those who are tottering under the heavy burden of poverty and its inevitable train, misery, and death.

A feeble step in the right direction has already been taken by the public baths which some of our cities offer during the summer months. But the number of these baths is ridiculously small, and they are entirely absent during the winter months when they are most urgently needed.

Lack of water and room, and the large expenditure of money required, offer the most potent obstacles to the extension of public baths. All these obstacles may be readily surmounted by the adoption of the rain and douche baths, which have been successfully utilized in the German army and in several large German cities. These baths are simply arranged, built in the most economical, yet substantial manner, and divided into spaces just large enough for an adult to stand and move comfortably in. The bather bathes himself with soap, and turns on the cold or warm water, which falls upon him as a spray or douche. The mechanical action of the stream, aided by his own efforts, rapidly cleanses the body, and the water flows away over the latticed flow into a receptacle, which conveys it to the water pipes. The time, consumption of water, and attendance are thus reduced to a minimum; cleanliness of the bathing-room is readily obtained, and the danger of contagion, which would deter many from resorting to tub baths, is entirely obviated.

Simple douche baths of warm soap-water should be attached to our public schools, and the afternoon hours should be devoted to the task of cleansing the bodies of the little ones. The warm soap douche would be a great boon to the poorer and laboring classes in midwinter, when they rarely, if ever, have an opportunity, owing to the narrow limits of their dwellings to cleanse their bodies. To the middle classes the cheapness of such a bath would commend itself. The construction of a few warm and douche baths in our large cities would popularize bathing and protect the community against many diseases, without a large outlay of the people's money.

CHLORAL HYDRATE IN SEVERE CHOREA.

FOR the ordinary choreas arsenic is still the remedy par excellence, but now and then one comes across a case of old, long-standing, or severe chorea, which resists every known means of medication. With such cases many new and novel methods of treatment have been instituted for a time, but usually they have ended in failure. Only rarely forced rest and seclusion have cured the disease, as in cases reported by Van Bibber, of Baltimore. But not often does it happen that prolonged sleep, and especially sleep produced by chloral hydrate, terminate in a permanent cure, as in Dr. Gairdner's well-known case (Glasgow *Medical Journal*, new series, Vol. II, 1869–70, page 550), which was accidentally given sixty grains of chloral with the happiest results, and in the case reported by Bouchut (*Bulletin Générale de Thérapeutique*, February, 1873), in which forty-five grains of chloral a day were given for twenty-seven days with a complete cure of the chorea and dementia on the twenty-eighth day of the use of the chloral. In these cases the seat of the trouble itself seems to have been favorably affected. There may have been a certain amount of habit in both instances which was removed by the profound impression caused by the narcotic. But it is difficult to imagine that the drug affected primarily in any way the diseased centres in view of the many other cases in which cessation of the movements could only be obtained during the artificial sleep. Why this artificially produced and prolonged sleep should result in a complete cure in some instances and in nothing at all save the artificially produced periods of rest in others cannot be explained until we know more about the pathology of chorea. Neither Bastian's experience (*Lancet*, July 13), Bouchut's nor Gairdner's (*Lancet*, August 3), would at all lead to the idea that chloral in itself was in any way a specific for chorea, hence the rest itself was the curative agent.

Cases have been reported in which benefit was obtained by interpolated long periods of sleep, of a certain number of hours or days, it not having been considered safe to continue the sleep as long as Bouchut had done. In two of Dr. Gairdner's cases, recently reported (*Lancet*, August 3, 1889), one still under observation, the other having died from exhaustion, which was pronounced before beginning the chloral treatment, the good effects of the treatment seems to have been clearly indicated. In one of them the au-

thor saw such an improvement as to lead him to dissent somewhat from the assertion of Bastian that "in the most acute and severe cases of chorea, in which the temperature is raised and the movements are violent and continuous, with or without delirium or maniacal symptoms, I have never yet tried this mode of treatment *and should not recommend its adoption.*" Chorea is a disease that usually proceeds from bad to worse, and hastens its over development by exhausting the general constitution. The uncontrollable jactitations so disorganize and disarrange the other functions of the body that decline and death occur as the result of the latter rather than of the chorea. Reason dictates, therefore, that in these intractable cases the best hope of a cure is to be based only upon frequent periods of rest prolonged as much as the safety of the patient and freedom from symptoms of poisoning will allow. The chloral treatment of severe cases of chorea has given results far from what would be desirable, yet sufficiently favorable to warrant longer and closer study.

A SOCIAL EVIL.

ONE of the blessings and curses of modern civilization is the piano forte. With the invention of the instrument began a new era in the matter of musical entertainment, and since then it has risen into such popularity as to leave its many competitors far in the rear. No house is thought to be completely furnished nowadays where there is not a piano, and hence it is heard everywhere and at all times. Occasionally its tones are soft and soothing, more often they are rattling and torturing. We have often wondered how it was that an instrument which is considered second in difficulty only to the violin for its complete mastery ever became so popular. Could any one be so malicious as to continually rack the ears of his neighbors with amateur efforts upon a cracked violin, or howling cornet, even did these instruments "furnish the parlor so well" as the piano. But we have wondered still more often how it was that girls were so universally obliged to study the piano. The first daughter born into the family is destined from the moment that the sunlight first sparkles in her eyes to be put at the study of music as soon as possible, and often long before she has acquired the slightest knowledge of anything else. Perhaps she exhibits no taste whatever for the art, but then she's a daughter, and along with her younger sisters must continue day after day thumping her patience, amiability, and health away trying to learn what fashion has considered *proper* for her to know. A recent German writer has attributed a large part of the nervousness among young girls to their piano forte practising, and the matter is receiving at present much consideration from the London physicians. Nothing is more absurd than to compel a delicate, nervous girl to practise and practise, ofttimes six and eight hours a day, the same monotonous exercises merely to humor a fashionable whim. There is nothing in its favor when the disposition is vigorously opposed to it; for it certainly does not develop grace either of body or movement, nor does it bespeak special culture more than any other more congenial art would.

The long hours of practice indulged in by those who are fond of it are not only dangerous, but frequently unnecessary. The habit is one that grows, and the emotional nature is so stimulated that the performer is restless unless she is practising. We know of most admirable pianists — certainly — who could entertain the most cultured non-professional audiences that have never practised more than a couple of hours a day. Regularity of time well distributed does more than length of hours.

As we have also said, the emotional nature becomes overstimulated, and thus the equilibrium necessary to the preservation of the nervous health is destroyed, and all sorts of nervous ailments ensue. This is readily confirmed by the lives of most of the great composers and pianists of the world.

It is time, then, that physicians should take this question into consideration and educate people out of the silly notion that every girl must be a pianist. Away with the absurd fashion, and many of our girls will be more healthful, will enjoy life with a keener zest, and many of the common ailments now arising from an overwrought nervous system will disappear.

Furthemore, our ears will be less tortured by the rattling noise of ancient pianos thumped by dispirited unmusical amateurs. It is the physician's duty to correct this evil, and to him we make the appeal for the benefit of music-loving ears and delicately organized nerves.

AN ERROR OF SPECIALISM.

"SPECIALISM" of a certain sort has again put itself into a ridiculous attitude before the medical world, for there has just been issued in London a classified list of practitioners who chiefly attend to special departments of medicine and surgery in that city, with particulars of the principal special hospitals and special departments in general hospitals, edited by W. P. W. Phillimore, M.A., B.C.L., Queen's College, Oxford. This together with the many other useless and hashed up compilations now being published upon all sorts of medical matters remind us of the old truth that "there is no end of making books." In commenting upon the present volume the editor of the *Lancet* says: "Concerning the most eminent persons the information is least, concerning the less distinguished it is 'special,' and would almost suggest the profane thought that it has been self-supplied. Can anything be more ridiculous than to suggest to medical men that they need a lawyer to tell them the persons to consult in a given case of difficulty." Sir Andrew Clark "who is too great to be belittled and too general to be specialized," is here set down as a specialist for chil-

dren, is daubed *great* in regard to the eye and *specially* commended for consultation in cases of midwifery and diseases of women and children. The absurdity speaks for itself, and yet it but indicates one of the evils of specialism.

A PERSONAL JOURNAL.

WHEN the *Medical and Surgical Reporter* has retracted its previous misstatements concerning this journal and its editor, and apologized for the same, we may notice its later statements. Until this has been done we do not consider it worth replying to. Its readers may be willing to pay for the privilege of being informed as to its editor's opinion of us, but ours prefer that we shall devote our space to matters medical.

Annotations.

AIMS AND LIMITS OF HYDROTHERAPY.

THE application of water in any form, at any temperature, externally or internally, without admixture of medicinal agents, is the province of this special branch of therapeutics.

It is not an infrequent error to regard the external application of cold water, or its combination with cold water drinking, as in the so-called water cure, as the only aim of hydrotherapy.

The modern application of the term, on the contrary, embraces every method by which pure and unadulterated water is utilized in the prevention and treatment of disease. As we have insisted in a previous article (DIETETIC GAZETTE for April, 1889), the surgical use of hot water for purposes of asepsis, the gynæcological application for the treatment of piloric inflammation, its internal use in gastric derangements, the need of tepid temperature in intestinal diseases, all these belong to the field of hydrotherapeutics, because they each depend upon the effect of temperature and mechanical results of water alone.

The successful application of ice (frozen water) in cardiac, nervous, and inflammatory affections furnishes another illustration of the value of modern hydrotherapy.

In our discussions of this subject in future numbers of THE TIMES AND REGISTER, we do not propose to confine ourselves to the external and internal use of cold water, as is the practice of the hydropaths, but to expand into a broader and more fruitful field, whose limitations shall be that water in some shape is the single agent applied in the treatment.

DR. S. LUSTEGARTEN.

OCCASIONALLY one of our trans-atlantic confrères actuated by the conviction that his mission would be best fulfilled in our country, emigrates to our shores, bringing with him a record of brilliant attainments which at once assures him a steady position in our midst. Dr. H. Knapp presents an illustration of such a career.

At the present time we are pleased to record an event which is regretfully referred to by the *Wiener Medicinische Presse* (July 28, 1889), as follows: "A few days ago a most promising young physician of Vienna left his native city in order to find a new home on the other side of the ocean. Docent Dr. Lustegarten, one of the most able of the younger workers in syphiology and dermatology at our university, which have emanated from the school of Kaposi, a man who is most favorably known through his numerous original works, is on his way to the new world. We will not discuss the causes which tear this promising man of learning away from his friends, colleagues, students and patients, but desire to express our sincere regret for the loss of this man and we hope that Lustgarten may find a new field of satisfactory scientific and medical activity in his distant home."

Dr. Lustgarten is well known as a teacher to the numerous Americans who have resorted to the great Vienna School of Dermatology in recent years.

He studied leprosy under Asmanen Hausen, in Beyen, Norway, and visited many other parts of the world in the pursuit of his studies.

His greatest achievement is the discovery of the bacilli of syphilis in 1885.

We welcome this active and original worker in our midst and bespeak for him a hospitable reception.

RECENT DISCOVERIES IN MORPHINE, STRYCHNINE ELIMINATION.

DR. ALT (*Berl. klin. Wochenschrift*) has demonstrated by experiments on dogs and confirmed the latter in man, that morphine injected subcutaneously is eliminated by the stomach within an hour, and that this elimination is the cause of nausea, which may be relieved by stomach irrigation. At least one-half of the morphine injected may be recovered from the stomach by the irrigation; and toxic symptoms produced by subcutaneous poisoning may be removed by the latter. The importance of this discovery in medico-legal examinations and in morphine poisoning is evident. In the former case evidences of the presence of morphine may be obtained in the stomach, and in the latter the effect may be neutralized by irrigation. Thus the hopelessness of accomplishing either one of these important results after subcutaneous injections may be abandoned.

Elimination of Strychnine.—From actual experiments on frogs Dr. Lovett (*Journal of Physiology*) discovered the important fact that the larger proportion of strychnine is stored up in the spinal cord, in which he found more than in the brain, liver, stomach and muscles together. This is an important medico-legal point, because it emphasizes the necessity of examining the spinal cord as well as the stomach in cases of suspected strychnine poisoning.

Treatment of Insomnia.—Jastrowitz read before the Society for Internal Medicine a paper on this subject, in which he concludes that morphine and opium are indicated in acute cases, especially in the anæmic, for the removal of apprehension and pain. In depressed heart action and in congestions special precaution is necessary.

Paraldehyde is recommended for acute forms of insomnia, especially in heart affections, while in chronic cases it must not be long continued, a change of remedies is specially advisable.

Amylhydrate may be given in acute as well as in chronic forms of insomnia, especially when the stomach is deranged.

Sulfonal is adapted for acute cases, when it is not important to be prompt and in all chronic cases of insomnia.

It should always be the aim of the physician to discover the cause and remove it in order to equalize the nervous organism.

Sulphur in Rheumatic Arthritis and Muscular Rheumatism.—Sir Alfred Garard in bringing this ancient remedy forward, claims that small doses frequently repeated are followed by the best results when combined with minute doses of cream of tartar. He also recommends the combination in torpor of the liver, in hemorrhoids, constipation, and in some skin affections.

A CONTRAINDICATION OF ANTIPYRIN.—Antipyrin (London *Medical Press*), among its other properties, exerts a hemostatic effect, which, according to Dr. Huchard, may be productive of serious results if incautiously given during a menstrual period. He mentions a case of woman suffering from severe dysmenorrhœa, for whom he ordered sixteen grains of the drug, with the effect of immediately suspending the flow. The arrest was accompanied by shivering and cyanosis and a tendency to syncope. These symptoms caused him a great deal of anxiety for half an hour, when they gradually passed off. He has noticed the same effect, but less marked, in two other cases in which he had prescribed the drug under similar circumstances.—Memphis *Medical Monthly*.

Book Reviews.

INEBRIETY, ITS ETIOLOGY, PATHOLOGY, TREATMENT, AND JURISPRUDENCE. By NORMAN KERR, M.D., F.L.S. Second edition. London: H. K. Lewis, 1889.

This is the second edition, with careful revision and additions, of a work which has already received a hearty welcome from the profession. It is one of the evidences of medical progress that narcomania, whatever may be the poisonous agent, is recognized as a true disease, and thereby treated otherwise than as a crime. Yet its causation is so frequently dependent upon the will of the patient, that the latter has often been deprived of merited sympathy, and the condition overlooked as one of a pathological character. No physician of the present day can afford to be unacquainted with the least of the details of this disease. Hence the present volume, which is an exhaustive study of the subject by one who has devoted much time to its investigation, should receive a wide circulation. In twenty-three chapters, the author has minutely, yet concisely, portrayed the nature of the disease, its etiology, and varieties, pathology, treatment, and medico legal aspects, giving the reader the very latest views as the result of a close study of the literature of the subject and of his own wide experience in this special department of medicine. The indexes, both at the end and along the margins of the body of the work, recommend it also as a convenient reference and text-book. It is not necessary to quote further from the work itself, as the first edition has already been some time before the medical world.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION, Vol. I. Session of 1888, Birmingham, December 4 to 6. Birmingham: Caldwell Printing Co., 1889.

Judging alone from this first volume of published transactions, this Association is in a most flourishing condition and doing valuable work. Besides the annual oration, there are twenty-eight papers; many of them of decided merit, and upon the most recent and practical themes. Without specifying we will note that they treat of brain surgery, antisepsis, laparotomy, electrolysis, cystoscopic examinations, various gynæcological operations, besides reports of many interesting cases. None of the discussions have been included, though we infer from the notice of the Committee of Publication that they will be in the next year's report. The type is open and clear, the paper moderately good, and the binding strong and attractive.

CHEMICAL EXPERIMENTS FOR MEDICAL STUDENTS ARRANGED AFTER BEILSTEIN. By W. S. CHRISTOPHER, M.D., Demonstrator of Chemistry, Medical College of Ohio. Cincinnati: Robert Clarke & Co., 1888.

For the purpose of familiarizing the medical student with chemical manipulations this small book answers very well, but it is by far too condensed to be of any use as a guide to the study of chemistry, however elementary. In his preface the author says "the object has been to simplify and limit, rather than to multiply, the number of experiments." The topics relating to physiological chemistry and urinalysis have been very judiciously made more important than those of inorganic chemistry. While brief compilations of this sort are desirable as reference books for the laboratory and note-books for the lecture-room, we must again caution students against hoping to acquire from them the perfect knowledge only to be obtained from the larger manuals.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in Medical Department University of the city of New York. Second edition. New York: William Wood & Co., 1889.

It is scarcely necessary for us to do more than merely call the attention of our readers to this excellent little handbook, as this is its second edition and the title fully explains its purpose and scope. The plan of the work is concise and well adapted for a lecture-room note-book. The illustrations are numerous and well selected. We are pleased to commend it to practitioners, and especially to students, as a correct and convenient guide to the study of physiological chemistry.

The Medical Digest.

PARALDEHYDE AND SULPHONAL.—Dr. C. M. Hay (*American Journal of the Medical Sciences*) arrives at the following conclusions:

1. That paraldehyde is the safest hypnotic where a continuous action is desired.

2. That paraldehyde has a wider range of application in mental diseases than sulphonal, and that in the insomnia of acute or chronic disease, where pain, cough, dyspnœa, or fever exists, sulphonal is less effectual than paraldehyde.

3. That in all depressed mental states sulphonal acts ineffectively, and acute melancholia should be a contra-indication to its use, while in maniacal conditions it is more satisfactory than paraldehyde. That the use of the former in general paralysis in the insane should be carefully considered, while in acute melancholia the latter is usually effective.

4. That a high degree of physical debility with insomnia should contra-indicate sulphonal.

5. That in 18 per cent. of cases various degrees of sulphonal intoxication appear, and that it would seem that the drug is capable of being dangerous to life, and that, therefore, the commencing doses should be small, some persons being extremely sensitive to its influence.

6. That the effects produced by sulphonal are not always in proportion to the dose administered, and that in some cases at least it very seriously interferes with the normal bodily secretions, while paraldehyde does so to a very much less extent.

RENAL COMPLICATIONS IN WHOOPING-COUGH.—Some time ago Dr. Stefano Mircoli pointed out that he had several times observed renal complications in whooping-cough. Thus, on one occasion, among ten children suffering from the disease, nephritis occurred in two cases, one of which died. The necropsy left no doubt as to the existence of the renal affection. During another outbreak, among thirty-five cases nephritis developed in four. Two of these died, and in one a post-mortem examination was made. The kidneys were examined microscopically, and were seen to be in a condition of severe parenchymatous nephritis. No microörganisms could be seen. Recently Dr. Mircoli has brought forward additional evidence on the subject. In a recent epidemic at Monterrubbiano, of twenty-four patients, three died, one from suppression of urine, another from suffocation in a paroxysm of coughing, and a third from marasmus. In the two latter cases, although during life there were no symptoms of renal affection, on post-mortem examination venous stasis in the kidneys with commencing albuminuria was found. There was also a considerable amount of hemorrhagic infiltration. Cultures of the kidney tissues gave negative results. Dr. Mircoli believes that the renal affection is due to venous stasis caused by obstruction of the vena cava through the violent paroxysms of coughing. According to him the kidney is affected, in whooping-cough, in 12 per cent. of cases occurring in children.—*London Medical Recorder.*

ON THE INFLUENCE OF PERMANGANATE OF POTASSIUM ON MENSTRUATION. — Prof. Stephenson gives, in an interesting article, the results obtained from a series of observations extending over a period of three years upon the value of potassium permanganate in the menstrual diseases. During this time he has collected one hundred and five cases in which reliable results were obtained. In his investigations he exhibited the drug in the form of a pill containing two grains of permanganate in sufficient kaolin ointment, one pill to be taken after meals. In a few cases this dose was doubled. In stating the results obtained he says: "It is evident that in the permanganate of potassium we have a remedy which has a considerable influence upon the function of menstruation when that function is deranged. In the matter of time, it tends to promote the normal periodicity both when the periods are too long and when too soon. It aids in restoring the menstrual flow when suppressed, to increase it when scanty, and to moderate it when in excess. It relieves much of the menstrual suffering, has a direct influence on some forms of ovarian pain and the headaches of menstrual origin. It has a remarkable influence in checking leucorrhœa."

In conclusion, he infers that the direct action of the drug is upon the vaso-motor center, especially those regulating the generative system.

—*British Medical Journal*, July 20.

NUTRITIVE VALUE OF BLOOD.—Dr. William Hunter, in the first of a series of these lectures on Transfusion: its physiology, pathology, and practice, says that the results of the observation of various investigators upon the blood of persons who had been subjected for some time to starvation go far to prove that the blood is not the "nutritive fluid of the tissues" as it has been called, and that "to tranfuse blood on account of any nutritive properties it may be supposed to possess is an operation entirely devoid of any physiological basis." From his studies of the behavior of the blood in health and disease, he arrives at the following conclusions:

1. That the blood is in all respects a living tissue of highly specialized structure, adapted for the performance of certain specialized functions—namely, the conveyance of food material, gaseous and solid, to all the tissues of the body.

2. That it possesses, in common with all tissues, the power which this characteristic feature of living tissue—namely, of maintaining a certain physical structure and a certain chemical composition in the presence of the most varying physical condition.

3. That the peculiar fluid nature of its matrix necessited in its case special arrangements for the regulation of its composition not required by the other tissues.

4. That this mechanism is to be found partly in itself—its white corpuscles and the endothelium of its capillary walls—partly in certain organs in specially close relation to the blood—namely, gastro-intestinal mucous membrane, more especially the follicular tissue around the portal radicles, the spleen, liver, bone-marrow, and lymphatic glands.

—*British Medical Journal*, July 20.

ONE YEAR OF ACETANELIDE.—In a paper entitled One Year of Acetanelide in Pediatric Practice, read before the last meeting of the American Medical Association, Dr. I. N. Love says:

"After more than eighteen months experience in the use of acetanelide for many of the febrile spasmodic and painful disturbances of childhood, a record of its use upon six hundred children kept for purposes of comparison with past experiences with other drugs for similar conditions, I feel justified in arriving at the following conclusions:

"1. Acetanelide, carefully guarded and properly used, is a safe and reliable remedy in the diseases of infancy and childhood.

"2. Whether used for the antipyretic, analgesic, or sedative effect, it is preferable to antipyrin in that the result secured is of longer continuance and the depression is not so great.

"3. The cyanosis which sometimes results from its liberal use is not uniform, and while it is not an agreeable feature, my experience corroborates that of other observers to the effect that it soon passes off and is not accompanied by danger.

"4. It is not desirable in reducing temperature, no matter what means be employed, to use them in excess to the extent of securing sudden and great reduction. Especially is it preferable in using acetanelide for antipyretic purposes to give it in medium doses to the extent of keeping the temperature down to a reasonable point, in the neighborhood of 100° F. It is better to give small doses and repeat them more frequently, rather than large ones at long intervals.

"5. After having used acetanelide during a period of eighteen months, and having administered it to not less than 1000 children, I feel free to say that it is a valuable aid in the treatment of the diseases of children. In no instance have I had occasion to regret its use.

"6. It is of great value as a controller of temperature in the various fevers, whether they be caused by the typhoid germ, malaria, or the exanthemata.

"7. It serves almost as a specific in whooping-cough, not in aborting the disease, as it has a definite course to run, but in mitigating the discomforts and controlling the paroxysms of the same.

"8. Acetanelide, while of great value, and surely safer than antipyrin, is no exception to the rule that obtains with all drugs.

"It should be handled carefully, administered judiciously, and under no circumstances should the public be educated in its use.

"The time has come for the profession to call a halt, and eudeavor to check the reckless use of medicines upon the part of the people.

"The secular press, in disseminating information regarding the action of drugs gleaned from medical sources, is to a large degree responsible for the drugging habits of the people; but the medical profession is not blameless in this matter, in that many physicians verbally advise the purchase of many drugs by their patients, and carelessly and thoughtlessly impress them with their harmlessness.

"9. Medicines, which are nothing more than the tools by which the physician hopes to accomplish certain ends, should no more be left in the hands of an undiscriminating lay-public to use at their pleasure, than should the equipments of a surgeon's office or the accoutrements of a standing army (all intended, if properly used, as a protection to lives of the citizens) be recklessly placed in the hands of children, or those unskilled in their use."

VOLATILE OIL OF CORIANDER.—This substance has been made the subject of experiments by M. Cadêac and M. Meunier, who have reported upon them before the *Société Nationale de Médecine*, of Lyons, at a meeting the proceedings of which are reported in *Lyon Médical*. According to these investigations, the action of coriander is more like that of fennel than like that of anise. Unlike fennel, however, it does not cause convulsions, and the authors do not feel warranted in calling it a carminative. It causes a brief stage of excitement—all the briefer as the dose is larger—followed by blunting of the sensibility, muscular relaxation and inco-ordination, and the stupor of ordinary drunkenness. Its local action is only slightly irritant, and its effects are not materially different whether it is given by the mouth, by inhalation, or by intravenous or subcutaneous injection. It is said to kill the germ of farcy in three days and that of typhoid fever in seventy hours. Meat impregnated with it becomes mummified.

—New York *Medical Journal*.

In the American *Lancet*, Dr. David Inglis, of Detroit, gives his experience in the treatment of tabes dorsalis by suspension, and concludes thus:

"As far as my own experience, as well as that of other observers goes, a genuine *cure* of tabes will be attained just as little by this as by any other plan of treatment. But, inasmuch as it is possible to obtain at least a temporary improvement of a considerable number of tormenting symptoms, no objection can be made to the treatment, if applied to proper patients and under proper restrictions.

"Suspension will probably not replace the other modes of treatment of tabes, but will afford a much desired assistance. It will not always relieve, but it enables us to alternate with the other methods for the relief and improvement of the patient's condition."

FRICTION FOR VARICES (Kobert).—

℞.—Chloride of barium . . . . . 1 gr. 5.
Distilled water, q. s.
Lanolin . . . . . 15 grammes.
Oil of sweet almonds . . . . . 5 "—

Shake mixture to dissolve the barium, and then add lanolin and oil.

M. Sig.—Rub the parts three times daily.

NATURE OF INFANTILE PNEUMONIA.—Dr. Guaita, during observations of ten years, observed 180 cases of pneumonia; of these 180 cases (in children under two years of age) 45 presented all the symptoms of croupous pneumonia.

Croupous pneumonia is, therefore, much more frequent at this early stage than has been generally admitted.

Eau De Cologne Drinking.—The use of cologne as a substitute for spirits is very common among inebriates; generally when no other form of spirits can be procured. Recently attention has been turned to the rapidly increased consumption of cologne, both in large cities of Europe and this country, and the conclusion reached by several authorities is that cologne is becoming a drink in many circles in preference to other forms of spirits.

In England many women and men in the better walks of life begin by taking a few drops of this perfume on sugar in the morning for some debility. In one instance a wineglass of cologne was taken three or four times a day for a long time; the patient finally died from delirium tremens. It appears that the effects of this drink vary but little from ordinary strong spirits, except, perhaps, there may be more profound nutrient disturbances, insomnia, and tendency to delirium. If the cologne is made from wood spirits, the brain and nerve degeneration is both intense and profound, and delirium is very sure to follow.

It has been asserted that melancholia and insomnia in a case suspected of using spirits in secret is an indication of the use of cologne. Usually the cologne drinker will have a strong odor of this perfume about his body and breath which cannot be mistaken. Such cases usually use this perfume externally in excess to divert suspicion from its internal use. Undoubtedly there are, in this country, an increasing number of cases where cologne is used secretly and exclusively. Obscure and complex nervous disorders in a woman that uses cologne externally should always suggest the possibility of its internal use. Inebriates who use it externally and recover rapidly, or make sudden changes of habits and living, may be suspected of substituting it for other spirits.—*Journal of Inebriety.*

The Geographical Distribution of Disease in Southern India.—In a leading article on this subject, Surgeon-General Bidie has taken a comprehensive view of the ravages of certain diseases in the various districts of British India, and in the course of his paper has proved that there is a marked preference for certain localities evinced by particular diseases, while also the climate of some districts seems to exert a special deleterious effect on particular organs. He also lays great stress upon the influence of the elevation of the land and the character of the subsoil upon the spread of certain diseases, especially of the miasmatic type. The cold weather, he claims, is particularly fatal to the natives, while during the dry, hot months they seem to enjoy a peculiar immunity from disease. Especially is this the case with typhoid fever, from which the natives are remarkably free.

In speaking of fevers of a malarious nature, he dwells upon the active part taken in the dissemination of the poisonous germs by the fogs which prevail at the seashore where ague is most common. The aqueous vapor enveloping the microörganisms is carried by the winds over far-reaching districts, thus bearing the germs to regions which would otherwise escape the disease.

Owing to the repugnance shown by the natives to the introduction of vaccination in the country, smallpox is generally prevalent. Of all the children born in India, probably not more tnan 16 or 17 per cent. are protected by vaccination. Phthisis also is extremely common, and is abetted in its destructive action by the debilitating influence of the famines which are so common, to which may be added the wearing effect upon the system of the national scourge, syphilis. Beri-beri is mostly to be found on the coast and in low-lying regions, where it attacks preferably the natives, although Europeans are not wholly exempt.—*British Medical Journal*, July 20.

The Curette and Paralysis of the Uterus.—Curetting the uterine cavity is an operation not unpopular with many gynecologists, and, therefore, frequently performed. It is not without danger, and requires several precautions; above all, strict precautions against sepsis. Operators have occasionally noted during the scraping process that the curette seems suddenly to go through into a space, as though it had perforated the uterine wall. Doléris has described this phenomenon, which he has found to arise from total paralysis of the uterus, due to the "minor" operation in question. Dr. Geijl, of Utrecht, confirms this theory, having observed the phenomenon in five cases. He also noted complete paralysis of the vesical walls after removal of two tumors from the bladder, and injection of boracic acid. In the case of the uterus, the curette can be passed back till it strikes against the posterior wall of the uterus, and, on introduction of the finger, the paralysed organ feels not like a flaccid bag, but rather like a distended sac. Fluids and air injected into the uterine cavity under these circumstances apparently resisted the pressure of the abdominal muscles. The question, discussed in the *Archiv für Gynäkologie*, Vol. XXXI. part 3, is of high importance, and demands further investigation.

—*British Medical Journal.*

Laxative Saline Mixture.—

℞.—Sulphate of soda,
Salt of seignette (tartrate of soda),
Cream of tartar . . . . . āā 20 grammes.
For one pint of water:
M. Sig.—One glassful before breakfast.

Tuberculosis in Some of its Surgical Aspects.—The value of excision as a method of treating tubercular joint disease is the subject of a lecture by Dr. Howard Marsh in a series upon the surgical treatment of tuberculosis. Taking into consideration the comparative results of early and late excision in a number of cases recently tabulated by eminent operators, he concludes that the statistics do not justify early operative procedures. He bases this conclusion upon the fact that systemic infection from the joints is comparatively rare, and that it is possible for the operation itself to precipitate the very result it is intended to present.—*British Medical Journal*, July 20.

Medical News and Miscellany.

Dr. Chas. Elam, of London, has just died.

An epidemic of typhoid fever is reported at Wilkesbarre.

Dr. Walling has removed to 2005 Arch Street, Philadelphia.

Dr. T. Ridgway Barker has removed to 1703 Spruce Street, Philadelphia.

Dr. Warder and family are at the Monmouth House, Spring Lake.

Dr. S. Weir Mitchell has published a volume of poems entitled "The Cup of Youth."

In France the doctor's claim on the estate of a deceased patient has precedence of all others.

An oxalic-producing ferment has been discovered by W. Zopf. He calls it saccharomyces hansenii.

There are in Japan thirty-one schools of medicine, four of pharmacy and two of veterinary surgery.

New Orleans is to have underground drainage instead of the old system of surface drainage so long in use.

M. Chevreul's successor, as professor of chemistry in the Faculty of Medicine of Paris, is Dr. Armand Gautier.

The American Rhinological Association will hold its seventh annual meeting at Chicago, Ill., October 9, 10, 11, 1889.

Dr. Joseph McFarland and Dr T. R. Keefer have been made resident physicians at the Philadelphia Hospital.

Dr. D. A. Harrison, who was elected Superintendent of the Delaware State Insane Asylum, has declined the office.

The heirs of the late M. Chevreul have presented his library of 10,000 volumes to the Paris Museum of Natural History.

The next meeting of the Mississippi Valley Medical Association will be held at Evansville, Ind., September 10, 11, 12.

The American Medical Press Association cordially welcomes its distinguished associate William Murrell, M.D., F.R.C.P., Lecturer on Pharmacology and Therapeutics in the Westminster Hospital; Examiner in Materia Medica in the University of Edinburgh, and to the Royal College of Physicians of London, etc. Dr. Murrell has just indicated his acceptance of membership, and his name has been duly entered.

Errata.—In Dr. Baruch's article entitled "The Technique of Hydrotherapeutics," August 3, line twenty-two, page 328, should read, *from a letter received by the writer from Dr. Chas. Schram.* The quotation ends after the words "in your paper, etc.," line thirty-three.

Dr. Chas. B. Nancrede, of this city, has been elected Professor of Surgery in the University of Michigan, Ann Arbor.

Sir James Paget Bart, Mr. Hutchinson, and Sir William MacCormac have been appointed members of the Standing Committee of the Father Damien Memorial Fund.

I could fill a volume with the adulterations which I have found within a few years past in articles of food and drink in common use, by microscopical and chemical analysis.—*Piper.*

Dr. Mary W. Case, of Troy, N. Y., a graduate of the Woman's Medical College of Pennsylvania, died at Lansingburgh from an accidental overdose of a drug taken for heart trouble.

After October 1, Dr. I. Minis Hays will relinquish the editorship of the *Medical News.* Dr. Hobart A. Hare, one of the editors of the *University Medical Magazine*, will assume editorial conduct.

Notwithstanding favorable reports are still sent out from the Board of Health, there is a great deal of sickness at Johnstown. The doctors are so busy that they cannot attend to calls made upon them.

The Faculty of the New York Polyclinic has been further increased by the election of Drs. H. Marion Sims and Henry C. Coe as professors of gynæcology. Dr. Coe is also appointed surgeon to the Cancer Hospital.

Dr. Emanuel Melhorn, a prominent physician of Adams County, died at his residence at New Chester. He was about sixty-five years old, and graduated at the University of Pennsylvania in 1871.

Chicago has an epidemic of typhoid fever, due to impure water. Happy is the town like Philadelphia, where the water can be cut up into blocks with a handsaw and scrubbed with a brush before it is used!
—*Press.*

Dr. Charles Theodore, Duke of Bavaria, the philanthropic physician, recently celebrated, at Tegersee, in Bavaria, his removal of the thousandth cataract from the eyes of his poor patients. It was made the occasion of a great ovation.

Seven drops of medicine which Mrs. Richards, of Turtle Creek, bought at a general store, nearly killed her infant. The medicine had been purchased from a Pittsburgh firm which had pasted paregoric labels on bottles filled with laudanum.—*Record.*

This has been a hard summer for the city poor. The Board of Health reports that, during the past four weeks, 14,995 tenements, containing 108,597 families, have been canvassed by the corps of visiting doctors, who found 5220 sick persons who had no doctor and no money to pay for one. These they cared for. Last year the total number of sick found in a term of eight weeks was 9625, and the entire number of families visitsd 211,298. The medical inspection has resulted in the abatement by the doctors of 1382 nuisances. Nearly 6000 tickets for excursions were given.—Philadelphia *Ledger.*

THE Municipal Council of Rome has decided to devote a sum of money to the formation of a Pasteur Institute. Confidence in M. Pasteur's treatment of hydrophobia is said to be increasing in Italy, as is shown by the fact that little by little all the principal towns are providing buildings for the treatment of the disease by inoculation.—*British Medical Journal.*

THE Luzerne County (Pa.) Medical Society held a lengthy session at Wilkesbarre, August 7. There was a large attendance of physicians. The matter under discustion was the typhoid fever epidemic now prevailing in that city. Dr. Woodbury, of Philadelphia, and Dr. Taylor, of the State Board of Health, were the leaders of the discussion.

THE "miraculous berry" of West Africa, the fruit of *Sideroxylon dulciferum*, was lately exhibited to the London Linnean Society. The soft, sweet pulp with which it is covered so affects the nerves of taste that sour substances—even tartaric acid, lime-juice and vinegar—have a flavor of absolute sweetness after it has been eaten. Living plants of this and of thaumatococcus, whose fruit possesses similar properties, have been received at Kew Gardens.

PROF. FRESENIUS, of Wiesbaden, after a long series of chemical analyses, declares that an egg contains as much nourishment as a pound and an ounce of cherries, a pound and a quarter of grapes, a pound and a half of russet apples, two pounds of gooseberries or four pounds of pears, and that 114 pounds of grapes, 127 pounds of russet apples, 192 pounds of pears and 327 pounds of plums are equal in nourishment to 100 pounds of potatoes.

THROUGH the liberality of Lady Kortright, who has so bountifully endowed the Presbyterian Hospital in this city, another institution will shortly come into existence and serve as a monument to her munificence.

The property contains 49¾ acres, and the price was $30,000. The home will practically be an annex to the Presbyterian Hospital, and when completed will pass into the control of the Trustees of that institution.

The location is very picturesque. Its view reaches the Blue Mountain range, and it has superior attraction in the way of trees and water. It is only a half mile from Devon Station, and a Telford road reaches almost to it.

THE Cincinnati doctors have decided that the man Steel has blood poison. He will sue for $5000 damages. Filden Weir, the first man experimented on here, whose wonderful cure was telegraphed broadcast, is in bed again. He, too, will sue. Great hard lumps appear where the incisions were made, and he is delirious.

Dr. Longfellow, who made the first experiment, in a published statement, says he has lost faith in the elixir, and that a local paper paid all the expenses of his experiments for first news.

Dr. Langenbeck, the chemist who prepared nine-tenths of all the elixir used, says it is dangerous if used after an hour, and a rank poison after ten hours. The scare amounts to a craze.—*Press.*

DR. JACKSON, of Pittsburgh, who is experimenting with Brown-Séquard's elixir of life, reports that a bald-headed old gentleman whom he injected returned saying he could almost feel the hair starting on top of his head.

G. S. SYMONS, an eminent English meteorologist, has argued in a recent scientific paper, that people in a thunder shower should allow themselves to become thoroughly drenched with the rain, as then it would be impossible for the lightning to kill them.

IN prescribing acetanilide for children, Dr. I. N. Love recommends the following formula:

℞.—Acetanilide (Lehn & Fink)	. . . .	gr. xxx.
Alcohol	. . . . .	dram. iij.
Glycerin	. . . . .	" ij.
Aquæ cinnamon	. . . . .	" iij.
Syr. tolu	. . . . .	oz. j.

℥. One to three teaspoonfuls every two or three hours.

THE Astley-Cooper prize, amounting to $1500, will be awarded in 1892. The question proposed is, The Influence of Microörganisms upon Inflammation. The papers must be written in English, or accompanied by an English translation, and should be addressed before January 1, 1802, to Guy's Hospital, London. The prize will not be awarded to two or three working conjointly.

OWING to a reduction in the appropriations, three of the national quarantine stations on the Atlantic coast, one in the Gulf, and two on the Pacific coast, will be closed on October 1. The governmental appropriation amounts to $50,000, and as this amount is insufficient to maintain all the stations now in operation throughout the year, two only will be kept open, namely, the one at San Francisco and one on the Gulf coast.—*Sanitary News.*

MUMMIFICATION OF THE UMBILICAL CORD.—In the *Liverpool Medico-Chirurgical Journal* for July, 1889, there is an account of an interesting case of the above-mentioned condition by Mr. Frederick W. Towndes, Surgeon to the Liverpool police. At the end of 1885 the body of a fully developed, newly born male child was found in a cellar, with a scarf tied tightly round the neck. The lungs gave evidence that the child had respired. The point of chief importance, however, pertains to the state of the umbilical cord. "For about half an inch from the navel it was perfectly fresh; then came the usual line of demarcation; the remainder of the cord, about two inches and a half, was completely mummified, and there were no appearances of any ligature." We are quite in accord with the opinion of Mr. Lowndes that the state of the cord showed indisputably that the child had survived its birth for "at least twenty-four hours," since the change which had taken place was a vital one, and not the result of mere post-mortem desiccation. We are indebted to Mr. Lowndes for putting this practically unique case on record, if only for the fact that it shows that Casper's deductions from his observations on the value of mummification of the umbilical cord as a means of determining live birth are too general.—*The Lancet.*

THOMAS D. WESTCOTT, M.D., a son of the late Ebenezer Westcott, who was a well-known railroad man, died at his residence in Camden, N. J. The deceased was born at Tuckahoe, Cape May County, in 1838. He was educated at the University at Lewisburg, Pa., and graduated from the Jefferson Medical College. He practised medicine for a number of years at Port Elizabeth, Fairton, and also in Camden. He relinquished the practice of medicine about fifteen years ago.—*Ledger.*

A ROYAL OPHTHALMOLOGIST.—H. R. H. Duke Charles, M.D., of Bavaria, continues in the Bavarian Tyrol the philanthropic practice of ophthalmic surgery, to which he devotes the spring months in the Austrian Tyrol. On the 3d instant, at the Tegern See, he performed with complete success his one-thousandth operation for cataract. For the occasion, which was a festive one, the surgical theatre was decorated with flowers by the sisters of the hospital, of which his Royal Highness is the patron and working president.—*Lancet*, July 13, 1889.

IN regard to medical practice in France the editor of the *British Medical Journal* says:

"Many of the evils which we deplore do not exist in France. The chemist does not compete with the doctor, and the prescribing pharmacist is pursu d with the utmost rigor of the law; the sick club is much less developed, the out-patient department is barely a disturbing element; there is only one degree, which requires a preliminary degree in arts, and five to six years' study; the sham dispensary does not exist; yet the struggle for existence is deplorably severe.

OUR elaborate code of by-laws for the suppression of holiday recreations can still be circumvented by the resources of opulence, and the well-known hopelessness of any other expedient has stimulated a race for wealth which does not hesitate to attain its object at any risk of social or sanitary consequences. The number of infants which the superstition of the Ammonites sacrificed to Moloch is a mere trifle compared with the multitude of children now devoted to a far more cruel fate by being literally drudged to death in crowded factories to enable a millionaire to save a few dimes on his weekly pay roll and add a few per cent. to the exorbitant rate of his yearly profits.

In times of general scarcity the market has been drained of its scant supplies by speculators trying to coin gain from the distress of their fellow men and risking, after all, to be foiled by the decay of their hoarded stores or their destruction by fire or flood. Quack nostrums, which not one intelligent man in a hundred would privately hesitate to pronounce infinitely worse than worthless, are sold by shiploads and carloads to disseminate disease and the seeds of the stimulant vice, and the saints who contribute thousands to insure the theological soundness of the Quaggalla Hottentots do not care enough for the physical health of their countrymen to whisper a word against the lawfulness of the infamous traffic.

Popular Science Monthly.

THE "Woman's Cat"—*La Femme-chat*—who has just escaped from the Saltpetriere Hospital, forms a frequent topic of sensational talk and conjecture just now. It appears that last week a good-looking and apparently healthy girl of fifteen was taken to the hospital by her friends. She was examined by Dr. Parinaud, and while he was looking at her eyes she suddenly went on all fours, her features becoming distorted, her eyes glared, and, imitating the mewing of a cat, she endeavored to bite the persons who were standing near her. After having acted for several moments in this manner the patient began to lick her hands, and then gradually returned to her senses. When under examination by Dr. Charcot the girl had another attack of her malady, which is called *galeanthropie hysterique*, and she bit the eminent surgeon severely in the leg. Dr. Charcot had hopes of curing the patient, but she has suddenly disappeared from the Saltpetriere, and is now wandering at large through Paris.—*Paris Letter in London News.*

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 13, 1889, to August 19, 1889.

HEGER, ANTHONY, Lieutenant-Colonel and Surgeon; SKINNER, JOHN O., Captain and Assistant-Surgeon; MORRILL, JAMES C., Captain and Assistant-Surgeon. Will assemble, by direction of the Secretary of War, as a board of medical officers, at the U. S. Military Academy, West Point, N. Y., on August 25, 1889, or as soon thereafter as practicable, to examine into the physical qualifications of the candidates for admission to the Academy. Par. 9, S. O. 185, A. G. O., August 12, 1889.

GARDNER, WILLIAM H., Major and Surgeon (Washington Barracks). Is hereby granted leave of absence for one month. Par. 1, S. O. 183, Headquarters Division of the Atlantic, Governor's Island, N. Y. City, August 13, 1889.

MATTHEWS, WASHINGTON, Major and Surgeon. Is promoted to Surgeon, with rank of Major, to take effect from the tenth day of July, 1889, *vice* Tonn, promoted. War Department, Washington, D. C., August 14, 1889.

HAVARD, VALERY, Captain and Assistant-Surgeon. Is granted leave of absence for one month, to take effect about October 5, 1889, with permission to apply to Division Headquarters for an extension of one month. Par. 3, S. O. 68, Department Dakota, St. Paul, August 10, 1889.

PORTER, JOSEPH Y., Captain and Assistant-Surgeon (now at Jacksonville, Fla.). Will, if the state of his health will permit, by direction of the Secretary of War, proceed to Jackson Barracks, La., and report to the commanding officer of that post for temporary duty, and by letter to the commanding general, Division of the Atlantic. Par. 16, S. O. 186, A. G. O., August 13, 1889.

Changes in the Medical Corps of the United States Navy for the week ending August 17, 1889.

ROGERS, B. F., Surgeon. Detached from U. S. S. "Alliance," and wait orders.

HARRISON, G. E. H., Surgeon. Ordered to the U. S. S. "Constellation," August 13.

LOWNDES, C. H. T., Assistant-Surgeon. Ordered to the U. S. S. "Constellation," August 13.

DECKER, C. J., Assistant-Surgeon. Detached from U. S. S. "Lancaster," and granted four months' leave of absence.

BALDWIN, L. B., Passed Assistant-Surgeon. Detached from U. S. S. "Ranger," ordered home and wait orders.

HARVEY, H. P. Surgeon. Ordered to the U. S. S. "Ranger."

LOVERING, P. A., Passed Assistant-Surgeon. Ordered to the Receiving-ship "Wabash" at Boston Navy Yard.

SIEGFRIED, C. A., Surgeon. Ordered to the Naval Station at New London, Conn.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Associated dining rooms and employment of the insane, the moral and curative effects of, Preston. Virginia Medical Monthly, August, 1889.

Acetanilide in pediatric practice, one year of, Love. N. E. Med. Monthly, August 15, 1889.

Aneurism of the ascending aorta, clinical lecture on, Comingor. Virginia Med. Monthly, August, 1889.

Apostoli's method, with reports of cases, a year's experience with, Smith. Amer. Jour. of Obstetrics, August, 1889.

Address, the president's, before the American Medical Association, Douson. N. E. Med. Monthly, August 15, 1889.

Consumption among the Sioux Indians, Treon. Cincinnati Lancet-Clinic, August 10, 1889.

Cocaine in eye, ear and throat practice, Dobney. American Practitioner and News, August 3, 1889.

Creasote, a practical study of, Atkinson. Maryland Med. Jour., August 10, 1889.

Chirurgische aphorismen, Lange. Medicinische Monatschrift, August, 1889.

Diphtherie traités par la méthode du Dr. Gaucher, au sujet de plusieurs cas de, Crésantignes. La France Médicale, Samedi, 3 Août, 1889.

Diphtheritic membrane, a solvent for, Wile. N. E. Med. Monthly, August 15, 1889.

Ectopic pregnancy and pelvic hematocele, Wathen. Amer. Jour. of Obstetrics, August, 1889.

Extra uterine pregnancy, Thompson. *Ibid.*

Gangrene gazeuse foudroyante, Montgomery. Pacific Med. Jour., August, 1889.

Gaseous gangrene, Sherman. *Ibid.*

Hydrocephalic monster with cerebellum enormously developed outside the cranial cavity, Leonard. Amer. Jour. of Obstetrics, August, 1889.

Heart disease, a new diuretic for, Germain Sée. The Medical Age, August 10, 1889.

Intestinal diseases of children during hot weather, Hooper. *Ibid.*

Infant feeding, the problem of, Love. N. E. Med. Monthly, August 15, 1889.

Inebriety, distinctive forms of, Wright. Virginia Med. Monthly, August, 1889.

Insanity and allied affections, Hodgdon. Maryland Med. Jour., August 10, 1889.

Malpractice suits, Ellinwood. Pacific Med. Jour., August, 1889.

Metrorrhagia, report of a case of, Stapleford. Cincinnati Lancet-Clinic, August 10, 1889.

Manchester murder, homicidal chloral poisoning with its medico-legal relations, Reynolds. British Med. Jour., August 3, 1889.

Obstetrics, a peculiar case of, Brown. Pacific Med. Jour., August, 1889.

Old bilateral dislocation of the elbow, Ronsohoff. Cincinnati Lancet-Clinic, August 10, 1889.

Priapism, a case of, of several years, Ducatur. Pacific Med. Jour., August, 1889.

Presidential address on the history and work of a cottage hospital during twenty years, Holden. British Med. Jour., August 3, 1889.

Paroxysmal, congestive, hepatic, hæmaturia, Gary. Virginia Med. Monthly, August, 1889.

Suspension for paralysis, Kellogg. Pacific Med. Jour., August, 1889.

Selenic acid and other selenium compounds, researches in the chemistry of, Cameron and Macollon. Dublin Jour. of Med. Science, August, 1889.

Spina-bifida with spinal meningocele delaying delivery, De Forrest. N. E. Med. Monthly, August 15, 1889.

Sanitary Science, aids to. Hospital Gazette, August 10, 1889.

Structure of the vertebrate liver, report on the (abstract), Shore and Jones. British Med. Jour, August 3, 1889.

Surgery of the abdomen, a contribution to the, McArdle. Dublin Jour. of Med. Science, August, 1889.

Therapie der hysterie und neurasthenie, Laufenauer. Int-klin. Rundschau, Vienna, July 21, 1889.

Two ovariotomies, Smith. Pacific Med. Jour., August, 1889.

Transfusion, summary of three lectures on, Hunter. British Med. Jour., August 3, 1889.

Traumatic aneurism of the femoral artery following gunshot wounds, Bressler. Maryland Medical Journal, August 17, 1889.

Tuberculosis in some of its surgical aspects, abstract of three lectures on, Marsh. *Ibid.*

Typhus and typhoid fevers, a mixed case of, Nixon. Dublin Jour. of Med. Science, August 1, 1889.

Two laparotomies with comments, Michael. Virginia Med. Monthly, August, 1889.

Testicles of animals, note on the effects produced on man by subcutaneous injections of a liquid obtained from the, Brown-Séquard. Lancet, July 20, 1889.

Traitement de l'endométrite par les crayons au chloure de zinc, Dumont et Ollier. Gazette de Gynécologie, Juillet, 1889.

Ueber bursitis luetica, Buechler. Medicinische Monatschrift, August, 1889.

die behandlung des acuten und subacuten gelenksrheumatismus, Weber. *Ibid.*

die auwendung der cocain anæsthesie bei der blasensteiner truemmerung, Freudenburg. Berl. klin. Woch., July 22, 1889.

magenerweiterung, Oser. Int. klin. Rundschau, No. 29. Vienna, July 21, 1889.

ein fall von retroperitoneal em abscess, nebst bemerkungen zur therapie der pleura empyeme, Leyden. Berl. klin. Woch., July 22, 1889.

papaya, Fleisch-pepton, Rueger. *Ibid.*

die auwendung der cocain-anæsthesie bei der blasensteiner truemmerung, Freudenberg. *Ibid.*

einen fall von myocarcinom des uterus, Liefman. Archive. für Pathologische Anatomie und Physiologie und für klinische Medicin, 1 Juli, 1889.

die regeneration des schilddrusen gewefes, Reffut. *Ibid.*

Uniform system for collecting vital statistics by the States, the necessity for, Schultz. Amer. Practitioner and News, August 3, 1889.

Un petit chapitre oublie de physiologie, Dumenil. La Normandie Med., August 1, 1889.

Unusual eruptions, concerning some, Allen. Med. Record, August 3, 1889.

Urethral stricture of large caliber, the diagnosis of, Stewart. *Ibid.*

Vaginal hernia and uterine fibroids with delusions of pregnancy, Wise. American Journal of Insanity, July, 1889.

Vaginalepithel und vaginaldrüsen, Veith. *Ibid.*

Weil's disease, notes of a case of, Miller. Brit. Med. Jour., July 6, 1889.

Winter malarial and hybrid typhoid fever, Greenley. *Ibid.*

Women, dipsomania in, Decaisne. Quar. Jour. of Inebriety, July, 1889.

Yellow fever, the diagnosis of early cases of, Cochran. Alabama Med. and Surg. Age, July, 1889.

Zur kenntniss der pharynx dirutikel des menschen mit fesonderu berüuksichtigung der diver tikelbildungen im noseurachem aum, Kostanecki. Archiv. für Pathologische Anatomie und fur klinische Medicin, 1 Juli, 1889.

Zur Heilung von alten Löchern im Trommelfelle, Fürst. W iener Medizinische Blätter, 14 Juli, 1889.

Zur therapeutischen verwendung des hydracetin gegen psoriasis, Oestricher. Berliner klinische Wochenschrift, 15 Juli, 1889.

Zu Soxhlet's milch-koch apparat, Israel. *Ibid.*

The Times and Register

AND THE DIETETIC GAZETTE.

Philadelphia Medical Times. Vol. XX, No. 573. NEW YORK AND PHILADELPHIA, AUGUST 31, 1889. The Medical Register. Vol. VI, No. 139.

PAGE

CLINICAL LECTURE.

A LECTURE ON VARICOCELE. By G. Frank Lydston, M D., Chicago, Ill. Part I. - - 409

ORIGINAL ARTICLES.

THE CLINICAL USES OF ELECTRICITY. By John V. Shoemaker, A.M., M.D , Philadelphia, Pa. - - - - - - - - - - - - - - 411

SUSPENSION IN LOCOMOTOR ATAXIA: By R. A. Kintoch, M.D., Charleston, S. C. - - 415

RECENT MEDICO-LEGAL CASES By Henry A. Riley, Esq., New York - - - - - - 416

A CASE OF OLD FRACTURE OF THE PATELLA CURED BY WIRING THE FRAGMENTS. By W. C. Wile, A.M., M.D. - - - - - - - 417

THE POLYCLINIC.

MANHATTAN GENERAL HOSPITAL, NEW YORK:

Acute Endocarditis — Hydrotherapeutic Treatment. *Baruch* - - - - - - - - 418

Subacute Rheumatism Treated Hydrotherapeutically. *Baruch* - - - - - - 418

PENNSYLVANIA HOSPITAL:

Erysipelas. *Longstreth* - - - - - - - 419

Rheumatic Skin Eruption. *Longstreth* - 419

Buboes. *Ashhurst* - - - - - - - - - 419

Empyema. *Ashhurst* - - - - - - - - 419

PAGE

EDITORIAL.

MR. WHEELHOUSE AND MEDICAL EDUCATION - - - - - - - - - - - - - - - 420

THE METRIC SYSTEM - - - - - - - - - 421

HYDROCHLORIC ACID IN INDIGESTION - - 422

STRYCHNINE IN DIPSOMANIA - - - - - - 422

ANNOTATIONS.

Unification of Weights and Measures Used in Formulæ - - - - - - - - - - - - 422

Long Hours - - - - - - - - - - - - - 423

Bromide of Gold in Various Nervous Affections - - - - - - - - - - - - - - 423

Reportorial Ingenuity - - - - - - - - - 423

LETTERS TO THE EDITOR.

Utica, N Y. *Blumer* - - - - - - - - - 423

Absent Uterus. *Baskerville* - - - - - - 424

BOOK REVIEWS.

The Annual of the Universal Medical Sciences. *Sajous* - - - - - - - - - - - 424

Lesions of the Sacral and Lumbar Plexuses. *Mills* - - - - - - - - - - - - 425

A Manual of Chemistry for the use of Medical Students. *Symonds* - - - - - - - 425

Lectures on Obstetric Nursing. *Parvin* - - 425

PAMPHLETS - - - - - - - - - - - - 425

PAGE

THE MEDICAL DIGEST.

Streptococcus Diphtheriæ. *Prudden* - - - 426

The Sympathetic Ganglia. *White* - - - - 426

Prognosis of Cirrhosis of the Liver. *Semmola* - - - - - - - - - - - - - - - 426

Alleged Contagiousness of Cancer. *Arnaudet* - - - - - - - - - - - - - - - 426

Cider and Typhoid Fever. *Olinir* - - - - 426

Gælactorrhœa *Rosemtery* - - - - - - - 426

Senile Microbio-mania *Malinconico* - - - 426

The Use of Ice - - - - - - - - - - - 426

Uterine Carcinoma. *Kaltentach* - - - - - 426

Sacch rine. *Paul* - - - - - - - - - - 427

Ural; A New Hypnotic. *Poppi* - - - - - 427

The Pathology of Gout *Legrand* - - - - 427

So called Elixir of Life. *Loomis* - - - - 427

The Treatment of Eczema. *Unna* - - - - 428

Ill Effects of Antipyrin *Winsgrave* - - - 428

A Mixed Case of Typhus and Typhoid Fevers. *Nixon* - - - - - - - - - - - 428

Faradization of Abdominal Cavities in Ascites. *Muret* - - - - - - - - - - - 428

MEDICAL NEWS AND MISCELLANY, 429

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 431

MEDICAL INDEX - - - - - - - - - - 432

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

A LECTURE ON VARICOCELE.

(Delivered at the College of Physicians and Surgeons, Chicago, Ill.

BY G. FRANK LYDSTON, M.D.,
CHICAGO, ILL.

PART I.

GENTLEMEN: Varicocele is one of the most frequent affections of the male genito-urinary apparatus. Fortunately, however, it is not intrinsically a serious disease, and is in by far the majority of cases tolerated indefinitely, producing, as a rule, comparatively little discomfort. In a certain proportion of cases, however, the disease becomes sufficiently pronounced to induce the patient to consult the surgeon, and to justify the use of support or even the adoption of surgical procedures of an operative character for its relief.

The disease consists in a dilatation of, with accompanying changes in, the walls of the veins of the plexus surrounding the spermatic cord. In a general way, these changes resemble those which occur in varix in other situations, the causes being essentially the same if we exclude the influence of masturbation and sexual excesses. Varicocele occurs in quite a large proportion of adult males, the proportion, according to some authorities, being as high as one in ten. Landouzy,[1] an old French writer, stated that it occurred in 60 per cent. of adult males. This, however, is undoubtedly an exaggeration, unless we accept as cases of varicocele the slighter forms of dilatation of the spermatic veins.

Henry,[2] however, found but forty-one varicoceles in nearly two thousand examinations as police surgeon, but this observation is not an accurate criterion of the frequency of the disease, for the applicants for positions upon the New York Police Force are certainly exceptional from a physical standpoint, and, on the average, less likely to have varicocele than almost any other class of men that could be mentioned.

The frequency of varicocele diminishes markedly with increasing age. M. Horteloup,[3] Surgeon to the Bicêtre, found 42 subjects with varicocele among 1600 individuals, and of these but 16 were above twenty-five years of age; of the total number of varicoceles, 14 increased as the patients grew older, 19 remained stationary, 8 diminished, and 1 entirely disappeared.

Varicocele is much more frequent than varices in other situations, this being due to the fact that there exists, in addition to the general causes of venous dilatation, certain special causes due to anatomical peculiarities of the affected structure. The veins which return the blood from the testicle are of considerable size, and follow a winding course as they leave that organ and ascend upon the spermatic cord. They are arranged in a peculiar manner, constituting a plexus surrounding the cord (pampiniform plexus),

[1] Du varicocèle et en particulier de la cure radicale de cette affection.

[2] *Medical Record*, New York, 1882.

[3] Memoire à l'Acad., inedit.

the vessels which anastomose at frequent intervals. The valves of the veins constituting this plexus are very defective, and it is possible to inject fluid from above downwards past the valves with very little pressure. As compared with the veins in other portions of the body, those of the pampiniform or spermatic plexus are illy supported by the connective tissue about them, it being in this situation loose, sparse, and inelastic. The spermatic veins are very long, and even if their valves were not defective there would be a tendency to dilatation on account of the insufficient support to their walls afforded by the cellular tissue, and the great weight of the long column of blood which must necessarily rise perpendicularly in order to empty itself into the large venous channels of the abdomen. Pressure upon the veins as they traverse the inguinal canal is an important factor in the production of varicocele, and is due to straining efforts of various kinds, and particularly those involved in defecation, if the bowels be constipated. The left spermatic plexus is generally affected in preference to the right. The reasons that have been advanced in explanation of this fact are: 1. The lower position of the left testicle. 2. The relative acuteness of the angle formed by the junction of the left spermatic vein with the renal. 3. The close proximity of the left spermatic vein to the sigmoid flexure of the colon and its consequent exposure to pressure in constipation. 4. The absence of a valve in the left spermatic vein at its junction with the renal vein. 5. Tendency on the part of men to stand upon the left foot.

It would seem that the relatively greater weight of the column of blood in the left spermatic plexus, due to the fact that the cord and its accompanying veins are longer than upon the right side, is a sufficient explanation for the preponderance of varicocele upon the left side.

The causes of varices in general are several. It is probable that an inherent lack of tone of the venous walls is the foundation of the majority of cases of the disease. This is usually designated as hereditary or congenital predisposition. Individuals who are debilitated from any cause are most liable to the occurrence of varicose veins. In such conditions the walls of the veins are lax, flabby, and unresisting, and inasmuch as the same causes which produce this condition of affairs also weaken the heart's action, there is a deficiency in the *vis a tergo*, which constitutes an important element in the propulsion of the blood through the veins, as well as a deficiency in the aspirating power of the heart and lungs within the chest. These same patients present a tendency to hemorrhages, on account of a lack of vascular tone, and I have noticed that in a general way the existence of varices in patients about to be operated upon is a note of warning as regards possible serious hemorrhage. Persons who suffer from such diseases as purpura and scurvy are particularly liable to relaxed and dilated conditions of the veins. Strumous individuals also present a tendency to varices. Persons of indolent habits are quite apt to have varices, because of a defective circulation, as well as the relaxed condition of the vascular walls produced by the general lack of tone incidental to insufficient exercise. Such subjects who are compelled to stand at their work for prolonged periods are peculiarly subject to varicose veins. Certain diseases of the heart, liver, lungs, and peritoneal cavity, which induce by pressure obstruction to the return flow of blood through the vena cava and iliac veins, favor the occurrence of varix. In cases of obstruction to the portal circulation of long standing, varicocele is liable to occur in conjunction with hemorrhoids.

Masturbation, sexual excess, and prolonged venereal excitement without gratification are undoubtedly responsible for varicocele in some instances. It is improbable that these causes, if brought to play for the first time in a healthy adult, would produce much effect, but occurring as they do when tissue development is really in excess as compared with the inherent resisting power or strength of the various bodily structures, they operate very powerfully in producing congestion, and finally dilatation of the spermatic plexus. It will be found, however, that in a large proportion of cases which seem to be directly attributable to these causes, there exists a foundation for the disease in the form of an inherent defective tone of the vascular walls, akin, perhaps, to that mysterious condition which exists in hæmatophilia as far as its hereditary character is concerned. Inasmuch as it is an established fact that the disease alluded to is of an hereditary nature, and is to a certain extent dependent upon defective arterial contractility, it is logical to infer that a similarly defective tone of the venous walls may exist, and be of a similarly hereditary character.

When associated with other causes of varicocele, chronic constipation has an important influence in its production; obviously the pressure of the accumulated fæces upon the spermatic vein produces more or less obstruction to the return circulation. The pressure of a truss occasionally induces varicocele in conjunction with hernia. The disease has been known to occur as a consequence of lifting or athletic strain of various kinds. I have seen several cases of this sort. Dr. Keyes also describes this form of the disease. Percival Pott reported several cases of "acute varicocele" due to a combination of fatigue, injury to the part, and exposure to cold, the condition being followed by complete atrophy of the testicle. These cases were undoubtedly phlebitis of the spermatic veins, which condition gave rise to a proliferation of connective tissue that permanently occluded their lumen.

Varicocele occurs with the greatest frequency between the ages of fifteen and thirty-five,[1] this being the period when all the faculties of the body are at their maximum and physical growth is the most active. It is also at this period that perverted sexual habits and hygiene are apt to enter into the daily life of the patient, either in the form of sexual excess, sexual excitement without gratification, or masturbation.

The anatomical changes in varicocele involve chiefly a dilatation and tortuosity of the veins with a loss of

[1] M. Edmond Wickham, "Laresection du scrotum," 1885.

elasticity and contractility. There is usually more or less increase in the thickness of the venous walls. This, however, does not make them proportionately stronger, because of the fact that the vessel is enormously dilated, and consequently its walls are thinner in proportion to the weight of its contents than is the case with the normal vessels. It would seem that the elastic and contractile tissue of the venous walls is absorbed in varicocele, and replaced by a low grade of connective or fibro-connective tissue. Chronic inflammation (*chronic phlebitis*) may occur and enhance the vascular thickening. In some instances concretions (*phleboliths*) are found within the veins and may be felt from the exterior. The valves of the veins are almost completely destroyed as far as their functionating capacity is concerned, and in different portions of the venous walls spots of fatty degeneration may exist. The scrotum is always thin and relaxed, its muscular tissue being greatly weakened, and as an evidence of the general character of the affection and its dependence upon an inherent lack of vascular tone, the scrotal veins are often enormously dilated and tortuous.

The symptoms of varicocele vary with the severity of the affection. The first thing which attracts the attention of the patient is usually enlargement of the veins, producing a slightly tumorous condition of—as the patient supposes—the testicle. This enlargement in the majority of cases is so slight as to be of no practical importance, its principal effect being a resulting disturbance of the morale of the patient. These individuals who consult the surgeon regarding the slighter forms of varicocele are generally masturbators, who have become aware of the evil effects of the habit, and under the stimulation of quack literature are practising a most rigorous introspection and frantically searching for morbid effects of their vicious habits. In their daily inspection of their genitalia they accidentally discover a slight enlargement of one or the other testicle with an attendant relaxation of the scrotum.

Possibly their attention is at this time first called to the fact that one testicle hangs lower than the other. The discovery of these things in combination with their apprehensions alarms the patient and induces him to seek relief, but too often impels him to consult the quack, who finds in such victims his most profitable patients, particularly if spermatorrhœa or nocturnal emissions coexist, as is quite apt to be the case. These slight enlargements of the spermatic veins are due to imperfect sexual hygiene with attendant vascular congestion; they generally disappear after normal sexual relations have been established, and it is very rarely that the practitioner is again consulted when such patients are happily married. Operative interference in these cases is unwarrantable, and in the opinion of conscientious surgeons is dishonest.

Varicocele in its more marked forms is very readily recognized. It presents a soft, mushy tumor, which has been said to impart to the fingers a sensation as of a bundle of worms within a sac, this being as accurate as any description which could be given. The veins of the scrotum are often tortuous and dilated. The tumor is not tender upon pressure unless phlebitis exists. Phleboliths are sometimes to be detected within the cavity of the veins.

The *subjective symptoms* are both mental and physical in character. In nearly all well-marked cases the disease gives rise to considerable mental annoyance as well as a varied degree of actual physical suffering. In nearly every young man, who is affected with a varicocele sufficiently marked to attract his attention, a greater or less degree of mental depression and sexual hypochondriasis exist, and, indeed, in certain instances, serve to make life miserable. If the patient be at all sensitive, the physical deformity which the varix occasions may give rise to great annoyance. There is unquestionably in all cases of pronounced varicocele a marked lack of tone of the sexual apparatus; pseudo-impotency, frequent polutions, and spermatorrhœa are often conjoined with varicocele, and may persist after that condition has been operated upon. Irritability of the neck of the bladder, neuralgia of the testes, dragging pains along the spermatic cord, pain in the back and thighs are among the more disagreeable symptoms produced by the disease. When the scrotum is extremely lax and pendulous, its veins being dilated and tortuous, it may give rise to considerable mechanical discomfort. Should the sudoriferous secretion of the relaxed scrotum be excessive, pruritis with perhaps eczema of the scrotum may exist.

The pain and mental discomfort incidental to varicocele is not necessarily proportionate to the severity of the disease. Some cases with a very slight varicocele are profoundly depressed and complain greatly of reflex neuralgic pains in the back, thighs, and testes, with associated pronounced mental depression. In other cases a very large varicocele may produce no discomfort whatever, save that which is incidental to its size and consequent mechanical effects, locomotion being in some cases somewhat impeded.

The symptoms incidental to varicocele have been observed to improve temporarily after sexual intercourse.[1]

[To be continued.]

Original Articles.

THE CLINICAL USES OF ELECTRICITY.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA, PA.

THE employment of electricity as a therapeutic agent has been subject to undulations of hope and unbelief for many years past. No remedy of equal value has been so misused; so much exaggerated as to intrinsic worth; or so greatly decried as worthless; and this by those who from education, opportunity and position should have weighed their opinions carefully before sending them forth to influence for good or evil the efforts of less able practitioners in their work amongst the sick. The mechanism for operating electric force has improved much more rapidly than the intelligent use of it in the past ten years. We now possess efficient galvanic

[1] Landouzy, op. cit.

apparatus for any purpose; good faradic and static machines for utilizing currents of high tension; the dynamo is so well understood as to be a good instrument for practical use; whilst the secondary accumulator is so near perfection as to make electric storage possible, and by it we may carry from place to place the hidden energy which dispels the malady or illumines the recesses of the body hitherto shrouded in darkness. No department of therapeutics exists in which electricity is not useful, but we at present note only a few of the more prominent affections in which undoubted success follows its intelligent use, and disorders of the nervous system will receive the first notice. To begin with, the diagnosis of nervous disease is greatly facilitated by electric investigation. A paralysis may be local or central, and at times ordinary tests render the detection of its cause difficult. For instance, a man who, in ordinarily good health, gradually loses the power of using his arm on one side until he at last is compelled to stop his usual work. A blow on the shoulder long ago would suggest nerve injury, yet the muscular development is good. Now, under both galvanism and faradism the electrical reactions are normal, not only throughout the sound part of the body, but in the paralyzed arm also, despite the chronic nature of his disease, hence we may infer the lesion to be cephalic, not spinal, and subsequent post-mortem examination confirmed the opinion. Again, a man suffers from similar symptoms as the one above noted, but the progress is more rapid and some atrophy of muscle is apparent, at first in one arm, after some weeks in both. Reaction to the current was normal when locally applied, hence peripheral lesion was absent and the atrophy becoming definite on each side we concluded the disorder to be spinal. This was also verified by an autopsy. After a fall a man at once finds one arm to be painful, he suspects neuralgia and treats it with home-made lotions. Soon weakness of the limb supervenes with numbness of one or more fingers. No muscular atrophy, but pain at all points over the ulnar nerve. Some muscles and nerves only respond on the injured side to currents and all do on the other. The lesion was then declared to be peripheral, and prompt recovery proved this to be true. In neuralgias, so common, we may often determine whether the pain is a pure neuralgia or a hysterical or pseudo-neuralgia, because the first yields to galvanism whilst the second is benefited by faradism only. So much for diagnosis. In the treatment of nervous disorders neuralgia claims attention prominently because it is so amenable to the constant current. In a case of severe cervico-brachial pain, of intermittent character, which compelled a lady to resign her position as clerk, and in which the numerous antiperiodics and tonics with narcotics failed, galvanism applied, the positive (stabile) to the shoulder and the negative to the arm, forearm and hand (labile), with a current beginning at 5 ma. and running up to 60 ma. daily, cured her in three weeks. She had been sick for four years previously, but now remains well after three years.

Another instance was that of a washerwoman who suffered from a severe facial pain, involving the cheek, eye and temple of one side. She had had nausea, constipation, and no appetite. For these symptoms the patient was treated for liver and stomach disorder by one physician, by another for kidney disease, and for dyspepsia by still another. Next, a gynecologist treated her womb and ovaries, but all to no purpose. Pressure over the focal points caused relief more than pain, hence faradism was used, a moderate current traversing the sensative parts on the face and passing to the nape of the neck removed all the symptoms in some twenty-five applications. A combination or alternation of general faradization and localized galvanization along the spine is wonderfully efficacious in all forms of hysteria and spinal irritability. Many nervous girls, who are a burden to themselves and their families, are brought into a new enjoyment of life by this manner of therapeusis. More attention to careful electro-therapeutics and less to uterine suspicions would save many innocent appendages and remove discreditable abdominal surgery to a large extent in the domain of female hysteria. Epilepsy and epileptiform seizures are at times susceptible of cure or material benefit by galvanism. The preferable method is to apply descending currents from the vertex to the epigastrium. If convenient the current should be applied so as to anticipate the spasm, and experience has shown its power to cut the seizure short, as to duration, or sometimes abort it, The bromides are heightened in their effect by conjoined electrization, and when minor epilepsy is simply held in check by bromine, electricity should at least receive a fair trial, because in the hands of experts it has completed a cure in many such cases. Chorea and allied tremor is often notably relieved by general galvanization. Cases occur in which a single muscle will twitch, as, for instance, that one short in extent but long in name, the levator labii superioris et alaeque nasi. Local faradization has often cured such spasm, as also that of one or both eyelids. The ordinary chorea of schools is usually cut short by strong faradism of the entire surface. The various paralyses afford a wide field for electrical treatment, of course, when dependent on central lesion, such as pressure from intercranial hemorrhage, time should be given for thorough absorption of the clot, but in from six to twelve weeks after the onset no remedy equals faradization locally to the affected muscles. Gentle galvanization of the brain shortly after the seizure undoubtedly tends to hasten absorption of the effusion. In Bell's palsy nothing exceeds in usefulness localized galvanism. The affected muscles should be picked out separately and submitted to treatment one at a time. At times when the constant current is tardy in acting, static sparks may be advantageously substituted. Recovery is so quickly attained in some cases as to astonish the patient, who, if a lady, is naturally solicitous about the distortion which is annoying to her. Galvanism is of value in some diseases of the eye; Dr. C. S. Bull, in the New York *Medical Journal*, April 27, reports that, "In traumatic anæsthesia of the optic nerve and retina, uncomplicated by any laceration of nerve tissue or rupture of nerve fibers, galvanism carefully and per-

sistently applied has been known to produce a rapid and permanent improvement of vision, when applied directly to the closed lids, and the current passed through the eyeball."

The knife pains of locomotor ataxia are susceptible of amelioration under galvanism and spinal galvanization has, in several marked instances, so greatly improved the patient as to permit his going about after treatment, when before it he had been confined to his chair or couch. Sciatica may always be relieved during the acute paroxysms by galvanism applied by descending currents, and permanent cures have been frequently attained by electro-puncture, the needle being thrust down to the nerve at one or more points along the painful portion of it. Neurasthenia whilst not always cured by electricity alone, although it frequently is, may be overcome by combined electro-massage, and this without the gorging which has characterized the treatment of this apparently universal complaint, and which has done much more harm than good to the patient. In this affection a combined general galvanization and faradization are indicated daily. Many eminent alienists, particularly abroad, are reporting favorably on the use of galvanism in mental disorders. Melancholia, with or without delusion, is apparently benefited by prolonged treatment and without commitment to an asylum. In Philadelphia a professional friend has secured extremely good results in some very decided and obstinate instances which have not yet been reported, although he will shortly detail them. Others presenting delusional or mono-maniac features, which had resisted routine asylum treatment, were thoroughly restored under cerebro-spinal galvanization. In uterine disorders electricity is indispensable. Authentic extra-uterine pregnancies have been cut short by either current. Some operators prefering one, some the other. In dysmenorrhœa, intra-uterine galvanism carried to high power is of great service, whilst in amenorrhœa under faradism, through the ovaries and uterus, the flow is shortly established. Menorrhagia arising from relaxed uterine walls is specially benefited by faradism, and when dependent on villous growth of the endothelium, the use of cauterant galvanic currents will remove the cause. In disorders of the intestinal canal we derive special benefit from electrical treatment. The ceaseless drugging may be avoided in that prevalent trouble, constipation, by methodical faradization. No remedy will more promptly or more certainly tone up the intestinal muscular fiber than electricity, or cause it to contract more promptly. General faradization of the abdomen every morning will always succeed in provoking a movement of the bowels. Moreover, the result is not only prompt, but it is permanent. The protean forms of dyspepsia are amenable to electrical treatment. Indigestion from defective secretion of the gastric fluid is overcome by local galvanism. Glandular action is stimulated and the muscular tone also of the stomach is enhanced under the same method. Gastralgia and stomach cramp are usually relieved at once by galvanism, as is pyrosis and the vomiting of pregnancy. Mild currents of not beyond 15 ma. are needed. The anode may be placed upon the cervical spine and the cathode over the epigastrium. Torpor of the liver is readily overcome by the use of strong faradic currents, or if chosen, static insolation and drawing of sparks is a proper substitute. Several instances of dislodgment of impacted gallstones have been reported by well-known electrologists, and as we have no special remedy for this painful and distressing malady, except *dioscorea villosa*, electricity should always be given a trial. Hemorrhoids or piles, although not precisely a disease of the digestive tract, so often depend on blocking of the chylo-poietic circulation as to admit notice at this time. The aching attendant on congested piles is dispelled in many instances by placing the anode on the anus, the cathode over the liver, and passing from 20 to 30 ma, for fifteen minutes. So much is being said at present concerning high electrolytic currents in uterine myoma as to render reference to the matter hardly necessary beyond stating that despite the evident success of the method many surgeons decry the procedure, not because personal experience prompts their utterance (for those who rail most loudly against electrolysis are the ones who are ignorant of electro-therapeutics), but because the new method supplants, in suitable cases, the use of the knife. In connection with the use of electricity in gynæcological practice, we note the article from the pen of Dr. Goelet, of New York, in the New York *Medical Journal* for June 8, 1889, advocating the use of electricity instead of laparotomy in diseases of the uterine appendages. The paper is a timely one, and if it will stay the indiscriminate operations of abdominal surgeons, or if it attracts the attention which it deserves, it will act as a needed missionary. Dr. W. R. D. Blackwood, of Philadelphia, has advocated electrotherapy in gynecology for fifteen years past before the Philadelphia County Medical Society, and defended it against the adverse comments of leading obstetricians in that body, and in many papers in the *Medical and Surgical Reporter*, the Philadelphia *Medical Times*, the *Medical Bulletin*, and THE MEDICAL REGISTER of this city; with a paper in the New York *Journal of Obstetrics* many years ago. The employment of currents far beyond those used at the times indicated was insisted on by Dr. Blackwood, in spite of the condemnation of his auditors, particularly in the Society named.

We may say, however, that the doctor, whilst endorsing the views of Dr. Goelet, stated to the writer that he objected to the plaster-of-Paris coating on the electrodes as being a non-conductor, he preferring simple cotton thoroughly wet with any suitable antiseptic solution. The electrodes used by Dr. Goelet are similar to those illustrated by Dr. Blackwood in his papers. (See The Electrical Treatment of Dysmenorrhœa, Philadelphia *Medical Times*, October 9, 1880.)

The great difficulty in managing diseases of the uterus and its appendages by electricity is the want of skill on the part of the operator, and the employment of inadequate apparatus. Time will not at present permit fuller allusion to this matter, but it is of vital importance to thinking men who have the

real good of their patients at heart, and the admissions of gynæcologists, who, after years of laparotomizing, now confess that a large percentage of their operations fail to relieve their patients.

In urethral stricture of the male an advance has been made which incontestably proves the value of electrolysis in that common and troublesome affection. Hundreds of cases have already been successfully treated in our large cities, particularly under Newman, of New York. Contracture of any duct, such as the lachrymal canal, the œsophagus, or the Eustachian tube, is amenable to electrolytic method, although the field as yet is not very extended. Prostatorrhœa and enlarged prostate receive benefit from galvanism applied by a suitable bougie and intra-rectal rheophore.

In extreme hypertrophy of the gland the negative may be applied by a well-insulated needle introduced per anum, and as high a current as can be borne (say 75 to 150 ma.), should be used for from three to five minutes, about three days elapsing between each treatment. The indifferent electrode may be applied over the abdomen or on the thigh. A modification in the application of strong currents brings into use the electric cautery. In it we possess great advantage over the écrasure, or similar instruments for the removal of growths by electricity, for the galvanic loop is rapid yet bloodless, and intrinsically aseptic in its operation. Before leaving electrolysis, it may be well to allude to principles governing the use or choice of the active electrode in definite instances. When a current capable of disintegrating substances is used the various salts of the tissues are found at the negative pole, the lime soda and potassa. The acids and oxygen go to the positive. Of course, chemical local action is set up around the poles in contact with the electrodes, hence care must be used that we select the proper pole according to what we desire to do. In electrolysis of a fibroid we aim at disintegration, hence the negative is introduced by needles into the mass. The result is a liquefaction of the part caused by the electro-chemical caustic action, and its extent is governed by the strength of current. If on the contrary, we propose arresting hemorrhage from a bleeding myoma we depend on positive polar action, because the tendency of that pole is to coagulate blood or to seal up patulous capillaries, if they are not too large. It would, therefore, be a serious blunder to employ either pole indiscriminately in electrolysis of urethral stricture, or in the treatment of uterine fibroids. Great harm has already been done through ignorance of the fundamental principles here alluded to. The use of electricity in pulmonary disorders has not received the attention which it deserves. In the service of Dr. W. R. D. Blackwood, at St. Mary's Hospital, of Philadelphia, very decided relief has ensued in cases of phthisis under the application of both faradic and static treatment. The debilitating night sweats were often checked for a week after the first dose, and the chest pains were considerably diminished. The nutrition was sometime greatly heightened, and this gain alone was valuable in such cases. Chronic bronchitis and spasmodic asthma received much benefit from faradization of the thorax, and the dyspnœa was reduced in gravity. In two instances the paroxysms of angina pectoris were aborted by prompt galvanization of the sympathetic, the left side being selected preferably in both subjects; the relief was quicker than that following the inhalation of amyl nitrite. Hay fever has received pronounced benefit from galvanism applied as in exophthalmic goitre. The instances of advantage gained by electricity are not frequent in this distressing malady, simply because sufferers rely usually upon change of scene or climate; but enough has already been discovered to warrant a thorough trial of electricity at home before putting patients to the expense of travel, which they often find burdensome. In vaso-motor disturbances electricity plays a very important part as a curative agent. In exophthalmic goitre galvanism reduces the glandular swelling and relieves the protrusion of the ocular bulb. The method of application is to place the anode directly under the angle of the inferior maxillary bone (over the pneumogastric), and the cathode over the solar plexus, sending a moderate current for say ten minutes three or four times a week. In a few instances faradism applied to the cervical spine and pit of the stomach is stated to have been efficacious, but as the constant current is known to be successful it is unwise to waste time in experiments. In neurotic skin affections electricity plays an important rôle. The distressing symptoms of prurigo are frequently relieved by general galvanization. Some forms of eczema are much benefited by either faradism or induction currents. Acne may also be cured by local galvanization, and at present attention is being directed to the use of strong currents in ulcerative skin diseases. Cancer has apparently been checked by electrolysis, an interesting report having lately appeared in *The British Medical Journal*, from the pen of Dr. Parsons, of the Chelsea Hospital for Women. M. Darwin also reports excellent results by electrolysis in the treatment of cancer of the breast and various other tumors. The use of small galvanic couplets applied directly to ulcers has been long known. Early in the history of electro-therapeutics, static electricity was extensively used, but for a long time it fell into disuse. Some twelve years ago this form of electricity was again taken up, especially by physicians in New York and Philadelphia, and reports of successful use were published in our leading journals. It undoubtedly has a prominent place in peripheral nerve disorders, and there is reason to believe that deep-seated lesions are favorably affected through probable reflex action. As a tonic, the general electrization of the whole body by static machines is very effectual. The various hyperæsthesias and anæsthesias of the surface are amenable to cure or relief by static applications, and diseases resembling herpes zoster in their origin may also be overcome by this form of electrical treatment. Spermatorrhœa and similar debilitated conditions of the generative organs are frequently benefited by static electricity in the male, and amenorrhœa in the female is sometimes overcome by this form after failure of other means, including dynamic electricity. Saturnine palsy and writer's cramp also receive decided benefit under static treatment. As a

means of producing counter-irritation in joint troubles, such as in gout or articular rheumatism, static induction is frequently preferable to faradism. Both galvanism and faradism have decided effect in reducing febrile conditions. This is partly due to the known power of electricity to equalize circulation, the pulse being slowed in the majority of instances without, however, reducing its volume or tone. One good result attainable from the latter effect is the relief of insomnia in cases where drugs can be desirably omitted. General faradization at bedtime in fever cases not only reduces the temperature, but it has a special calmative effect of which advantage should be more frequently taken. The application can be made by the nurse or a member of the family after slight instruction. Patients thus treated are apt to have a better night, through abolition of the restlessness which characterizes typhoid conditions even when apparently asleep. There is no secondary depression induced by electricity thus employed, and as narcotics are prone to be followed by not only depression, but nausea and indigestion in many subjects, the advantage of electricity as an efficient substitute for them becomes apparent.

In diseases of children electricity obtains characteristic good results. Marasmus or general wasting and general debility without loss of muscle are readily overcome by thorough treatment. General galvanization should be used for its tonic effect and faradization of the muscle carefully practised to develop them by use without causing the patient fatigue by gymnastic or calisthentic exercises. In fact, most children are too young to permit of such exertion when affected by these disorders. Incontinence of urine, which we know to be extremely difficult to manage by drugs, may be controlled by galvanism faithfully pushed. The vomiting in cholera infantum is sometimes checked by mild faradic applications to the pneumogastric. Dyspnœa following whooping-cough, measels, and scarlet fever, and aphonia resultant from these affections is ordinarily removed without difficulty by galvanism, and in the latter symptom static electricity is extremely valuable. Dropsy following scarlatina is at times quickly reduced by localized electrization, as is œdema in either children or adults, provided Bright's disease is not present. The excretion of urinary solids is apparently promoted through local faradization of the kidneys in diabetes, whilst the volume of fluid is not increased, but, on the contrary, rather diminished in certain cases. Cystitis of children and adults is often cured by careful faradization, which tends to contract the engorged capillaries of the mucous lining of the bladder. The mucoid discharge is also, in these cases, much reduced under electrization.

SUSPENSION IN LOCOMOTOR ATAXIA.

By R. A. KINTOCH, M.D.,
CHARLESTON, S. C.

THE suspension treatment of locomotor ataxia having recently been much popularized, the method of carrying it out is important. The accidental death reported as having occurred in the practice of Dr. Vincent, of Sharon Springs, and the warning given by Dr. Hammond as to the danger attending the usual methods of proceeding, should lead to much reflection on the part of the profession.

Having had lately under treatment an intelligent mechanic (wheelwright), who was anxious to assist me in the proper management of this case, I was led to devise and adopt, with his assistance, a novel and, I think for many cases, a handy and useful method of suspension in which the danger coming of rotation of the body, while suspended, is certainly avoided. The plan has, besides, the merit of simplicity, the apparatus is inexpensive, and the patient, if not in the latter stages of the disease, can carry out treatment without aid. Not that I would recommend, however, as a rule, that suspension be practised when the patient is alone. In all cases it is safer to have assistance within reach.

The plan adopted, and to which the attention of the profession is now called, is to have the patient in the dorsal position upon a plank, the lower end of which rests upon the floor of the apartment and the upper end against the wall, so as to form with this an angle of from fifteen to twenty degrees. This will allow of the weight of the body, suspended by the chin and occiput, ensuring the necessary traction upon the spinal cord. The angle of the plank with the wall and floor may, however, be varied to suit the views of the physician as to the degree of traction required. The nearer the plank is to the perpendicular, of course, the greater will be the force of traction obtained by the suspension. The only precaution to be observed is that the plank inclines sufficient to insure its fixed position. Rotation of the body is securely obviated as long as the dorsal position upon the flat surface is preserved.

The patient is able, unless helpless from the too great advance of the disease, to manage the whole thing himself. He assumes the position upon the board, adjusts the chin and occiput slings, allows the body to descend because of its own weight, recovers himself, and takes off the weight and traction at will.

To accomplish this there is needed a smooth plank about seven feet long (length may be regulated to suit height of patient) and about fifteen inches wide. Six inches from the lower end a door or opening is cut about fifteen inches long and eight or nine inches wide. This may be square or rounded at the top. At the upper extremity of the plank is attached, by a few screws, a piece of iron, which curves over the top edge and extends five or six inches in advance of the anterior plane surface. The extremity of this iron rod ends in a hook or an eye. A crossbar of wood or iron, with an eyed bolt through the center and on a hook or a nob at each end, serves for the attachment of the usual leather bands and sling-pieces for chin and occiput, as in Sayre's suspension apparatus. Or the crossbar may be dispensed with and a simple sling made with a piece of soft stockinet material, arranged so as to form the slings for chin and occiput, and fixed to a ring so as to be easily adjusted to the hook of the curved iron rod above. Upon the anterior lateral margins of the plank are affixed two crutch-heads, high enough from

the lower end to admit of the patient putting his arms over them, and, when necessary, thus supporting the weight of his body. These crutch-heads may be affixed by movable screws, so that they can be elevated or lowered to suit patients of different height. When suspension is to be practised the patient places himself in front of the plank, which is inclined at the desired angle, and rests firmly upon the floor and against the wall. With his back against the anterior plain surface, he now puts his heels through the door in the lower portion of the plank (B) and, standing upon the transverse border of the plank that limits the door below (*b*); he puts his arms over the crutch-heads to steady himself for a minute; then, with one or both hands, he properly and securely adjusts the leather slings and shafts to the chin, occiput, and sides of the head. If preferred, some assistant may do this for him. It now only remains for him to elevate his arms, slip his feet easily off of the door-sill, and allow the body to descend so that his feet passes downward below the opening, but cannot reach the floor. Thus the body suspension is effected while rotation is impossible. After a few minutes, or when suspension is to be stopped, the arms are again dropped over the crutch-heads, the body elevated, and its weight thus taken from the head, the feet again drawn up, and the heels passed within the doorway. The legs now sustain the weight of the body, the straps are unbuckled, the headgear removed, and the patient takes position upon the floor, or may be assisted to a chair or bed.

In cases where a patient may be too helpless to use the apparatus after the manner described, it can be arranged so as to be first placed horizontal, and supported as an upright cross-frame by means of an iron bolt passing under and across the plank a little below its middle. The plank then works upon a pivot. The upper or head portion has under it either a stool or a leg attached by a hinge, and which reaches to the floor, so as to prevent the descent of the head portion. The patient is now placed upon the plank, when this is in a horizontal position. After the adjustment of the head-straps and slings, which prepares for suspension, the upper end of the plank, by means of a rope and pulley arrangement operating from the ceiling, can be slowly elevated to the necessary degree for insuring the descent of the body and, by consequence, the suspension by the head. At any given moment, the slacking of the rope causes the plank and body to resume the horizontal position, and thus arrests the suspension.

Dr. Alexander B. Mott, the well-known surgeon and physician of New York, died August 12, of pneumonia, at his farm near Yonkers.

RECENT MEDICO-LEGAL CASES.

By HENRY A. RILEY, Esq.,
NEW YORK.

THE question of execution by electricity has been under careful examination in New York before a referee appointed by the Supreme Court, to determine whether this method of death was "cruel and unusual." If it should be determined to be so it could not be used, because the Constitution expressly provides that such a method cannot be enforced. A great deal of curious, interesting, and, at times, irrelevant testimony has been presented, but the report of the referee has not yet been made, so that the public can hardly tell on which side the balance of proof lies. One strange result will probably come about if the referee and the Court both hold that the use of electricity would cause a "cruel and unusual" death, and that is the escape of the murderer Kemmeler from being put to death at all, for there is now in New York no legal mode of execution except by electricity.

This will explain the active efforts made by him to prove that electricity ought not to be used, but it hardly explains how such expensive counsel would engage in the effort for many successive days in midsummer. The explanation which many find in the long drawn out sessions before the referee is that the different electric light companies are deeply interested in the question whether their apparatus is deadly or not. If it should be demonstrated beyond a doubt that the current used by some of the companies in their ordinary service was likely to cause instantaneous death, it would lead the public, in all probability, to insist that better means be taken to isolate it, and this might be expensive. It is claimed by some companies that their apparatus is harmless, and it would be inconvenient for them, to say the least, to have it proved that it is death dealing. Hence, the active effort to prove that the alternating current is not fatal.

It is supposed that the Westinghouse Company is not pleased that its dynamos should have been chosen as the ones most likely to cause death instantly and painlessly.

Some of the testimony already presented has great interest, and should be printed for general distribution. The proof is, however, quite conflicting, and we do not see how the referee can report very decidedly for or against the use of electricity. It would hardly be according to the usual way of referees to report that he did not know anything about it, but would have to wait until an experiment had been made; but that is about the way the matter stands. The conditions under which an execution would be conducted are so different from a thunder storm that the freak of the lightning, in tearing all the clothes off a person and yet not causing death, can hardly be considered as decisive on the subject. Yet this case is one of the principal ones relied on by Kemmeler's counsel to prove that no certain results can be predicated on the use of electricity, but that death, if caused at all, would be a "cruel and unusual" one.

The question of Sunday observance and the drug stores has come up for settlement in Nebraska. It

seems that the defendant in a criminal action kept a general stock of ladies' and gentlemen's furnishing goods, notions, fancy goods, dry goods, soaps, combs, toilet boxes, canes, etc., while adjoining was an establishment where almost the same goods were also kept for sale and, in addition, a general stock of drugs, etc. The defendant did not think it was right for him to obliged to close on Sunday while his neghbor was allowed to keep open, and, under the guise of selling drugs, also sell the articles which the defendant could not sell. He, therefore, decided to keep open, and was arrested. The Court, in holding that he was liable under the charge, and that the law was constitutional, also decided that the druggist could not sell general articles of merchandize on Sunday. The only way for the merchant to protect himself seems to be to have the druggist watched and arrested if he sells anything except medicine on Sunday.

In a recent Georgia case it was held that it is within the discretion of the trial court to require the plaintiff, suing for a physical injury alleged to be permanent, to submit to an examination by competent physicians at the instance and at the expense of the defendant in the action, to ascertain the nature, extent and probable duration of the injury, so as to afford means of proving the same at the trial. The Judge stated that he could certainly admit of no doubt that in a proper case the cause of justice would be subserved by such an examination, and the decided weight of authority is that courts have such power. "As to the suggestion in argument that the rule would operate hardly upon delicate and modest females, we can only say that they would be safely guarded by the discretion of the trial judge There would be no danger, we think, in this country of an examination being ordered needlessly, or where an improper shock to modesty or feelings of delicacy would be likely. We decide simply that the power exists, and that in each case it is to be exercised or not, according to the sound discretion of the presiding Judge."

What care must a city take of the prisoners in its jails to prevent its becoming pecuniarily liable for its neglect? This was the question in a North Carolina court regarding the liability of the city of Asheville. The city, it seemed, supplied all the articles required by law to the jailers, but the latter were so neglectful or inhuman as to permit the window glass to remain broken during inclement weather, and not to supply bed clothing when in some way the previous supply had become entirely destroyed. The court held that under such circumstances if any harm came to the prisoners there was no liability against the city, no knowledge on the part of the officials concerning the neglect of the jailers having been shown.

The court ruled that this case was not like another, where the prisoner was confined in a narrow cell—eight by fourteen—located in a cellar under the market house, with no window and no ventilation, except a grate in the door that opened on an underground passage with a window at one end, lighted through a grate on the sidewalk.

The city would be presumed to know about structural defects of this kind, and consequently there would be a liability.

An English lawyer named Serjeant Robinson has recently published a volume of reminiscences of much interest and humor, and one of the incidents narrated is connected with Justice Maule, an eminent jurist on the English bench. The Justice was trying a man charged with an assault upon a female. The defense set up was consent on the part of the prosecutrix, and Maule soon made up his mind that there was abundant ground for it; but it was a question for the jury, although in summing up he pretty clearly indicated to them his opinion as to the course they ought to take.

But, as often happens, when an interesting young specimen of the other sex is concerned, juries are apt to wink at little foibles which they would not tolerate in their own.

In this instance they seemed for a long time very reluctant to adopt the Judge's view; but he generally got his own way, and having interposed with two or three sarcastic remarks during their deliberations, they at length acquitted the prisoner; whom Maule addressed in these words: "Let me, my man, give you a bit of advice. The next time you indulge in these unseemly familiarities, I recommend you to insist on your accomplice giving her consent in writing, and take care that she puts her signature to the document, otherwise it seems to me you may get before a jury who will be satisfied with nothing else."

A CASE OF OLD FRACTURE OF THE PATELLA

CURED BY WIRING THE FRAGMENTS.

By W. C. WILE, A.M., M.D.,
Ex-Vice-President American Medical Association, President of the American Medical Editors Association, Member of the British Medical Society, Editor of the *New England Medical Monthly*, etc.

OF all the various fractures of bones of the human body, there is *none* which excites more uneasiness as to the result of the healing process, in the mind of the surgeon, than does a solution of the continuity of the patella. Various devices have been advocated for the purpose of keeping the fragments in apposition, in order to have the desire of the surgeon realized—union by bone, instead of cartilage, but none of these instruments have produced the results, of which, taken collectively, we may, as a profession, be proud. To be sure, with the hooks of Malgaigne, better results have been obtained in late years than formerly, though the failures have been many and near together, while diseases of the fragments of bone have been caused by their use.

To say the least, they are cruel. Next to the hooks, come in their order plaster of Paris, mole skin plaster, bandaging, etc., *all* of which in our hands have proved unsatisfactory. To be sure, an occasional case will get well with fair results, from seemingly simple dressings, but these cases are exceptional and unusual. About twenty-five years ago the method of cutting down, and in the case of old un-united fracture freshening the edges of the fragments, and wiring them together with silver wire,

came into vogue. For a time it fell into disuse, to be again revived by that famous surgeon, Sir Joseph Lister, the man to whom we owe our deepest debt of gratitude. One thing seems to be pretty well established, and that is, by this method a greater percentage of good recoveries have been reported than by any other, and if done under strict antiseptic precautions, it is comparatively free from danger. The following case will illustrate the method and result:

John F. H., an American, forty-one years old, of bad habits, on January 23, 1884, about 5 P.M., slipped on the ice at One Hundred and Forty-eight Street and North Third Ave., New York City, and fell heavily to the sidewalk, striking his right knee. On attempting to rise he found he could not do so. An ambulance was called and he was taken to the Reception Hospital of Bellevue Hospital. At this place it was set, by means of, as he termed it, a surgical instrument and rubber plaster. He was kept there for two weeks and two days. On the Sunday evening previous Prof. Frederick S. Dennis saw him. August 31, had him put in a plaster-of-Paris splint and transferred him to St. Vincent Hospital. Here the plaster-of-Paris splint was kept on for three days, when he was taken to the operating room and Prof. Dennis applied Malgaigne's hooks. This was done without ether but with considerable pain. These hooks were kept on for six weeks and were then taken out, but not without causing a great deal of pain during their removal by House Surgeon Riley. He remained in the hospital two weeks more and then left with an ununited fracture, but still with the aid of a cane was able to crawl around. In October, 1887, he was brought to me by Dr. G. H. Pierce, of this city. I found that the bone was fractured in three pieces, that there was only cartilaginous union, and that the gap between the fragments was about two inches. His trade was that of awning maker and at it he could not work at all. In fact he was liable to fall at any time from the slightest rotation inward or outward of the foot. I advised an operation and he was removed to the Danbury Hospital where, on November 26, in the presence of Dr. Robt. T. Morris, of New York, Drs. Watson and Pierce, of Danbury, Barber, of Bethel, and Todd, of Ridgefield, I did the following operation. Thoroughly washing and shaving the parts with soap and water, aided by a nail brush, and then douching the limb with a solution of bichloride solution 1 to 1000, I made an incision (an irrigating tube playing on the wound all the time, with a bichloride solution 1 to 1000) in the median line over the patella. The incision was about seven inches long, and the skin and fascia were then dissected up. I found that the fragments were widely separated and connected only with moderately firm cartilaginous bands. These I dissected out, and with a cartilage knife I cut away enough of the bone of each fragment to make a well roughened edge. By the aid of assistants I made holes in them, and drawing them together with double silver-wire I twisted them tightly. The coaptation was perfect.

After all the sutures were in position, the ends were twisted and hammered into the larger fragments, where they have remained to this day, causing no inconvenience whatever. The débris was all cleared out, bleeding stopped, the edges of the wound brought together with silkworm gut stitches, iodoform dusted on the external surfaces, a cotton pad placed over all and a roller applied. A straight board splint was applied to the posterior surface of limb, held in place simply with a roller. The patient rallied from the shock quickly, and for ten days did not have a pain or suffer the slighest inconvenience. On the thirteenth day I took off the posterior splint, and put on a plaster-of-Paris dressing, but this caused *so* much pain that I had to remove it on the same day, replacing it with the old one taken off. The patient was kept in a recumbent position for eight weeks, when he was allowed to go about the ward. The wound healed throughout its entire extent by first intention. There was *no* inflammation of any character, and when he was discharged after three months there was firm union, the limb was strong, as he said, as strong as ever. Here certainly was a man restored to usefulness by the wiring of the fragments when several other methods had failed.

The Polyclinic.

MANHATTAN GENERAL HOSPITAL, NEW YORK.

ACUTE ENDOCARDITIS—HYDROTHERAPEUTIC TREATMENT.

MARY MORRIS, aged eight, admitted April 21, 1889, suffering two months from cough and severe pain in left chest. Whole body is cyanotic, countenance distressed; cannot sleep on account of cough and dyspnœa. Lungs normal; systolic bruit loudest at apex, transmitted to the left. Temperature 102.6°; pulse 120; respiration 60.

April 27. Very restless and fretful. ℞.—Tr. digitalis, ♏ v, t. i. d.; calomel, gr. vi. Temperature 104°; pulse 125; respiration 56.

May 1. (Service of Dr. Baruch.) Condition unchanged. Temperature 102.7°; pulse 110; respiration 40.

May 3. Area of cardiac dulness increased; apex displaced to right; systolic murmur at base. Temperature 101.6°; pulse 120; respiration 50. ℞.—Ice bag to præcordial region. Discontinue digitalis.

May 5. Temperature 99°; pulse 108; respiration 40. Considerably improved.

May 7. Temperature 99°; pulse 100; respiration 36. Ice discontinued on account of defect in bag; patient greatly improved.

May 23. Has continued to improve; discharged, cured, to-day.

SUBACUTE RHEUMATISM TREATED HYDROTHERAPEUTICALLY.

Mrs. Julia L.; admitted April 25, 1889. Had acute articular rheumatism eight months ago; recurred several times. Both knees, ankles, and wrists enormously swollen, very painful, tender, slightly red. Antipyrin and tincture of iron preceded by calomel.

April 29. Pain diminished, only on moving. Ol. gauetheria to substitute antipyrin. Hot fomenta-

tions to joints for fifteen minutes followed by cold douching.

April 30. Antipyrin, 15 grains, every three hours.

May 1. (Dr. Baruch's service.) Pain considerably diminished, swelling same. Medication continued.

May 3. Medicine discontinued. Blanket pack on entire body, with frequently repeated hot fomentations (almost dry) to the joints, until entire body was in full perspiration. This to be followed by rapid cold washing and friction.

May 8. Swelling considerably diminished, pain and stiffness somewhat increased. Continue daily pack and washing.

May 11. Swelling subsiding, pain same. Ordered wet pack followed by half-bath.

May 20. Swelling greatly reduced. Wrists still measure 10 inches in circumference; pain diminished.

June 4. Little pain except in elbow and shoulder; stiff in other joints. Wet pack continued.

June 6. Is sitting up. Wrists measure 6½ inches in circumference (a reduction of 3½ inches in seventeen days); appetite good; general appearance greatly improved.

Menstruation occurring, the cold, wet pack was discontinued, the swelling again increased, and the patient, declining further hydrotherapeutic treatment despite the evident benefit, was discharged from hospital.—*Baruch.*

PENNSYLVANIA HOSPITAL.

ERYSIPELAS.

LONGSTRETH presented a marked case of erysipelas, attended with difficulty of hearing. The patient was a large robust-looking man, about thirty years of age, and an ice wagon driver by occupation. He was addicted to drinking, and three years ago had had a severe chill as a result of exposure occasioned by over-indulgence. He then, however, was not affected as at present, which condition has also been brought about by exposure to cold, necessitated by his occupation, having been suddenly attacked while engaged in delivering ice. He was given injections of pilocarpine, and applications of bicarbonate of soda were made to his face, resembling in color a rising full moon. To the blistered parts cosmoline was applied. The professor cautioned against the use of pilocarpine where the disease is attended by pneumonia, or is due to a septic agency.

RHEUMATIC SKIN ERUPTION.

Longstreth presented a young woman, whose skin was thickly covered with rheumatic eruptions, being especially marked on the face. Her temperature ranged from 103° to 104°. She experienced pain only in the ankles. She was first given citrate of potassium, then the salicylate of soda, in tablespoonful doses. The latter was covered by glycerin, ʒss, and the compound spirits of lavender, ʒj, and water, q. s. for a tablespoonful, the salicylate of soda being readily soluble in glycerin.

BUBOES.

Ashhurst placed a patient who had three attacks of gonorrhœa, followed each time, a few months later by a swelling in the groin, and whose urine presented faint traces of albumen, on the iodide of arsenic. The professor called attention to the fact that many inguinal swellings are not preceded by gonorrhœa; such as the bubo domblet, otherwise known as the bubo of primary attack, which he regards as a simple adenitis. In painting a bubo with iodine, he recommended that it be applied not over the swelling, but around its base, since the swollen part is extra-vascular, and therefore counter-irritant effects are not obtained by painting it. In opening a bubo, he advised making the incision in the line of the long axis of the body and not parallel to Poupart's ligament, inasmuch as an incision thus made would not avail for the escape of pus when limbs are flexed.

As an application for the relief of pain in sarcomatous growths of the groin, extending from the abdominal wall, Ashhurst recommends fifteen grains of iodoform to an ounce of belladonna ointment. He stated that sarcomata, as a rule, grow more rapidly than carcinomata.

EMPYEMA.

Ashhurst brought into clinic a young lad, upon whom he was to perform thoracic paracentesis for the relief of an extensive pleural effusion. Patient had a severe cold last March, attended with a pain in the left side. There was no history of an injury, so that the development of the empyema was thought to be entirely due to a latent cause. Patient had continued to work up to the time of his admission to the hospital, and until shortly before admission had experienced no great pain. Examination of chest showed that there was a large quantity of pus in the pleural cavity. The heart was pushed considerably out of its normal position, its impulses being distinctly felt against the walls of the right chest. There was no evidence of destruction of lung tissue, though vesicular breathing was heard at the base of the left lung, posteriorly. The head of the abscess appeared to the right and an inch below the left nipple. At this point an incision was made obliquely to the ribs. Upon entering the pleural cavity there was no escape of air, showing that the lungs had not undergone any destruction. The pus was now allowed to be pumped out by the breathing of the patient, and a large quantity was thrown out. Then a second incision was made about six inches below and to the left of the first incision, and a drainage-tube was inserted, passing through both incisions so as to secure a free and thorough draining off of the pus. The cavity was washed out with a solution of the bichloride of mercury. The incisions were closed with silver sutures and dressed antiseptically. The patient's temperature had not exceeded 100°, but had run down to 97°. He had had good appetite all the time, and had made no serious complaints. The case is remarkable for its comparative painlessness in view of such an extensive extravasation of pus.

TYPHOID FEVER is said to be on the increase in New York. The Bellevue Hospital authorities report an unusually large number of patients suffering from this disease.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 31, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

A. VAN DE VEER, Albany, N. Y.
LEOPOLD, SERVIAS, Antwerp, Belgium,
ROSWELL PARK, Buffalo, N, Y.
AUGUST MARTIN, Berlin, Germany.
JOSEF KÖRÖSI, Buda-pesth, Hungary.
J. D. S. DAVIS, Birmingham, Ala.
GEORGES ASSAKY, Bucharest, Roumania.
J. A. S. GRANT BEY, Cairo, Egypt.
W. S. CHRISTOPHER, Cincinnati, Ohio.
J. J. MULHERON, Detroit, Mich.
J. T. ESKRIDGE, Denver, Col.
T. D. CROTHERS, Hartford, Conn.
F. C. FERGUSON, Indianapolis, Ind.
WILLIAM MURRELL, London, England.
NICHOLAS SENN, Milwaukee, Wis.
J. LEWIS SMITH, New York.
MORRIS H. HENRY, New York.
HENRY C. COE, New York.
SIMON BARUCH, New York.
JOSEPH JONES, New Orleans, La.
E. P. HURD, Newburyport, Mass.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa
E. E. MONTGOMERY, Philadelphia, Pa.
W. H. PANCOAST, Philadelphia, Pa.
J. V. SHOEMAKER, Philadelphia, Pa.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
L. H. METTLER, Philadelphia, Pa.
HENRY LEFFMANN, Philadelphia, Pa,
JAMES E. GARRETSON, Philadelphia, Pa.
LAWRENCE F. FLICK, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. M. ANDERS, Philadelphia, Pa.
W. B. ATKINSON, Philadelphia, Pa.
P. D. KEYSER, Philadelphia, Pa.
THOMAS LINN, Paris, France.
DUJARDIN-BEAUMETZ, Paris, France.
GEORGES APOSTOLI, Paris, France.
J. J. BERRY, Portsmouth, N. H.
W. F. HUTCHINSON, Providence, R. I.
C. A. BRYCE, Richmond, Va
I. N. LOVE, St. Louis, Mo.
W. B. GERKIE, Toronto, Canada.
WILLIAM A. HAMMOND, Washington, D. C.
LUTHER SEXTON, Wesson. Miss.

MR. WHEELHOUSE AND MEDICAL EDUCATION.

BEFORE the annual meeting of the British Medical Association, recently held at Leeds, the President, Mr. Wheelhouse, delivered an able and suggestive address upon the general theme of medical education. After noting the slow and labored progress made by medicine in the earlier ages, when her companions were "Arabian mythologists, astrologers, and such like visionaries," and her path lay through gloomy times of mystery and doubt, he rejoices that she has become an acknowledged power, and through the efforts of the Harveys, the Sydenhams, the Jenners, the Dupuytrens, Lænnecs, and Pasteurs, has taken her place as the companion of even the exact sciences. The wonderful advances of the last few years are not evidences that we are brighter or more industrious than our forefathers; for had they the conveniences of printing, rapid travel, and close intercommnnication, of the perfected instruments and discoveries of the allied sciences which we now enjoy, they would assuredly have accomplished the same as we have.

"Does America give birth to anæsthesia? And in what part of the world does the blessing of painless surgery remain unknown? Does Sir Joseph Lister satisfy his own mind of the infinite powers of antiseptic surgery? And in how short a period of time is his brilliant discovery the common property of every surgeon in the world?"

The physician at the commencement of the present century was usually a hardworking, industrious man, whose knowledge and practice were purely empirical with him, whose head was full of formulæ for diseases with which he was only superficially familiar. His treatment looked more to nomenclature than pathology, for he knew but little of the latter. He had his remedies for fever, tic, rheumatism, indigestion, and scurvy, and for innumerable other complaints. He was usually shrewd, keenly observant, self-contained, and self-reliant. As a student he may have been rough and uncultivated, and was certainly not required to possess any special amount of education preparatory to studying medicine. In this respect the student of the present day is his superior, but, as Mr. Wheelhouse points out, he is his inferior in regard to that practical knowledge which is obtained by years of apprenticeship.

Cases are cited where men have graduated with all the honors awarded by our great schools of medicine, who have never passed a catheter, drawn a tooth, or applied the obstetric forceps, who would be worried to distinguish a sudaminal rash from scarlatina or rubeola, and who have mistaken the undilated oz and cervix of a pregnant woman for the child's head. And yet the student of the present day is infinitely in advance of his brother of the past in scientific attainments. The modern system of education, with its vast curriculum, is, unfortunately, made shorter in years, and, to a great extent, less practical than formerly. The practical drudgery of the early-century student may have made him superficial, but the splendid array of scientific acquirements demanded by the modern student renders him more industrious and more searching. Mr. Wheelhouse would combine the good there is in both the old and new systems, and thus obtain a more complete and practical education for the coming practitioner. He

would insist upon, at least, a year's apprenticeship with some master or in some county hospital, workhouse, infirmary, or dispensary, where the beginner would meet with the ordinary run of diseases, and see them treated before he began his more elaborate studies. He would then have him attend his four years' college course, and his examinations be few, thorough, and practical, instead of being cut up as they now are and favoring the cramming process. He thinks that by holding a single, thorough examination, theoretical and practical, as the final test of ability to practice, the student would be compelled to keep well in hand all that he had learned before, and not merely dole it out, as he now does, and immediately forget it after each of a dozen or more short examinations. These views, coming, as they do, from a well-known and experienced teacher, carry special weight.

Strange to say in direct contrast to these suggestions of M. Wheelhouse, the British authorities are deliberately opposing the system of preliminary pupilage as a necessary part of medical education, and Professor Puschmann has already declared "that in many other directions this mode of entry into the medical profession is objectionable. It misleads the learner into superficiality, because it accustoms him to skim the reality of things, since knowledge and intelligence fail to enable him to reach the bottom. Moreover, the results obtained scarcely repay the sacrifice in time and trouble which they occasion the physician who acts as teacher, and still less justify the inconveniences in the treatment of disease which they bring in their train."

This discussion about the best methods of education guarantee to us the progress of our profession. The past has shown us its errors, the present will doubtless show the future those still remaining. Nevertheless we are advancing, and to hasten the time when medicine shall wear her brighter laurels, we need to improve from day to day our system of medical education.

THE METRIC SYSTEM.

A FEW weeks ago, in conversation with a member of a prominent committee for the furtherance of the metric system of weights and measures in this country, we expressed our objection to its use in our own work before it had become universally adopted, because of the many very serious blunders likely to occur when two systems were being employed in medicine at the same time. We declined to help the introduction of the metric system in such a loose, slip-shod sort of a way. Aside from any annoyances, the dangers themselves would be most positive. Even if the pharmacists were well acquainted with the system and capable of readily transmitting one set of denominations into another—not a particularly easy thing to do at any time when using powerful drugs—a fellow-practitioner less enthusiastic about the system, and therefore less likely to be perfectly familiar with it, would be decidedly handicapped if suddenly called to a case of emergency in which the metric system had been employed in the previous treatment by the regularly attending physician. The remedy in such instances would be, of course, to insist upon every practitioner being practically acquainted with the system, and the best way to insure that would be to make it universal and compulsory.

Personally, we are in favor of the metric system, and would like to see it adopted. There are many arguments in its favor.

The one often advanced in favor of Latin prescriptions, that they can be read by scientists of all nations can almost be applied now to the metric system, and, according to M. De Malarce, this system is rapidly extending. In 1887, the aggregate population of the countries in which the metric system was compulsory was more than 302,000,000, an increase of 53,000,000 in ten years. In the same year the countries with a population close on to 97,000,000 used the system optionally, while the countries where the metric system is largely admitted, though partially applied (Russia, Turkey, British India), had, in 1887, a population of 395,000,000, an increase of 54,000,000 in ten years.

The systems of China, Japan, and Mexico are decimal, but not metric. Thus, the metric system is legally recognized by 794,000,000 of people; so that only about 42,000,000 of inhabitants of the civilized world have systems which are neither metric nor decimal.

We will not dwell upon the arguments based upon the fact that, when once learned, the decimal system is easier to remember and apply; that it is less liable to cause errors in prescription writing, the line being used instead of the point, and no confusing drachm or ounce signs being employed at all; and that its quantities are more fixed and scientific than those of the English system; because these have all been dwelt upon before.

We find that the general voice of the profession, individually and through the societies, is in favor of the metric system, but doubtless many of the gentlemen decline, as we do ourselves, to be embarrassed with a double system in operation. Better a poor one that is universally familiar than the most perfect one known only to a comparative few. Our country and profession are ready for a change in the weights and measures, and it only needs some sort of constituted authority to enforce the new system.

The Government is about adopting it in its various departments of customs, with the purpose of thus giving it prestige and favoring its adoption by the mercantile and commercial world. There is no constituted body that can compel its universal adoption by the medical profession, but could not the committee appointed to revise and issue the next pharmacopœia, which will meet soon, do something in conjunction with the American Medical Association towards

establishing the system? We trust the matter will be taken up again, old as it is, and an effort made to radically institute this much-needed change in our system of weights and measures. The teaching of it in our schools and colleges, which now amount to little more than a farce, or at most a kind of elegant accomplishment, would be of some avail, for graduates would have to know it to enter into active practice. The risks attendant upon a dual system would be forever banished, and our scientific standing in this respect would be on a par with that of the other nations.

HYDROCHLORIC ACID IN INDIGESTION.

SOME very recent investigations of Boas, whose contributions, in connection with Ewald, to the physiology of digestion, and to the clinical study of its derangements, are familiar to the profession, afford valuable hints which may be utilized in the latter.

Boas confirms the findings of Munck, Fr. Mueller, Kesch, and others, that the intestinal fluids, contrary to formerly accepted ideas, possess no emulsifying property, and that such a function is rendered improbable by the almost constant reaction during intestinal digestion. There is, it is true, a considerable splitting up of neutral fats under the influence of the intestinal fluids. In normal digestion there is a preparatory duodenal digestion, a continuation of stomach digestion, which ceases only when acid chyme masses cease to flow; then the essential intestinal ferments and the bile begin to act. In those pathological cases in which an excess of acid is secreted, the stomach digestion is prolonged into the intestinal canal; the digestion of carbohydrates and fats must, therefore, suffer materially, while the albumens are easily disposed of. On the other hand, insufficient secretion of acid, and consequent too early and persistent alkalinization, may give rise to bile decomposition and to the formation of aromatic substances (skatol, indol), with a tendency to flatulence, meteorism, diarrhœa, and their consequences. In cases of defective acid secretion, the therapeutic importance of hydrochloric acid does not rest so much upon its digestive action, which in the small doses usually administered must be rather doubtful, but to its antizymotic influence. Hydrochloric acid acts as a disinfectant upon the gastro-intestinal canal. If a decided digestive influence is desired in these cases, pancreatic preparations, which in the absence of acid may act without hinderance, are indicated. These views of the true action of hydrochloric acid explain its value in checking the troublesome eructations and flatulence in nervous dyspepsia, in which irrigation of the stomach, several hours after a meal, demonstrates a perfect stomach digestion. The successful application of hydrochloric acid in these distressing cases would be inexplicable upon any other theory than that advanced by Boas, that it acts as a disinfectant of the gastro-intestinal canal.

STRYCHNINE IN DIPSOMANIA.

RECENT contributions to the literature of the subject would confirm the views advanced by Popoff, Manassen, and others, that we have in this alkaloid a valuable remedy against a disease which baffles our best directed efforts. The hygienic and moral management still occupy the most prominent place in its therapeusis, as in all other maladies the removal of the causes is here of the first importance. Physiological experiments, which are the only rational basis for correct therapeusis, have, in this instance, confirmed the empirical results. Dr. Jaroshensky has ascertained from accurate experiments on dogs that strychnine undoubtedly neutralizes the toxic and narcotic effects of alcohol; that it renders it possible, therefore, to administer large quantities of alcohol for a long period without producing the usual organic changes. He argues from these facts that a cautious administration of strychnine is of advantage in all forms of alcoholism, both as a curative and prophylactic agent. It may be administered internally or by hypodermatic injection. The latter is preferred by Dr. Albright, of Brighton (*The Lancet*, May 21, 1889), in doses of five drops once during twenty-four hours, of a solution of 1 grain to 200 drops of water. He claims to have treated nine cases of long duration and severe type, two of which had delirium tremens, with the result of inducing a positive disgust, which begun at once and continued until the patient was restored, in ten or twenty days, with improved general condition.

So simple a treatment, based, as it is, upon physiological experiments, and confirmed by the experience already reported by others, surely commends itself to our acceptance in these unmanageable cases.

Annotations.

UNIFICATION OF WEIGHTS AND MEASURES USED IN FORMULÆ.

ADVANTAGES OF AN INTERNATIONAL PHARMACOPŒA.

M. SCHAER reported to the *International Congress of Therapeutics, Materia Medica and Pharmacologie*, held at Paris, that although there has existed since 1885, a project for an international pharmacopœa, elaborated by M. de Walheim, and which was presented at Vienna, it had not yet been discussed. On principle, such a pharmacopœa could not be officially established, for, on the one hand, if it included all the drugs employed in each country, its dimensions would become too great, and, on the other hand, if any of the special drugs of each country should be omitted, it would not answer the purpose for which it was intended. However, a very practical and acceptable codex might be constructed by the unification of the characteristics, the composition, and especially the alkaloidal names of the simpler or less heroic remedies, as well as their medi-

cinal preparations. The weights, measures and names would then have to be made alike. Latin answers fairly well for the nomenclature, and the decimal system of weights and measures is now universally used, except in England and the United States.

LONG HOURS.

EVERYBODY makes use of the railway, and it is, therefore, everybody's business to see that railway affairs are conducted in the best known manner for the safety of human life.

Lately, another instance occurred, of an engineer allowing his train to run into another while he was asleep, the accident resulting in the death of several men.

Our first thought is censure of the engineer, but when the matter is investigated it will probably be found that he had been compelled to work too long at a stretch.

There is hardly any other work that requires a greater tension of the whole organism than that of a locomotive engineer. His work is consequently most exhausting, and he should have frequent rests. These men are not required to work more hours than others, bnt the trouble and the danger lies in the way in which these hours are divided. Previous investigations in accidents of similar character have shown that engineers have been compelled to labor continuously for from twelve to twenty-four hours. No words are necessary to prove the evil of this, but both words and actions are necessary to demonstrate to the railway companies that they may not thus carelessly and indifferently jeopardize human lives.

BROMIDE OF GOLD IN VARIOUS NERVOUS AFFECTIONS.

DR. GOUBERT brought before the Paris Académie a paper on a new and effectual remedy for epilepsy. Ten years experience had convinced him that a considerable number of severe epilepsies may be certainly cured by bromide of gold, in the dose of 8 to 10 milligrammes per diem for adults, and 3 to 6 milligrammes for children in solution; the maximum daily dose being 12 milligrammes. This dose almost always produced severe headache. By lessening the dose a point of complete tolerance may be reached, which includes all toxic effects. In typical migraine, bromide of gold was found ameliorative and curative, if administered in doses of three milligrammes in watery solution an hour before the two principal acids continued six or eight weeks. The attack may also be aborted by the administration of a dose of three milligrammes in its inception, repeated in an hour. Several cases of chorea have also been satisfactorily treated by Goubert, beginning with daily doses of four to six milligrammes, gradually increased every two days until the contortions were quieted. Children rarely have headache, but they become irritable.

In Basedour's disease the author obtained a rapid and satisfactory result; and he mentions the histories of three cases, treated several weeks.

PASTEUR'S PREVENTIVE INOCULATION.

Referring to M. Roux's able paper on the subject, the *Wiener Med. Blaetter* say "that while medical circles are still cool and skeptical in Germany, Pasteur's work has received widespread recognition by the highest authorities in England. The report of the Mansion House Meeting Committee, which received the approbation of Stokes, Roscoe, Paget, Lister, Horsley and others, is referred to by the *Lancet* as follows: "After all this we must acknowledge frankly that Pasteur has succeeded in rescuing a large number of human beings from a terrible death, which no one has ever accomplished before, and still he is attacked by respectable men who impute to him a character which is entirely foreign to him. Sir James Paget, Sir Joseph Lester and Prof. Horsley have, therefore, justly illustrated the thorny and yet self-sacrificing course of this modest and good man."

A very important argument for Pasteur's preventive inoculation is found in the following report from the *Bulletin Medical*. Two months ago a mad dog bit three members of a family, husband, wife and child. The man considered his superficial wound too trifling to require Pasteur's attention; but his wife's and child's injuries being serious, they were subjected to inoculation. In a few weeks the man died of hydrophobia, while the wife and child have thus far remained free from the disease.

REPORTORIAL INGENUITY.

AS knowledge of the alleged Brown-Séquard discovery gradually spreads through the country, the ingenuity of cross-road reporters to the daily press has beautifully met the emergency.

One from New Jersey tells of a quondam, decrepit old man, who, after one injection of expressed rabbit juice, took upon himself the friskiness of that gay little animal. His locomotion is now performed only by hops and jumps, accelerated on hearing a dog.

Cabbage leaves and the like afford him needed food, and at last accounts he was seen to be digging a hole in the ground with his hands.

Anotner reporter has his man acquire canine habits, and pass his time in treeing cats and in the other sports common to any healthy cur. Indeed, these so-called "reports" need be limited only by the animals not yet extinct, so that we may expect them *ad nauseam* for some time to come.

Letters to the Editor.

IN your issue of August 10, I regret to find that I am credited by Mr. Clark Bell with the extravagant statement that 70 per cent. of the patients in this hospital "could with safety be placed with farmers and others on the Belgian plan."

Mr. Bell is evidently laboring under a grave misapprehension as to my views on this question, for not only did I not make the assertion alleged of me, but I dissent emphatically from his proposition in so far as it might apply to any hospital for the insane with which I am familiar.

I shall esteem it a favor if you can find room in your Journal to publish this correction.

Yours, very truly, G. ALDER BLUMER.

UTICA, N. Y., August 21, 1889.

ABSENT UTERUS.

ON July 28, 1889, I was called to see Miss M., aged nineteen, of handsome form and attractive manners. She had never menstruated, and wished me to ascertain by a thorough examination the cause. An investigation revealed the facts that the uterus was absent, the pubes hare-lip, the labia deficient in size, vagina capacious in diameter, but shorter by an inch or more than normal, clitoris one-half average size with power of erection, mammary glands finely developed. The dome of the vagina was perfectly smooth. May 23, 1886, this young lady was brought to me from the care of a neighboring physician to be treated for retarded menstruation. Her physician diagnosed her disease as "galloping consumption." She was markedly chlorotic and suffering from mucous diarrhœa, bronchorrhœa, dyspnœa and indigestion. Food passing undigested. Twitchings of facial muscles with moments of semi-unconsciousness. Pepsin with bismuth in a short time, checked the diarrhœa, and aided by strychnine and quinine, which were in a few days added to the treatment restored the stomach to a moderate degree of digestive action. She was then placed upon the following prescription:

R.—Tr. iron mur. . . . . f℥ ix.
Tr. iodine . . . . . f℥ iv.
Fowler's solution . . . . . f℥ iij.
M.—Sig. Sixteen drops thrice daily, after meals, in wineglassful of sweetened water.

She made a good recovery within three months, except the dyspnœa, which continued much longer. I urged an examination as soon as the chlorotic symptoms had subsided, but was refused. The bronchorrhœa referred to above is frequently diagnosed as consumption. A considerable number of chlorotic girls are brought to me every year for treatment, and I find many physicians misled by this non-inflammatory bronchial trouble.

JOHN B. BASKERVILLE, M.D.

Book Reviews.

THE ANNUAL OF THE UNIVERSAL MEDICAL SCIENCE. A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World. Issue of 1889. Five volumes. Edited by CHARLES E. SAJOUS, M.D. Philadelphia: F. A. Davis, Publisher.

When the first issue of the Annual was published last year, the precise and systematic method in which the thousands of quotations from the medical journals throughout the world were grouped and classified, involving, as it did, a prodigious amount of labor, called forth the highes praise and commendation from the critics and reviewers with such a degree of unanimity as is seldom achieved by any publication. Still the scope of the work was such that necessarily there was much room for improvement, and the editorial department, acting upon the many suggestions received from members of the profession interested in the undertaking, have introduced into the present issue numerous features, which not only add considerably to the inherent value of the work, but will also tend greatly towards the furtherance of its marked success. A brief resumé of these will serve to demonstrate their merits.

In glancing over the compact and elegantly printed pages of the volumes, one cannot fail to be impressed with the immense stride which has been taken towards making their issue of the Annual still more comprehensive and cosmopolitan than was the former. The fact that over four thousand quotations more than last year have been added to the vast fund of information gleaned from alll sources, largely through the untiring efforts of the corresponding staff of editors, is a worthy earnest that in the future no means will be left untried by which the work can be made one of incalculable value as a book of reference. To facilitate research, all foreign weights and thermometric measurements have been reduced to those in general use in this country, while, at the same time, they have been retained and placed side by side with the more familiar ones. Since the metric system of weights and measures is enjoying such a rapidly-growing popularity in this country and elsewhere, the adoption of this innovation will doubless be greeted with the most hearty approbation. The dates, also, of all journals, periodicals, and brochures referred to have been mentioned in the text, that still greater facility may be afforded the investigator.

An improvement which far surpasses the others mentioned, and which alone would vastly increase the value of the work, is the insertion at the close of each volume of a complete index. The great advantage which is to be thus derived is patent to all, and the addition needs but to be mentioned to be commended. At the same time, the full triple index of the work is retained at the close of the last volume, constituting one of the most attractive features of the Annual. Just here we might be permitted to suggest that some degree of interest, and, also, we believe, of value, would be added to their index by the introduction of an alphabetical list of the authors and investigators quoted, with references to the departments in which their observations have been mentioned. We merely insert this, however, as a suggestion, which we would submit to the editorial department.

The chromo-lithog.aphs, engravings and maps, of which there are thirty in all in this issue, are of a degree of excellence worthy of the standard of the work, and are valuable additions to the text, while the numerous illustrations add greatly to the interest attracted to the various departments.

Two new sections, Examination for Life Insurance and Railway Neuroses, have been given a place in the Annual for this year, their great importance, to a large proportion of the profession, demanding this new departure on the part of the editors. Climatology and balneology are thoroughly discussed, while bacteriology, which has grown into a science of itself, and a knowledge of which is now recognized

as of the utmost importance to the medical profession, is well considered. The great advances that are being made in this new field of scientific research, as shown by the reports for the past year, seem to indicate that we are upon the eve of a complete revolution in the science of medicine, and that in the near future all diseases will be classified upon an etiological rather than upon a clinical basis, while our treatment will tend towards the removal and destruction of the cause rather than towards the alleviation of the symptoms. Electro-therapeutics is likewise pressing its claims upon the profession, and while treatment by electricity will not prove the panacea which some at present seem to claim it to be, it will doubtless prove of extreme value in a certain class of cases.

In the hasty survey of the merits, or demerits, of a work of such a magnitude and scope as the Annual, necessarily many points of interest must remain unnoticed, only to become apparent upon a more careful investigation. We would remark, therefore, in conclusion, that the Annual is worthy of a careful perusal by each member of the profession, who, while too actively engaged in his business pursuits to search through the innumerable periodicals for desired information, will here find, already isolated from the mass of superfluous literature, that which he would ascertain, and in such a form as is most readily appropriated and digested.

Lesions of the Sacral and Lumbar Plexuses. By Charles K. Mills, M.D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic, Neurologist to the Philadelphia Hospital. Reprinted from *The Medical News*, June 15, 1889. 22 pages.

A learned discussion on the importance of grave lesions of the pelvic plexuses, including growths and other diseases of the uterus, ovaries, and Fallopian tubes; neuritis or nerve degeneration arising from pressure or bruising during labor; rectal disease; pelvic cellulitis; abscesses and tumors; and gun-shot wounds. In the diagnosis of these lesions, Dr. Mills lays great stress upon the value of close rectal examination, and upon the differentiation as to the lateral or bilateral character of the affections.

A Manual of Chemistry for the use of Medical Students. By Brandreth Symonds, A.M., M.D., p. 154. Philadelphia: P. Blakiston, Son & Co., 1889.

This is one of the best of the student's manuals upon chemistry that we have ever seen. It vividly recalls to us the lectures of Prof. Chandler, both in its arrangement and method of presenting the subject. A book of this size must necessarily be deficient as a complete exposé of the whole science, and yet so concise and orderly is its matter arranged that there is but little omitted, which a medical student would need to know. The chapters upon water and air are especially interesting and practical; those upon graphical formulæ and chemical theories present in a brief and clear manner facts which are usually among the most difficult for a novice in the science to grasp. The entire work indicates plainly the author's knowledge of what a student needs, hence we recommend it as a text-book.

Lectures on Obstetric Nursing. Delivered at the Training School for Nurses of the Philadelphia Hospital. By Theophilus Parvin, M.D., Prof. of Obstetrics and Diseases of Women and Children at Jefferson Medical College. Cloth, 12 mo., pp. 104. Price, seventy-five cents. Philadelphia: P. Blakiston, Son & Co., 1889.

It was the author's intention at first to have these lectures appear only in a medical journal, but happily he has been persuaded to issue them in book form, which the publishers have done in a manner highly creditable to the typographical art. In no department of medicine is good nursing more essential than in obstetrics, and yet many of our best authorities are deficient in that kind of instruction, which is especially useful to the obstetrician; this little volume supplies the want. In these two lectures and appendix the personality of the nurse and the proper management of the lying-in room are treated of in all their minutial; while the style exhibits the classical and literary taste for which Dr. Parvin is so well known.

Pamphlets.

A Manual of Sanitary Rules and Regulations in the District of Narragansett, Rhode Island.

Cerebral Localization in its Practical Relations. By Charles K. Mills, M.D., Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine.

This is a paper that was read before the Congress of American Physicians and Surgeons, in Washington, last year. Its size almost warrants the title of book, and the name of the author is an assurance as to the value of the subject-matter. Dr. Mills goes thoroughly over the ground laid out in the title. He begins by relating the first suggestions as to the possibility of centers of cerebral localization, and mentions the first timid and cautious operations inspired by the new discoveries; then gradually leads us along the swift path of advance made by physiologists, neurologists, and surgeons, till he reaches the present status of affairs in this most interesting and important subject.

A large number of cases are cited of operations performed both in this and other countries for various brain lesions, such history being, of course, of the greatest value as a guidance in future operations. Several cuts are given illustrating the centers thus far localized. With regard to the motor zone, Dr. Mills says: "Wonderful, indeed, is this motor zone of the cerebrum, a marvellous mosaic of centers of function, wrought from the great conceptions and priceless labors of the artists of our own guild; a mosaic, to each block, angle, and jointure of which the neurologist can point the surgeon and say, cut here or there, or touch not this or that."

On the Nature and Treatment of Epistaxis. By Alexander Harkin, M.D., F.R.C.S., Belfast,

The author believes that continued attacks of epistaxis are frequently due to derangement of the liver, and he has had excellent results in obstinate hemorrhagic diatheses by administering internally chlorate of potassium and applying a blister over the liver.

The same treatment he has used with much benefit in cases of hemorrhoids. He cites several instances in proof of the good results.

The Inception, Growth, and Work of the Anglers' Association of Eastern Pennsylvania. By A. M. Spangler, President of the Associatlon.

This is an interesting report of the work already done by this Association, and contains suggestions for the future. The name being rather misleading, the President believes that it ought to be changed, for the Association interests itself in everything pertaining to fish culture, fish protection, and fishing of every kind.

The Medical Digest.

The *Sanitary News* criticises somewhat the sulphur fumigation recently recommended for the prevention of diphtheria by the New York State Board of Health in its bulletin. Prudden has shown the exciting cause of diphtheria to be the *Streptococcus diphtherial* which is not destroyed by sulphurous acid gas. Carbolic acid and corrosive sublimate are the only germicides that have proved to be satisfactory and efficacious.

The Sympathetic Ganglia.—W. Hale White M.D. *Journal of Physiology*, July 1889. In the human fœtus the superior cervical ganglion is an organ having some function, but it begins to degenerate soon after birth and this degeneration continues till, towards the end of life, the nerve cells are atrophied and functionless. Further observations upon animals and human beings seem to prove that what is thus quite conclusively established in regard to the superior cervical and semilunal is true of all the collateral ganglia. In man the function of the lateral ganglia is maintained well into adult life and only begins to disappear in old age.

Prognosis of Cirrhosis of the Liver.—Professor Semmola, of Naples, in a clinical lecture on Cirrhosis, published in *Il Progresso Medico*, maintains that the prognosis of the disease depends entirely on the quantity of urea excreted during twenty-four hours, as he has proved to his entire satisfaction in seven cases. He teaches that increase in the secretion allows a much more favorable prognosis than a decrease. The quantity of urea secreted corresponds, according to him, with the functional activity of the hepatic cells; so that the extent of nitrogenous metabolism is proportionate to the number of normally acting cells. For the treatment of the disease Professor Semmola recommends an exclusive milk diet, which must be systematically and regularly administered.—*Lancet.*

Alleged Contagiousness of Cancer.—"A small commune in Normandy, Saint Sylvestre-de-Courcelles, with a present population of only three hundred and seventy-nine, as compared with five hundred twenty years ago, has in the eight years 1880–1887 lost no fewer than eleven of its inhabitants, between the ages of sixty-two and eighty-three, from cancer—a proportion of fifteen per cent. of the total mortality. All but one of the cases occured in males, and in as many as eight the cancer was seated in the stomach. Such facts have led Dr. Arnaudet ('L'Union méd.,' No. 52) to conclude that cancer is contagious, and is propagated through the medium of water. It is true, he remarks, that not one of the eleven persons mentioned were water drinkers, but then they drank cider, which is made with the pond water of the district. Dr. Arnaudet thinks this sufficient ground to advocate the use of antiseptics and of boiled water as prophylactics against cancer, as well as against typhoid fever or phthisis."—*Lancet.*

Cider and Typhoid Fever. — M. Olinir discovered the bacillus of Eberth in swamp water at Graville, where a typhoid epidemic is prevailing. In view of the fact that this water is largely used in the fabrication of cider and that his experiments prove that alcoholic fermentation does not modify the course of the bacillus, the question raised is an interesting one.—*La Normandie Médicale.*

Gælactorrhœa (Rosemtery).—

℞.—Distilled water	200 gram.
Simple syrup	30 "
Iodide of potassium	1 "
Metallic iodine	1 "

M.—Sig. A tablespoonful each hour.

—*Gazette de Gynéeologie.*

Senile Microbio-mania. — A savant of Naples, Dr. Malinconico, has made a greater discovery than the famous elixir of youth of Brown-Séquard. The journals announce very seriously that Dr. Malinconico is about to discover the *microbe of old age.*

This microbe is transmitted, according to the Italian savant, by inheritance, invades with age the entire human organism, ravages and destroys it, producing old age, and finally death.

Dr. Malinconico hopes that he will be able to discover the means to combat, and finally to destroy, this terrible microbe, which will prevent men growing old. The savants are invaluable!—*Revue de Thér.*

The Use of Ice.—No ice in the morning on an empty stomach. No ice before or during meals. No ice during digestion. No ice after violent exercise. No ice when the body is perspiring. No ice for women during the menstrual period. No ice for children.

Those who make use of iced drinks should be careful not to drink too much, or to swallow too rapidly. In case a sudden chilling should be experienced the danger which threatens may be averted by violent exercise. In this way the circulation may be reëstablished.

In conclusion, it may be well to remember that the avoidance of these rules may result fatally.

—*Journal de Hygiene.*

Uterine Carcinoma.—Kaltentach presents the statistics of fifty-seven cases of total extirpation of the uterus through the vagina. But two deaths followed the operation instead of two hundred and twenty-nine, which is the figure given by most of the operators. He attributes these excellent results, first to the fact that he closes the peritoneal cavity after the extirpation of the uterus, and then he is careful to abstain from the abuse of antisepsis. In reality, many operators are not content in disinfecting in advance, as much as possible, the vagina, their instrumeuts, and their hands, but during the entire time of the operation they deluge the parts with relatively concentrated solutions of liquid antiseptics, which occasion fatal intoxication in a much larger number than is imagined, as many of the cases have never been published.

SACCHARINE.—At the meeting of the Académie de Medicine, M. C. Paul made another communication regarding saccharine; after having strongly recommended it. As a sweetening substance, in doses from ten to twenty grammes a day, he brings it forward to-day as one of the best of dentifrices, as it possesses the power of arresting fermentation.

—*Bulletin de l'Academie de Medicine.*

URAL, A NEW HYPNOTIC.—This body, obtained by dissolving urethane in chloral, presents itself in the form of crystals soluble in alcohol, little soluble in water, which volatilizes without decomposing, and is fusible at 106°. It imparts a bitter taste.

Poppi, who has experimented with the hypnotic, claims that it is the most rapid and trustworthy of all that we know. It does not modify the blood pressure, and its administration is never followed by accidents. It is prescribed with success in cardiac affections, mental maladies, hysteria, etc.

—*La France Médicale.*

THE PATHOLOGY OF GOUT.—Dr. Maximin Legrand is about to publish a remarkable work upon this subject, of which the following are the conclusions:

1. The presence of uric acid in the blood and urine is physiological.

2. The excess of uric acid in the blood is inoffensive as long as elimination is not interfered with. Whenever the quantity of urine decreases at the same time as the quantity of uric acid eliminated in twenty-four hours, one may look for an attack of gout. As soon as the proportion of uric acid increases, the paroxysm is calmed. If this proportion passes the normal limits, the fit is at an end. This is the crisis of the ancients.

3. Lead, by affecting the kidney and diminishing the eliminating power of that organ, produces gout.

4. It is possible that iron may act in the same manner. It is generally acknowledged that the salts of iron, soluble and insoluble, produce in a short time an aseptic effect, and decrease the secretion of the gastric juice. They tend, therefore, to produce constipation by decreasing the enteric fluids (particularly the sulphates and the chlorides, which are the most astringent). One may presume by analogy that they constipate the kidney.

In considering that physiologists have made some researches on this subject, it is enough to know that iron favors plethora, to understand that it equally favors gout — gout which is the disease of strong men, and does not attack females until the menopause.

5. Plethora diminishes the volume of the kidney, and suppresses in part the eliminative function of that organ. Since Dr. Todd, of England, called attention to this subject, in all the autopsies of gouty subjects, the kidney is found reduced to two-thirds, and sometimes half its volume. This has been considered an effect of gout. It is, on the contrary, the cause.

6. The treatment of gout consists in establishing by every possible means the renal function.

—*Revue de Thér.*

THE experiments of Dr. Henry P. Loomis, of New York, with the so-called elixir of life, conducted with all scientific precautions, have not led to any very definite results. After deploring the newspaper notoriety given to the subject and stating what he considers to have been the true propositions of Brown-Séquard in regard to his experiments with the hypodermatic injections of testicular fluid, he says (New York *Medical Record*, August 24, 1889): "Following Dr. Brown-Séquard's instructions and always observing strict antiseptic precautions, I crushed in a mortar a small portion of the tissue of the testicle of a two-year-old ram, mingled with an equal quantity by bulk of distilled water. The resultant mixture, after infiltration, disclosed under the microscope albuminous granules and crystals of spermine that are formed of a phosphate of an organic base, but no bacteria or spermatozoa. Thirty minims constituted a dose, and fresh material was prepared on each occasion. Not more than an hour was allowed to elapse between the death of the animal and the operation."

The following are the author's conclusions:

"I. *a.* I can see no reason to anticipate danger of septicæmia from the use of the fluid prepared under proper antiseptic precautions, provided the material used be absolutely fresh and free from all trace of disease. My attention was called to the necessity for the closest scrutiny in this last particular, by having discovered, in specimens taken from an apparently healthy ram, a solitary tubercle in which were demonstrated tubercle bacilli. In none of the cases have I seen any bad results, and only in a few has there been a moderate amount of pain at the point of injection, lasting from six to eight hours.

"*b.* I can explain the singular nervous affection apparent in certain of the cases only on the theory that upon the nerve-centers the mixture exerts some powerful but as yet unexplained influence, which, even if its use be eventually proved beneficial in some cases, must render its employment in others a matter of caution. It is far from safe to say and proceed upon the belief that 'if it does no good, it can do no harm.'

"II. *a.* I seem to see in almost all the cases *old men* subjected to the experiment an increase in strength and vitality which certainly persists for several days. I have noticed nothing in the least resembling the secondary depression which so commonly follows the use of ordinary stimulants.

"*b.* When used in cases of actual disease no modification of pathological conditions or processes has been recognizable.

"I therefore conclude:

"1. That the injection of this testicular mixture does, as claimed, produce 'nutritive modification' in the tissues of elderly men, due probably to the stimulation of the nerve-centers.

"2. As far as my own experiments are concerned, sufficient time has not yet elapsed to justify an affirmation or denial of the correctness of Dr. Brown-Séquard's second conclusion.

"3. There is in the theory sufficient ground for further experimentation."

THE TREATMENT OF ECZEMA.—Dr. Unna, of Hamburg, publishes in the *Monatsschrift für Dermatologie* a paper on the Diagnosis, Etiology, and Treatment of Eczema. He says that even before the experimental cultivation of bacilli exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhœic eczema, and the parasite causing it is the same which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhœic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhœic eczema in all its forms, viz.: Sulphur, resorcin, chrysarobin, and pyrogallol. Of these remedies resorcin is the best, as being the least likely to produce local or general ill effects. It may also be used in an alcoholic or watery solution, or in the form of ointment, paste, soap, or powder. Dr. Unna's favorite formula is a solution of three drachms of finely-powdered resorcin with an equal quantity of glycerin in six ounces of spirits of wine, diluted with four times the quantity of water or camomile tea. A thin layer of cotton wool well moistened with the solution is applied, covered with some waterproof material, and fastened by a bandage. These applications are particularly useful when the treatment is prolonged, or when it is carried out by night. They are, of course, impossible in general eczema of adults, but not in that of infants. Dr. Unna describes an especially important effect following the application of resorcin, viz.: a swelling of the epidermis, by which all painful fissures are healed in a single night. In order to ensure healing, he advises that the skin should be anointed after the removal of the bandage, and that washing with soap should be avoided. A few peopie suffer from a resorcin idiosyncrasy, which necessitates the immediate cessation of this treatment, and the application of powder to the affected parts. This idiosyncrasy is, however, very rare, as he has only met with it ten times in five years' observation, during which time he has seen 2000 cases. He remarks that his treatment is not adapted to those cases of long existing eczema, in which strongly-infiltrated or thickly-indurated patches occur.—London *Lancet.*

ILL EFFECTS OF ANTIPYRIN.—A young lady, aged twenty-one, has been under my care suffering from chronic ovaritis, associated with intense dysmenorrhœa. In addition to treatment by bromide of ammonium and tincture of gelseminum (which, by the way, were fairly successful in reducing the pain), I had given her some powders consisting of ten grains of antipyrin, one of which was to be taken when the paroxysms became severe. On July 25 last she took one of these (the first); about five minutes afterwards she experienced a very curious sense of heavy weight in the thorax, with a feeling of suffocation, her breathing became hurried and difficult, and there followed almost immediately a loss of power in the left side (the right side was slightly affected); in a few minutes a peculiar, very bright erythema appeared over the whole surface of the body, the patient appearing, as her mother said, "just like a boiled lobster." This rash was accompanied by a sensation of "pins and needles" down the left arm and leg; the circulation seemed to be arrested for a little while, as the rash faded to a dull purple. In a few minutes a feeling of collapse set in, accompanied by a profuse cold perspiration, and simultaneously severe vomiting began. In about ten minutes, under the influence of stimulants, all these unpleasant symptoms passed off, and she seemed to have recovered entirely. That the drug was good was shown by the fact that two or three other patients had had some quite recently from the same box, and I can only attribute the symptoms above described to an idiosyncrasy on the part of the patient.

—Thomas Winsgrave, M.R.C.S., in *The Lancet.*

A MIXED CASE OF TYPHUS AND TYPHOID FEVERS.—In a report of a case of a young man admitted into the Mater Misericordia Hospital, presenting the symptoms, on admission, of a typical case of typhoid fever, including diarrhœa and the rose-colored eruption, Dr. C. J. Nixon records that on the second day after admission the symptoms of typhus supervened—low, muttering delirium and profuse maculated eruption over the the face, trunk, and dorsal aspect of the wrists. The disease ran a rapidly fatal course, death ensuing on the ninth day after admission, the twelfth of the fever, as nearly as could be ascertained. The autopsy, sixteen, hours after death, revealed a black fluid condition of the blood, the spleen in a state of putridity, and a medullary infiltration of the solitary glands and patches of Peyer, accompanied by swelling of the mesenteric glands. Upon this latter point, together with the clinical history, Dr. Nixon bases his diagnosis of a mixed case of typhus and typhoid fever, since of the hundreds of autopsies of typhus fever in not one is there a record of any intestinal lesions, all observations showing that in that disease the solitary glands and Peyer's patches present an absolutely healthy appearance. The paper is one of especial importance.

—Dublin *Journal of Medical Science*, August 1.

FARADIZATION OF ABDOMINAL CAVITES IN ASCITES.—This treatment has been found successful by Muret (*Rev. de Med.*, September, 1888) in two cases occurring in Kussmaul's clinic, and it is confirmed by Kaufman (*Berl. klin. Woch.*, August 5, 1889), whose observations resulted favorably in ascites due to disturbance of the portal circulation in liver troubles, or diseases of the spleen, peritoneum, or in pericarditis; but not when the ascites formed a part of a general dropsy. The application offers more success when made immediately after paracentesis, because at the time the muscles may be brought into active contraction. The object aimed at is a thorough massage of the abdominal muscles, of ten to fifteen minutes duration, repeated twice daily.

Medical News and Miscellany.

It is reported that typhoid fever is at present prevalent in London.

Dr. J. G. Fritz, of Lebanon, was stricken with paralysis August 16, and died instantly.

Measles have caused death 583 times this year in Glasgow, being the severest epidemic of measles since 1871.

The School of Medicine of Boston University has graduated 478 physicians. Nearly one-half of these are women.

Complaint is being made in certain sections of the city that garbage is being hauled through the streets without the covering required by law.

A change of the time of meeting of the Mississippi Valley Medical Association has been ordered, and the meeting will be at Evansville, Ind., September 10, 11, 12.

The Royal Society of Hygiene in Italy has resolved to associate itself with the congratulation accorded by his countrymen to Max von Pettenkofer on his having attained his seventieth birthday.

The deaths of the following eminent men are announced: Dr. A. Nuhn, Honorary Professor of Anatomy in Heidelberg, Dr. Kandinski, of St. Petersburg, a well-known writer on mental diseases.

Dr. L. Webster Fox, of this city, is to be married, Sept. 4, to Miss Bickerton, of Liverpool, England. After the wedding they will make a tour of the Continent, which will probably extend to Norway and Sweden.

Dr. Eisenberg and Dr. Wiley were in Reading recently, inspecting the hospitals of that city, they having been appointed a committee by the Norristown Hospital and Dispensary to submit plans for establishing the proposed hospital.

California still continues to have faith in the health-giving properties of the eucalyptus. The State Board of Horticulture is just now distributing seeds which have been received from Australia of a large number of varieties of the famous tree.—*Times.*

The Annual Meeting of the American Dermatological Association will be held in Boston, during three days, beginning September 17. For information, address Dr. Geo. H. Tilden, 122 Marlboro Street, Boston, Secretary and Treasurer.

Several cases of typhoid have recently occurred in a town in the province of Baden, Germany, and it came to light that three of the patients first affected procured their drinking water from the same well. The water was then examined, the strictest precautions being used to prevent infection from other sources. In three days the cultures were found to have developed on an average 140,000 colonies to the cubic centimeter (about one-half cubic inch). Ten tests had been made, but only in one of these was there found a single colony af typhoid bacilli.

—*Deutsche Med. Wochenschrift.*

Dr Guerder recommends the employment of equal parts of boric acid and powdered washed coffee as a snuff in whooping-cough claiming a cure can be affected in from eight to fifteen days.—*Revu de Ther.*

A New Use for Flags.—The Medical Department of the Paris University will use a flag whenever a confinement is in progress in the lying-in wards. A blue flag indicates a simple confinement, a yellow flag a difficult labor, and a green flag that an operation may be necessary.

Some weeks ago a patient reached Wilkesbarre from Washington to be treated for an affection of the eyes, and Dr. Lampman, whom he consulted, told him his sight could never be restored. The patient was made sick of discouragement, and a couple of evenings ago died of grief.

Dr. James L. Cabell, Senior Member of the Faculty of the University of Virginia, died at Overton, August 13. Prof. Cabell was a great-grandson of Dr. William Cabell, was born in Nelson County. Va., August 26, 1813, and graduated at the University of Virginia in 1833.

Lifting the sick is a knack. After a baggage master employed at the Broad Street Station had vainly tried to lift his invalid father, a petite girl, a graduate of the Nurses' Training School of Philadelphia Hospital, came silently floating into the room, like a bit of zephyr, and gave the burly sick man just the turn he needed.

Another Local Anæsthetic.—Since the advent of cocaine, it has become quite the fashion to discover local anæsthetics. The latest is one which was introduced to the members of the Berlin Medical Society recently. Hayap is its name, and it seems to have considerable power. An aqueous solution distilled into the eye of an animal brought about complete anesthesia which lasted in various instances from ten to twenty-four hours.

A small boy sojourning on the coast of Maine sent the following clipping to his father in Boston:

Examiner: "What would you do in the case of a man with clammy sweats?"

Budding Sawbones: "Advise him to give up clams."

The boy appended the following:

"Dear papa, I thought you would appreciate the above, as you are having the sweats and I am having the clams."

Tea Adulterations for the American Market.—Consul Crowell, of Amoy, reports that a large portion of the Amoy oolong tea is poorly cultivated, picked and dried; that it is dirty and adulterated, and was called "stuff," in the last year's report of the Amoy Commissioner of Customs, who added that it "was alone wanted in America." This last, the consul says, is true; for nearly the entire crop of Amoy oolongs—bad and unfit often for use as they are—are annually marketed in the United States, and, he thinks, the American public ought to be warned and protected against this so-called tea.—*Boston Medical and Surgical Journal.*

A NEW use for rabbits has been found by the physicians of the Birmingham, England, Lunatic Asylum. A number of wild rabbits have been turned loose into the fields adjoining the institution, so that the inmates will be amused by seeing the rabbits run about, and to divert the minds of the patients is one of the great objects of the institution.

AT Marseilles, Bordeaux, and Poitiers, public exhibitions of hypnotism have been forbidden. Our Paris correspondent writes: The Department Council of Public Health advised the rector of the Academy to take this step in the districts under his authority, and he wisely followed the good advice. In Belgium, Geneva, and Mecklenburgh-Schwerin, they are likewise forbidden. In Paris, unfortunately, unwise doctors can show off their patients, and quacks follow in their steps with unwholesome imitations.

—*British Medical Journal.*

HYDROPHOBIA.—An extraordinary case of hydrophobia is stated to have occurred near Sheffield. It appears that an iron-moulder named Parkins died after several days' acute suffering, although there was no evidence of his ever having been bitten by either a dog or a cat. The doctor's opinion is that the malady was caused by the deceased having been licked by a dog on the face, at a spot where he had cut himself by shaving.—*Lancet.*

ACCORDING to the new code (non-authoritative, however) of Belgian medical ethics, a medical man on being summoned to a new patient is bound to do his best to ascertain whether any one else has been in attendance during the present illness. The simple denial of the patient is not sufficient to absolve the doctor from any further attempts to learn the truth. If it is found that some one else has been in attendance during the existing illness, the successor is bound to satisfy himself that his fees have been paid before he accepts the position of medical attendant himself. When acting as temporary substitute for a confrère, if a new patient hitherto unknown to the latter sends, the locum tenens may retain him permanently on his own list.

IT is now more than thirty years since Dr. Landarrabico called attention in the medical journals to the great value of green or unroasted coffee in hepatic and nephritic diseases. After having continued to use the remedy for upward of a third of a century in many hundreds of cases, he again appeals to the profession, through the *Moniteur de Therapeutique*, to give it a trial in those cases of liver and kidney troubles which have resisted all other treatment. His habit is to place twenty-five grammes, or about three drachms, of the green berries (he prefers a mixture of two parts of Mocha with one part each of Martinique and Isle de Bourbon coffee) in a tumbler of cold water, and let them infuse over night. The infusion, after straining or filtering, is to be taken on an empty stomach the first thing after getting up in the morning. He cites many cases of renal and hepatic colics, diabetes, migraine, etc., which, although rebellious to all other treatments for years, soon yielded to the green coffee infusion. It is worth a trial at any rate.

LAZARETTO PHYSICIAN H. B. Brustar reported to the Board of Health that, on the arrival of the American Line steamer "Lord Gough" at Quarantine, he found Eliza Schembe, one of the passengers, and a native of Finland, suffering from scarlet fever. The patient was immediately removed to the Lazaretto Hospital, and the appartment occupied by her on the steamer was thoroughly disinfected before she was allowed to proceed up the river.

THE MORTALITY OF FOREIGN CITIES.—The annual death-rate per 1000 in the principal foreign cities, according to the last weekly return communicated to the Registrar-General, is as follows: Calcutta, 22; Bombay, 24; Paris, 22; Brussels, 20; Amsterdam, 22; Rotterdam, 26; The Hague, 25; Copenhagen, 27; Stockholm, 27; Christiania, 22; St. Petersburg, 33; Berlin, 32; Hamburg, 26; Dresden, 33; Breslau, 39; Munich, 39; Vienna, 23; Prague, 26; Buda-Pesth, 33; Trieste, 23; Rome, 20; Venice, 35; Cairo, 58; Alexandria, 40; New York, 39; Brooklyn, 32; Philadelphia, 30; and Baltimore, 28.

DR. L. H. TAYLOR, of the State Board of Health, says that a week ago there were two hundred and fifty cases of typhoid fever in Wilkesbarre, and, in his opinion, the origin and propagation of the disease are due to the polluted water in the Laurel Run reservoirs, from which the city gets its supply.

The chemical examination of the water of Laurel Run does not discover the presence of any material amount of hurtful matter, but the microscope distinctly shows the presence of cesspool drainage of such character as condemns it absolutely for drinking purposes. The doctor thinks the only safe course is to condemn the present supply of water entirely.

NEW JOURNAL.—We announce to our readers the appearance of a new review, entitled: *Journal of Cutaneous and Syphilitic Diseases*, edited by Dr. Henri Fournier, with the collaboration of Drs. Buchin, Buret, Gaudin, Renouard, of Paris, Lassalle, of Montpellier, Martin du Magny, of Bordeaux, Schnell, of Marseilles, Alfred Cooper and Hugh Roberts, of London, von Duering, of Hamburg, Pauly, of Wiesbaden, Suzor, of Port-Louis, etc., etc. This publication will be of an essentially practical character, and its purpose will be to popularize in some sort dermatology and syphilography. It will be issued at Paris. We wish all success for our new contemporary.

JOHN KELLY, a coachman, has begun suit in the Common Pleas against Dr. J. C. Guernsey to recover damages for personal injuries received on December 1, 1888, on Twenty-second Street, below Race. Mr. Kelly was in the employ of the doctor, and was, it is stated, in the habit of driving the physician around the city in his visits to his patients, but that on this occasion the doctor himself insisted on driving the horse, a spirited animal, and the consequence was that on account of alleged negligent driving the horse ran away and the plaintiff was thrown from the buggy and was badly injured about the head and legs. Mr. Kelly brings suit for the injuries received.

—*Ledger.*

THE Medical Society of Pennsylvania will hold no meeting this year. On accunt of the great calamity at Johnstown, and for other reasons, it has been thought expedient to adjourn the Convention until June 10, 1890.

THE first Annual Meeting of the American Pædiatric Society, will be held in Washington, D. C., on September 20 and 21, 1889, under the presidency of Dr. A. Jacobi, of this city. The sessions will be held in the Johns Hopkins Hospital, Baltimore, Md., by invitation of the director of the hospital. Papers are announced by the President: A. D. Blackader, Montreal, Canada; W. D. Booker, Baltimore, Md.; Dillon Brown, New York; A. Caillé, New York; Charles Warrington Earle, Chicago, Ill.; J. Henry Fruitnight, New York; Francis Huber, New York; A. Jacobi, New York; John A. Jeffries, Boston (by invitation); H. Hoplik, New York; Thos. S. Latimer, Baltimore, Md.; I. N. Love, St. Louis, Mo.; Arthur V. Meigs, Philadelphia, Pa.; J. O'Dwyer, New York; Wm. Osler, Baltimore, Md.; A. Seibert, New York; H. N. Vineberg, New York; W. T. Northrop, New York; J. L. Smith, New York; and V. W. Vaughan, Ann Arbor, Mich.

THE New York *Sun* says that twelve medical students found a suite of rooms on the top floor of an east side building, which they divided into sleeping apartments and study rooms. They were comfortably housed and excellently, though plainly fed, at a cost of $3.33 each, per week. They exchanged among themselves the costlier books of reference necessary for their studies, and organized themselves into a society. Rigid discipline was maintained, and a duty was prescribed for every hour of the day. In the evening and early morning they were regularly quizzed by one of their number specially selected each week for that purpose, upon the lessons of the coming day, and the spare hours were devoted to study and review. Among the members there were three honor men in the examinations, last spring, and there promises to be several more of the same class at the end of the winter's season.

IN the Societe de Biologie, Fere affirmed that a dying person in his last moments thinks of the chief events of his life. Persons resuscitated from drowning, epileptics with grave attacks, persons dying and already unconscious, but momentarily brought back to consciousness by ether injections to utter their last thoughts, all acknowledge that their last thoughts revert to momentous events of their life. Such an ether injection revives once more the normal disposition of cerebral activity, already nearly extinguished, and it might be possible at this moment to learn of certain important events of the past life. Brown-Séquard mentions the remarkable fact that persons who, in consequence of grave cerebral affections have been paralyzed for years, get back at once when dying, their sensibility, mobility, and intelligence. All such facts clearly show that at the moment of dissolution important changes take place, reacting upon the composition of the blood and the functions of the organs.—*Medical Zeitung*.

THE LOST STOMACH.

With a face that was full of care,
With his hat too small for his head,
The club man sat in a big arm chair,
And these were the words he said:
"It's O, that the awful truth
Is that little I can digest;
And it's O, for the stomach of sturdy youth
That did'nt want ease nor rest!

"It is O, for the good old time
When nothing a pang could bring.
When the maw I managed was in it's prime
And could wrestle with anything;
When the pie or the pickled beet,
Boiled cabbage or biscuit hot
To assimilate was a simple feat—
But the stomach that was not!

"Time was when a rich pate
Was a source of supreme delight,
And my head was of normal size next day
Though I drank like a fish at night;
But it's gone!" With a face of care,
With his hat too small for his head,
The club man sat in a big arm chair,
And those were the words he said.

—*Western Medical Reporter.*

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 20, 1889, to August 26, 1889.

BAILY, JOSEPH C., Lieutenant-Colonel Surgeon and Medical Director. Leave of absence for one month is granted. Headquarters Department of Texas, San Antonio, Texas, August 12, 1889. S. O. 54, Headquarters Department of Texas.

POPE, BENJAMIN F., Major and Surgeon. Leave of absence for one month, with permission to apply through Division Headquarters for an extension of two months is granted. Par. 7., S. O. 55, Department of Texas, August 17, 1889.

Commanding officer at Jackson Barracks, New Orleans, La., telegraphs the Adjutant-General of the Army, that HARVEY E. BROWN, Major and Surgeon, died to-day, at 1.40 o'clock, P.M.

Changes in the Medical Corps of the United States Navy for the week ending August 24, 1889.

SCOFIELD, W. K., Medical Inspector; HIBBETT, C. T., Passed Assistant-Surgeon. Detached from the "Lancaster."

WHITE, C. H., Medical Inspector; HESLER, F. A., Passed Assistant-Surgeon Ordered to the "Pensacola."

CURTIS, L. W., Passed Assistant-Surgeon. Ordered to the "New Hampshire."

JONES, W. H., Surgeon. Detached from the "Pensacola," and placed on waiting orders.

VON WEDEKIND, L., Assistant-Surgeon. Detached from the "New Hampshire," aud ordered to the "Pensacola."

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the two weeks ending August 24, 1889.

LONG, W. H., Surgeon. To proceed to Gallipolis, Ohio, as Inspector, August 7, 1889.

WHITE, J. H., Passed Assistant-Surgeon. Granted leave of absence for thirty days, on account of wound, August 16, 1889.

CONDICT, A. W., Assistant-Surgeon. Detached from Revenue Bark "Chase," and ordered to Louisville, Ky., for temporary duty, August 19, 1889.

GROENEVELT, J. F., Assistant-Surgeon. Ordered to South Atlantic Quarantine Station for temporary duty, August 8, 1889.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute intestinal obstruction, medical treatment of, Gray. Kansas Med. Jour., August, 1889.

Antiseptics in surgery, McClintock. Kansas Med. Jour., 1889.

Astigmatism and presbyopia in children, early detection of, Engstadt. N. W. Lancet, August, 1889.

Acute Multiple Adenitis, Langmaid. N. Y. Med. and Surg. Jour., August 12, 1889.

Affections of the spinal cord, suspension in the treatment of, Shaw. Atlanta Med. and Surg. Jour., August, 1889. Also in St. Louis Med. and Surg. Jour., August, 1889.

Arsenic, the Chemistry of, Hills, Boston Surg. Jour., Aug. 15, 1889.

Beitrag zur verebung der hypospadie, Lesser. Archiv. für Pathologische Anatomie uver für Klinische Medicin, 1889, Heft 3.

Bemerskung überdie vater-pacinischen köiperchender gefässwand shoma. *Ibid.*

Beiträge zür hypnotischen therapie, Michael. August 8, 1889.

Obstetrics, two unusual cases of, McHaltern. Atlanta Med. and Surg. Jour., August, 1889.

Obstruction and gangrene of the intestine; laparotomy; death, Briggs. Occidental Med. Times, August, 1889.

Correcting the whole error of refraction and the necessity of using a mydriatic, Cotter. Atlanta Med. and Surg. Jour., August, 1889.

Cellular abresiæ of the nymphæ, Logan. Canadian Practitioner, August 1, 1889.

Compound triple dislocation of the left astragalus, case of, Gott. Med. Record, August 10, 1889.

Concussion of the spine in its medico-legal aspects, Smith. Jour. Am. Med. Association, August 10, 1889.

Chronic glaucoma, an analysis of ninety cases of, Bull. N. Y. Med. Jour., August 10, 1889.

Cocaine hydrochlorate, the toxic effect of, Chetwood. Med. Record, August 10, 1889.

Creosote in phthisis, a clinical note on the use of, Newcomb. Med. Record, August 10, 1889.

Cocarpisin, Morgan. Indiana Med. Jour., August, 1889.

Chronic arthritis of the knee, Altis. Med. Bulletin, Aug., 1889.

Crepitant râle, the, Jackson. Med. Standard, Aug., 1889.

Cerebral symptoms connected with phthisis. Boston Med. and Surg. Jour., August 8, 1889.

Copaiba n dentistry, Rollins. *Ibid.*

Double pneumonia with abscess of left lung, report of a case of, resulting in recovery, Lewis. Weekly Med. Review, August 10, 1889.

Ein fall von Gastritis catarrhalis chronica cystica proliferans, Langerhaus. Archiv. für Pathologische Anatomie und Physiologie und für Klinische Medicine, 1889, Heft 3.

Erosions and ulceration of the os uteri, a formula for, Jonson. Southern Clinic, August, 1889.

Electricity in gynecology, Davis. Atlanta Med. and Surg. Journal, August, 1889.

Emphysema, McKee. Cincinnati Lancet-Clinic, August 17, 1889.

The etiology of typhoid fever, Crawford. Western Med. Reporter, August, 1889.

Epilepsy, some general considerations in the treatment of, Church. Western Med. Reporter, August, 1889.

Eye surgery, needless and annoying restraint in, Chisolm. Jour. Amer. Med. Assoc., August 17, 18889

Electricity, the therapeutic uses of, Shoemaker. *Ibid.*

Foods, drugs, and their adulterations, report on. The Boston Med. and Surg. Jour., August 15, 1889.

Fever, Burnham. Med. Standard, August, 1889.

Forms of crime, development of the, Fulch. The Open Court, August 8, 1889.

Hydronephrosis and renal atrophy, especially as resulting from functional disturbances of micturition, Edes. Medical News, August 10, 1889.

Hernies, a cure radicale des, Marsil. L'Union Médicale, Aout, 1889.

Typhogenic coccogenic and bacillogenic sycosis, Unno. St. Louis Med. and Surg. Jour., August, 1889.

Hysteria, a case in which symptoms of, were associated with those of aubillar lesion, Cordell. Maryland Med. Jour., August 17, 1889.

Insanity and allied affections. Maryland Med. Jour., August 17, 1889.

Is it advisable for the State of Michigan to return to the County the care of the insane. Amer. Lancet, August, 1889.

Klei nere mittheilungen, Stricker. Archiv. für Pathologische Anatomie und Physiologie und für klinische Medicin, 1 Juli, 1889.

Modern obstetric methods, Townsend. Med. Bulletin, Aug., 1889.

Neurotic or hysterical fever, King. Med. Record, August 10, 1889.

Normal and abnormal nervous activity, the influence of climate and season upon the manifestation of, Platt. Med. News, August 10, 1889.

Nature's book, man's chapter in, Dedmon. Southern Practitioner, August, 1889.

Ophthalmology, report on the advance in, Fryer. Kansas Med. Jour., August, 1889.

Obstetrics and Gynecology, notes on, McKee. *Ibid.*

On œdematous form of disease of septic œdema of the upper air passages. N. Y. Med. and Surg. Jour., August 10, 1889.

Peripheral paralyses due to carbonic-oxide poisoning, Jacoby. N. Y. Med. Jour., August 17, 1889.

Patella, a case of compound fracture of the, treated by wiring, Armstrong, N. Y. Med. Jour., August 17, 1889.

Plutories et harpogi dissecti dialogue anatomisches gedicht aus dem anfang des 16 jahrhunderts, Roth. Archiv. für Pathologische anatomie und Physiologie und für klinische Medicin, 1 Juli, 1889.

Practische winke ofer guajakolin jektionen, Schetelig. Deutsche Medizinal-Zeitung, August 5, 1889.

Pine belt, the, of New Jersey, Platt. Med. News, August 10, 1889.

Pelvic peritonitis from Crede's method, Munn. Med. Standard, August, 1889.

Prophylaxis of puerperal eclampsia, Doering. *Ibid.*

Predental hemorrhage, Hintermann. *Ibid.*

Quarterly review on diseases of children, Nesbitt. Canadian Practitioner, August 1, 1889.

Retro-catheterization in the treatment of urethral stricture, Lewis. Weekly Med. Review, August 10, 1889.

Sanitation, Stephens. Southern Med. Record, August, 1889.

Syringomyelia, Church. Med. Standard, August, 1889.

Summer diarrhœa of the insane, Alexander. *Ibid.*

Scirrhous carcinoma of the bladder, Kennedy. Med. Record, August 10, 1889.

Tubercular osteomyelitis of tibia, two cases of, Jelks. Jour. Amer. Med. Ass'n, August 10, 1889.

Totlich veilaufende puerperal krankungen venersacht durch die thränensack blennorrhœ einer h-famme, Loeb. Deutsche Medizinal-Zeitung, August 5, 1889.

Tuberculosis in sleeping cars, Whittaker. Cincinnati Lancet-Clinic, August 17, 1889.

Ten consecutive laparotomies, Hardon. Atlanta Med. and Surg. Jour., August, 1889.

Two incomplete ovariotomies, a report of, Buchanan. *Ibid.*

Treatment of burns, the local use of ice or cold in the, Carpenter. Amer. Practitioner and News, August 17, 1889.

Ulcer of the small intestine with perforation, Hutchens. Weekly Med. Review, August 10, 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 574. NEW YORK AND PHILADELPHIA, SEPTEMBER 7, 1889. The Medical Register. Vol. VI, No. 140.

PAGE

CLINICAL LECTURE.

A LECTURE ON VARICOCELE. By G. Frank Lydston, M.D., Chicago, Ill, Part II. - - 433

ORIGINAL ARTICLES.

THE FUTURE OF MEDICINE. By Wm. T. Plant, M.D. - - - - - - - - - - - - 436
DOUBLE AMPUTATIONS — COMPLICATIONS. By A. P. Frick, A. A. Surgeon, U. S. A., Fort Seldon, New Mexico - - - - - - - 440
CASE OF EXTENSIVE BRAIN LESIONS WITH ILL-DEFINED SYMPTOMS. By John J. Berry, M.D., Portsmouth, N. H. - - - - 441

HYDROTHERAPEUTICS.

III. HYDROTHERAPY IN TYPHOID FEVER. By S. Baruch, M.D. - - - - - - - - - 441

PARIS LETTER. *Linn.*

THE INTERNATIONAL CONGRESS:
The International Congress on Alcoholism. *Drysdale* - - - - - - - - - - 443
The International Congress of Therapeutics and Materia Medica. *Semmola* - - 443
Some Newer French Prescriptions - - - 444

PAGE

EDITORIAL.

EVOLUTION IN DISEASES OF THE NERVOUS SYSTEM - - - - - - - - - - - - - - 445
THE CARE OF THE CHILDREN - - - - - 446
PERFUMES AND OZONE - - - - - - - - 447

ANNOTATIONS.

Management of Ingrowing Nails - - - - 448
Chloralanoid - - - - - - - - - - - - 448

LETTERS TO THE EDITOR.

The Elixir. *Beecher* - - - - - - - - - - 448
Concealed Hemorrhage at the Fifth Month of Pregnancy. *Ward* - - - - - - - - 449
Antifebrin. *Saylor* - - - - - - - - - - 449

BOOK REVIEWS.

A System of Obstetrics by American Authors. *Hirst* - - - - - - - - - - - 449
The Physician Himself and Things that Concern His Reputation and Success. *Cathell* - - - - - - - - - - - - - - - 450
Transactions of the College of Physicians of Philadelphia - - - - - - - - - - - 450

PAMPHLETS - - - - - - - - - - - - 451

PAGE

THE MEDICAL DIGEST.

Eczema of all Kinds. *Lassar* - - - - - - 451
Parasitic Troubles. *Lassar* - - - - - - - 451
Dry or Moist Eczema of the Scalp in Children. *Lassar* - - - - - - - - - - - - 451
Intertrigo. *Lassar* - - - - - - - - - - - 451
Frost-bites. *Lassar* - - - - - - - - - - 451
Calming Inflamed Skin. *Lassar* - - - - - 451
Acute Eczema. *Lassar* - - - - - - - - - 451
Pruritus. *Lassar* - - - - - - - - - - - 451
Pruritus Ani *Lassar* - - - - - - - - - - 451
Acne Vulgaris and Rosacea. *Lassar* - - - 451
Diphtheria. *Jacobi* - - - - - - - - - - 452
Sexual Development. *Tait* - - - - - - - 452
Antiseptic Medication. *Corput* - - - - - 452
Heart Tonics. *Bucquoy* - - - - - - - - 452
Tubercular, Tuberculous. *Macalister* - - 452
Diphtheritic, Diphtherial. *Macalister* - - 452
Pathological Inferiority of the Left Side of the Human Body. *Duchenne* - - - - - 452
The Diagnostic Tampon and its Value in the Recognition of Chronic Endometritis. *Schultze* - - - - - - - - - - - - - 452
MEDICAL NEWS AND MISCELLANY, 453
ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - - 455
MEDICAL INDEX - - - - - - - - - - 455
NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

A LECTURE ON VARICOCELE.

(Delivered at the College of Physicians and Surgeons, Chicago, Ill.

BY G. FRANK LYDSTON, M.D.,
CHICAGO, ILL.

PART II.

[Concluded from page 411.]

THE *treatment* of varicocele in its milder forms is palliative in character. The application of cold to the part, the use of electricity, and the wearing of a close-fitting suspensory bandage, are the principal local measures to be advised. The rules already suggested in the lecture upon sexual hygiene should be rigidly enforced, and the patient should be instructed to a certain extent in the physiology of his sexual apparatus, such instruction being absolutely necessary if you would keep the patient from the clutches of the quacks. He should be informed that the affection is perfectly inocuous, and will, in all probability, entirely disappear after marriage, and in case it be practicable, he should be advised to marry at an early date. If the varicocele be associated with nocturnal emissions or spermatorrhœa, it may be necessary to adopt some of the measures of treatment advised in the lecture upon these conditions. It is advisable in all cases in which the patient is inclined to be hypochondriacal, or suffers from neuralgic manifestations, to occasionally pass a cold steel sound into the urethra. The results of this simple treatment are often surprising, the morale of the patient being improved to a wonderful extent. Such results are explicable by the effect upon the mind as well as upon the local physical condition. Constipation requires the use of mild laxatives. Slothful habits of life should be corrected and proper exercise advised. If the patient be debilitated, tonics, such as iron, strychnine, and the mineral acids should be given. Theoretically, ergot is of service in such cases; hæmamelis has also been endorsed as a remedy for varicose veins in various situations, and seems to have a more marked action upon the venous walls than does ergot. It is a favorite remedy of my own in passive congestions of various kinds, and I usually administer it in varicocele where treatment is required, but operation seems inadvisable, or is declined. The use of the suspensory bandage, cold and electricity, with the general measures already advised usually relieve the symptoms produced by the milder forms of varicocele and prevent an increase in the size of the varix; but in the more severe cases the characteristic changes in the venous walls, due mainly to their loss of tone, or to connective-tissue proliferation, goes on, and we have as a result considerable enlargement of the spermatic plexus with its attendant discomfort. In the more marked cases the physical deformity that the varix occasions may give rise to considerable annoyance, as is illustrated by one which will presently be cited. In these cases the suspensory bandage fails to prevent a noticeable degree of deformity, and does not satisfactorily allay the various disagreeable symptoms; its failure to relieve the patient's mental condition is especially evident, for in removing and ap-

plying his bandage he is made painfully cognizant of his deformity. The knowledge that he is unlike other young men, as regards his sexual apparatus, has a peculiarly demoralizing effect upon such a patient unless he is unusually indifferent. For such cases then we must advise some more effectual means of relief than are afforded by the ordinary measures of palliation.

The various radical operations for varicocele which involve interference with the veins are, as is well known, more or less dangerous to life and to the functional integrity of the testicle of the affected side, and the surgeon ordinarily prefers to avoid all dangerous operative procedures where practicable. Indeed, many surgeons disclaim the necessity of an operation for the relief of varicocele in any case.

The late Dr. Van Buren was considerably prejudiced against operative procedures in this disease, judging from his expressions in regard to this point at his public clinics. Dr. Keyes alludes to this conservatism on the part of his late associate in his recent revision of their joint work upon Genito-urinary Diseases. It must be confessed that the disease may be temporized with in by far the larger proportion of cases. When, however, the patient suffers from the amount of mental and physical discomfort experienced by many of the cases that present themselves to us for treatment, something should be undertaken for his relief. An additional indication for operation lies in the danger of traumatic or spontaneous rupture of the diseased venous walls and the consequent formation of hæmatocele, which is a serious affection when involving these parts. There is a popular idea that the danger of fatal hemorrhage in operations for varicocele is very great, and as a consequence of this there is a tendency on the part of different surgeons to either temporize with the affection or turn the case over to instrument-makers to have suspensories applied. The proportion even of severe cases presenting themselves for operative treatment is very small.

A number of operations have been proposed for the radical cure of varicocele. One of the early operations was that of Vidal de Cassis. This method is familiar to most surgeons, and consists in passing an iron pin through the scrotum, so as to pass between the vas deferens and the enlarged veins. A silver wire is then passed alongside the pin in such a manner that the veins will be included between the pin and the wire, after which the wire is made fast to the pin at each end and the pin twisted so as to bring a certain amount of compression to bear upon the veins (enroulement). This twisting is repeated every day or two until the wire has ulcerated through the veins, after which the pin becomes loosened and is removed. The veins are in this manner cut across and occluded by inflammatory adhesions.

Prof. T. M. Markoe's modification of Vidal's operation consists in dispensing with the pin and passing the silver wire in such a manner that it forms a loop enclosing the veins, after which the ends of the loop are clamped to a lead plate upon the surface of the scrotum; the wire is tightened from day to day until the veins are severed and the loop is free, when it is removed.

An operation, devised by Mr. Henry Lee, is performed as follows: "A segment of the anterior portion of the scrotum is excised, the veins exposed and temporarily compressed. The varicose vessels are then excised, and their cut extremities seared with the hot iron."

These various operations are apparently simple of performance and devoid of danger, but, as a matter of fact, they are very often complicated, difficult, and attended with considerable risk. Unless great caution is observed hemorrhage with consequent scrotal hæmatocele may occur as a consequence of imperfect occlusion of the veins, and there is always more or less danger of exciting phlebitis, with the attendant risks of septic infection, embolism, etc. It is, also, by no means impossible for even surgeons of considerable experience to include the vas deferens in the loop of wire, an accident which will inevitably be followed by atrophy of the testicle, and may result in fatal tetanus as a result of peripheral irritation in this important structure.

A case once occurred in this city in which the surgeon accidentally ligated the vas deferens in operating on varicocele with the result of inducing atrophy of the testis. Atrophy of the testicle, after the ligation of the spermatic veins does not, however, necessarily imply that the vas deferens has been included in the ligature, for such a result may ensue from simple interference with the nutrition of the organ consequent upon the obstruction of the return circulation. Mr. Lee's operation, if done under careful antiseptic methods may yield excellent results, but there still remains the danger of atrophy of the testicle, although there is little danger of accidental ligation of the vas deferens from the fact that the operation comprises exposure of the vessels instead of their ligation in the dark.

Dr. E. L. Keyes[1] has devised an operation comprising subcutaneous ligature of the veins with silk. His remarks upon the subject are as follows: "Since perfecting the new operation, the subcutaneous use of silk, I have operated upon a great number of cases; no patient has been detained in bed more than ten days, many not more than five, one only forty-eight hours; no accident has happened. The first (catgut) cases did not get well. Catgut does not answer. The last (silk) cases all got permanently well. I have had no abscess, only the escape of a little serum in two cases, possibly a little sero-pus in one, which I did not personally attend. I now look upon the operation as one of the smallest importance, and one capable of yielding such marked benefit, that I do not hesitate to recommend it in any case of any material varicocele, which yields discomforting symptoms. I have never seen any approach to this catastrophe (atrophy of the testicle) when all the veins of both sides of the vas deferens were ligated by the method I am about to detail. That atrophy may not come on, if all the veins are tied up, I am not able to affirm, but if all the large veins are selected out and ligated in two masses, one on each side of

[1] New York *Medical Record*, September 18, 1886, and November 26, 1887. Also "Genito-Urinary Diseases."

the vas deferens, atrophy in my experience does not come on. I generally apply only one ligature, high up. I have frequently also applied another on the other side of the vas deferens, or posteriorly; sometimes I apply two on the same outer side of the vas deferens, one high up, the other near the globus major. I have prepared the silk—the common twisted silk of good size so strong that it cannot be broken by the power of the hands—in various ways; but recently I simply boil it for a few minutes to purify it and get the kinks out, and put it in a bottle containing pure alcohol. It keeps indefinitely, and is always ready for use without further preparation. I have devised and used no less than six different needles for facilitating the operation, but of late have come to use a modification of Reverdin's needle. The needle, as modified, is simply a straight needle in a handle. By a mechanism in the handle the eye of the needle is opened and shut, and by a spiral spring which I have applied the eye is kept permanently closed, so that while manipulating the handle the eye cannot be opened as may, and occasionally has happened in the original Reverdin needle during careless handling.

The Operation.—The scrotum is washed in a bicloride solution of 1 in 1000; the patient stands beside the bed so that if he becomes faint, as he often does after the puncture, he may be at once placed upon his back in bed, and the operation continued in that position. The distended veins are separated by manipulation from the vas deferens, which can be easily felt among the elements of the cord, and are moved toward the outer side of the scrotum. A needle taken from the bichloride solution and armed with one strand of silk is made to transfix the scrotum between the veins and the vas deferens. When the eye of the needle emerges, the silk is drawn through with a tenaculum and disengaged from the eye of the needle. Now the punctured scrotum is traversed independently by the needle and the one strand of silk. The scrotum is again washed in the bichloride solution and the needle withdrawn partly until it clears the veins, but it is not withdrawn out of the point of actual puncture in the scrotum. The veins are now allowed to rejoin the vas deferens and the point of the needle is again advanced upon the outer side, under the dartos, and made to emerge posteriorly at the exact point out of which the silk is protruding. The eye of the needle is now opened, the silk placed in it, and the instrument entirely withdrawn, carrying the silk with it. The scrotum is again washed, a few hairs are plucked away from the posterior point of puncture in the scrotum, and the anterior ends being firmly held the scrotum is pulled away, so that the shred of dartos included in the loop by the posterior puncture may be pulled free from the integument. Now, a few more hairs are plucked out at the anterior point of puncture, that they may not be tied in, and the silk is forcibly tied. I make a triple knot for security, cut the ends short, and let the knot shrink into the scrotum. No bleeding occurs. Any drop of oozing may be covered at the punctured points with iodoform or iodol. The dressing is simply a little cotton and a suspending sling. If other veins are to be ligated on the other side of the vas deferens, the puncture should be made during the erect position of the patient. The washing and final ligation may all be done after the patient lies down. An anodyne is usually not necessary, I really give no medicine, except a laxative on the third day; some pain and swelling follow. As soon as the patient can stand erect, without considerable pain, he is allowed to go about. The swelling gradually subsides; the hard spot at the ligated point certainly remains for a year, possibly longer, after all the affected veins are ligated; I have as yet seen no complication. If pus should form, which I hardly think possible, if proper care has been used, it must be let out by incision and treated according to its necessity.

My experience with Dr. Keyes' operation is limited to a single case, in which I had an excellent result. But I am free to say that I consider it to be open to the same objections as characterize the other operations to which I have alluded. As far as atrophy of the testis is concerned, it is certainly quite as likely to produce it as any other operations involving ligation of the veins. It seems to me that we are hardly warranted in performing operations of the nature of those described until some safer method has been tried.

In amputation of the redundant scrotum, an operation originally devised by Astley Cooper, and revived of late years through the efforts of Henry, of New York, we have recourse to a measure which is far safer than the numerous radical operations, and, if properly performed, one which yields uniformly good results. Even in the event that in extreme cases we may be compelled to repeat the operation after the lapse of years, or even if the patient be compelled to wear a suspensory bandage for the remainder of his life to obviate the possibility of recurrence of the trouble, we will have answered all the indications in the case, and more especially the relief of the deformity and the sexual hypochondriasis. The Astley Cooper operation, then, so long neglected, is, as modified by Henry, a perfectly practicable means of relieving varicocele, and should be performed in preference to all other operations for this purpose. "The fear of hemorrhage that existed in the minds of many," says Henry, "is now set aside by a perfect success following the operation." Although in my own experience I have met with but one case in which apprehension, or even any great degree of annoyance, has been caused by hemorrhage, and which in this case was due to a moderately well-marked hemorrhagic diathesis; there has been a special tendency to venous oozing in some of my cases, which has led me to modify the operation somewhat to obviate the disturbance of the wound caused by the effused fluid. In the first two illustrative cases which I shall present, the details of the Henry operation were in the main followed, the old form of clamp, however, being used. In my later operations I have modified the dressings somewhat, with apparent advantage. Instead of simple interrupted sutures of silk, I now use chromated catgut for the interrupted sutures, with silver pins, and the figure-of-eight silk suture at the

points of extreme tension, and at intervals varying with the amount of tension present or anticipated. Sutures of interrupted silk between the points are not objectionable, but where convenient the catgut is to be preferred. The number of sutures should be sufficient to accurately approximate the cut surfaces. I find the silver pins much more trustworthy in cases characterized by extreme tension—and, indeed, the tension is always great if a sufficient amount of scrotal tissues be removed—than any form of suture, whether of wire, silk, or catgut.[1]

I find that the use of adhesive plaster in the first dressing may be advantageously dispensed with. Adhesive straps are, however, of great service after the sutures and pins have been removed. As a substitute for plaster, I find graduated compresses to be all sufficient in supporting the parts. These compresses may be made of carded oakum or borated cotton. After closing the wound I wash the surfaces with a warm solution of the bichloride and dust the edges with powdered iodoform. Prior to closing the lower angle of the wound I insert a drainage-tube of decalcified bone, which substance is preferable to rubber. The wound having been properly cleansed and the edges approximated and sprinkled with iodoform, a piece of oiled silk, dipped in the bichloride solution, should be laid along the edge of the wound to prevent the superimposed dressings from sticking to it. Over the whole is placed a quantity of borated cotton in such a manner that compression will be exerted upon the space of the scrotum thus supporting the wound. The dressings are retained in place by a large square of muslin, after the fashion of a diaper, through which a hole has been cut for the penis. When a movement of the bowels occurs the bandage is removed, the dressings being supported by the hand of the patient while the bed pan is being used. Should the wound gap after the sutures are removed, an excellent method of retaining the edges in apposition during cicatrization is as follows: Thick mole-skin adhesive plaster is cut in strips of sufficient length to pass well down over the remaining scrotal tissue on to the thighs, and to approach within half an inch of the edge of the wound upon each side. Through the wound borders of these strips punctures are made and a stout silk ligature passed through, shoe-string fashion, in such a manner as to enable the surgeon to lace the edges of the plaster together, and thus secure support and apposition of the edges of the wound.

It has been my experience that those cases in which healing by granulation rather than by first intention occurs, do better in the end from the fact that the inflammatory thickening and cicatricial contraction of the scrotum yield a firmer support for the varix. A speedy union is very desirable, as the patient is usually anxious to get about, and the slower the method of healing the greater the danger of inflammatory complications.

The most important point in the performance of amputation of the redundant scrotum for varicocele is the amount of tissue to be removed. Henry's remarks upon this subject are very comprehensive: "Regarding the amount of scrotum to be removed, I can only say, take away all that is not absolutely necessary to form a covering for the testicles. There is no danger of removing too much if the clamp be properly and skillfully applied, and sooner or later there is more probability of a second operation being called for to remove more tissue."

I can heartily indorse this statement of Henry's. I have observed that even in those cases in which the remaining portion of the scrotum is seemingly scanty at first, the tissues will soon accommodate themselves to the testes and yield all the room necessary.

As the use of drainage-tubes in the operation of varicocele has been mentioned, I desire to state that my experience has seemed to show that drainage is an essential element of the operation, being indicated by the tendency to extreme tension from imprisoned blood. The primary hemorrhage in these cases is usually slight on account of the pressure of the clamp, but after this is removed and the wound has been closed there is a tendency to passive oozing of blood and serum, which may accumulate in considerable quantity, and even cause separation of the edges or giving away of the sutures. The same laxity or lack of tone of the vascular walls which predispose to varicocele gives rise to the passive oozing which causes the trouble in such cases. This oozing is, perhaps, never dangerous to life, but it would seem to constitute an important complication of the operation, and one which should be guarded against. A drainage-tube not only prevents accumulation of blood, but it facilitates the application of styptics in case hemorrhage soould be excessive.

In my earlier operations I used a hot saturated solution of boracic acid for washing the wound, but I am now using a solution of the biohloride.

[1] Henry also advocates the use of silver pins. I had used them, however, prior to the publication of his remarks upon their advantages, and I believe that they have been frequently used by different surgeons in the old method of operating.

Original Articles.

THE FUTURE OF MEDICINE.

(Read before the Alumni Association, June 13, 1889)

By WM. T. PLANT, M.D.,
Professor of Pædiatrics in Syracuse University.

MR. CHAIRMAN AND FELLOW-ALUMNI: My subject is the Future of Medicine.

When we reflect on all that has transpired to exalt our profession and bless humanity within the memory of men not yet retired from active practice, we ask ourselves whether any future period of like duration can be so prolific of discoveries and inventions, or whether, indeed, there is anything of consequence left for the coming doctors to find out.

Certainly the half century that has given us in ether and chloroform a complete mastery of pain; that has wellnigh revolutionized medical practice by teaching us more of pathology, of the self-limiting quality of disease and of the *vis medicatrix naturæ*, than we knew before; and whose discoveries in chemistry and refinements in pharmacy have completed the revolution; that has brought electricity

into such subserviency that by it we are able to amputate and remove tumors and nævi and infuse new life into palsied muscles; that has given us in the hypodermic needle an agent invariable for the quick relief of pain and other purposes; and the aspirator, an instrument that more than almost any other, except the modern obstetrical forceps, makes us proud of our ability to relieve distress; and the little but indispensable clinical thermometer; and Esmarch's bandage by means of which an amputation may be as bloodless as the lopping of a limb from a dead tree; that has conferred upon us through Sir Joseph Lister the ability to make ovariotomies and laparotomies and operations of every name and kind without pus and in large degree without danger; that has given us the pulley and weight for broken thighs and the plaster jacket for bowing spines; that has taught us how to resect joints and ribs, and how to keep the closing larynx open by O'Dwyer's tube; that has given us such remedies as cod-liver oil and the bromides, salicylic acid and cocaine, and the good twin *aunties* pyrin and febrin—to say nothing of sulfonal and spartein, and ten thousand other things that make up the success of medical and surgical practice — certainly the fifty years that has brought all these things forward has good reason to be proud of its record.

But the end is not yet. The profession, whose business it is to so study and master all agencies, both material and immaterial, as to make them subserve its lofty purposes of preventing and curing disease and improving the condition of the race, needs the ages for its perfecting. And when we consider that the workers were never so numerous and well equipped, and that the spirit of research was never so active as now, we must conclude that many new and good things are still before us. We may not, of course, forecast all our future, but some one has said, and I am optimist enough to believe it, that "everything that ought to happen is going to," and so there are some things that we are justified in predicting will come because we feel that they ought to come. A few of these I shall now speak of:

1. As to keep well is better than to be sick and get well, so the prevention of disease will be more and more the aspiration and achievement of medical science. In this respect we shall merely carry forward to completion the work already well begun. Quarantine stations, to which even now we owe a debt of gratitude for so great immunity from pestilential disorders as we enjoy, will, through the advance of medical knowledge, become so complete in their appointments, that germs from devastating epidemics in other countries will find it no easy matter, small though they are, to effect a lodgment on our shores. Boards of health have but just entered on their careers of usefulness. In the future that is just before us every State, city, and township will have its health board made up of medical and other men, qualified by special study for advising and directing in matters of concern to the public health. With such officers in every town and city, when an epidemic, of typhoid for instance, breaks out, the cause will be immediately and intelligently searched out and stamped out. If smallpox or yellow fever or cholera appears anywhere, the vigilant and capable health board will so hamper and hem it in by restrictive and repressive rules and regulations that it will die then and there for lack of forage.

There can be no doubt that important discoveries for the prevention and control of many diseases are reserved for future investigators. We can hardly suppose that smallpox is the only malady that can be forestalled by some such procedure as a vaccination. Though Pasteur's enthusiastic attempt to ward off hydrophobia by inoculation may not be crowned with the success that we all have wished for it, yet it may well be that the principle of inoculation will in the future be found to be of greatest value in preventing some other disorders that are now but little under our control.

The prevention of sickness in infants and children is especially desirable. From their susceptibility to morbid influences and the slight resistance that is bred of immaturity, infant mortality is at all times high. In one direction at least, we are able to predict a change for the better. As all attempts by medical treatment to prevent a large infant death-rate in cities during the hot months have failed, the coming remedy would seem to be the removal of the infant population—at least the bottle-nursing part of it—from the city to the green hills and the ocean shore. A "fresh air fund" charity ought to be, and doubtless will be, organized in every populous town, and thousands of little children that without such charity would yearly be swept off by inflammatory diarrhœa will be saved for future citizenship.

2. It cannot be doubted that many changes for the better are yet to occur in the medical treatment of disease. Acquaintance with our indigenous materia medica is not by any means complete. It is probable that in many plants there reside remedial properties of a high order that await discovery.

Chemistry in its wonderful onward march is every year giving us more and better tools for our work. We may believe that many valuable remedies are yet to be found in and separated from complex substances by the analyst, and that many others of known atomical composition will be synthetically produced in the laboratory.

We like to indulge the hope that discoveries are before us that will enable us to grapple successfully with cancer and leprosy and other affections to which we have hitherto been obliged to attach the hopeless prefix of incurable.

3. The bacteria question is at present the most prominent one before the profession, and is full of promise. That many diseases are caused by microörganisms appears to be a pretty well-established fact. This being so, to prevent their production, or to destroy them, would be to prevent or cure the disease to which they stand in a causative relation. To do this without, at the same time destroying living tissues, or even the whole patient, is impossible by any means or methods now within our ken. That is one of the problems for the future to solve, but with so many able and enthusiastic workers along this line, we may well be sanguine of brilliant results at no distant date.

4. I believe that we may dimly discern the dawning of a new departure in the treatment of consumption. Thanks to the great German, Koch, we now know the direct cause of the disease; and if we could destroy the bacillus by means that would not harm the patient, nothing more would be needed. Cod oil and the hypophosphites and out of door living have already accomplished something. Still, the death-rate is so high—not far from one-seventh of all deaths reported from all causes the country over—that any scheme that has in it a reasonable prospect of reduction is worthy of serious attention. More and more, as the results are made evident, the climatic treatment of phthisis will recommend itself to the profession and the public. The fact, for I am sure it is a fact, will everywhere become known that a large proportion of the chronically consumptive can be restored by going—not to Florida, not anywhere along the Atlantic seaboard—but to the elevated regions of some of our far Western States, where the atmosphere is cool, rarefied, sunny, and stimulating, if they can go early, live comfortably, and remain long. Colorado, New Mexico, and some of the contiguous States have a typical climate, probably the best in the world, because the exceedingly pure and rarefied air is inimical to the life of the tubercle bacillus. Every year those of us who are in general practice see numbers of patients with incipient lung trouble whom we would gladly send to this elysium for consumptives. But the cost of getting there, and the cost of living there, make it impossible, except for the few who have large means at command. Of these, some go too late to receive any benefit; others, from lack of home comforts and congenial companionship, become homesick and dispirited, and return before receiving the help that a long sojourn under other conditions might have conferred. What most consumptives need is encouragement to make *seasonable* change of climate; financial aid in reaching a chosen place; a cordial welcome to a cheerful home on arrival, and funds for support until so far advanced towards recovery as to be self-supporting. In our vast domain there are great and increasing numbers of wealthy and generous people who love to spread out their benefactions and make their bequests where they will do the most good. For many years the ever widening streams of benevolence have been flowing towards hospitals for the sick, asylums for the aged, and blind, and insane; towards homes for the friendless and institutions of learning, and it is not the least of the glories of this century that so much philanthropic work has been done in these various directions. But suppose our profession should bring before these benevolent people convincing evidence that an annual saving of thousands of lives could be effected through the establishment in the States mentioned of homes for comsumptives, can any of us doubt that a stream of benevolence would soon be turned in that direction also? This seems to me a matter so desirable and so feasible that I am inclined to think that some action looking to the climatic treatment of consumption on a large scale will be taken in the not distant future.

5. Is it too much to hope that some much needed reformations will soon be brought about in our American medical schools? Chief among these desirable things is a more thorough investigation of the character and attainments of those who seek admittance at their portals. Not many of our schools have now even the form of an entrance examination. Some have the form without the substance. To ask an aspirant for future membership in a learned profession to bound his native county and state; to define a noun; to work out a sum in long division; to repeat a little of the multiplication table; to give the name of our chief magistrate, and to write his own, is only playing at examination. The candidate may pass that and more in the same time, without being properly prepared to begin the study of medicine. Nor is the case much bettered if in addition—I here quote from a recent announcement—the applicant is required to translate *a passage* from one of the first four books of Cæsar's commentaries or an equivalent, that is, *one passage* from some other latin author. To those who know nothing at all of the classics, one college of medicine actually offers to teach the student, free of extra charge, the required wee bit of latin. Now, the truth is, when a young man is examined as to his fitness to begin medicine, the school should seek chiefly to know whether, besides a fair English education, he has general culture, an aptitude for requirement, a will to work and a fixed purpose—for these are the qualities that compel success always and everywhere. There are many such youths who know nothing of the classics. If one is a mechanic, able of his own head and hands to plan and construct a modern dwelling, and to do it expeditiously, economically, and profitably to himself; or a young farmer who has shown such knowledge of tillage, of due rotation of crops and marketing his produce as to both improve his land and reap a profit; or if he has been a successful teacher of a village school, such a one with a good backing of moral character and bodily health has the culture and the other qualities that make the best preparation for medical study and practice even though the classics, desirable as they are, have found no place in the preparation.

The medical college of the future will have a standard of admission; a standard so much higher and broader than that of to-day, that it will give slight heed to the presence or absence of the smatterings of a dead language.

6. Again the day is not distant when medicine will everywhere be taught, after a properly arranged and consecutive method. This is "a long felt want," and it is to the shame of the profession that the colleges have not been coerced by the withdrawing of its patronage, when argument and persuasion would not move them, into the adoption of a sensible and satisfactory curriculum. So long as the great majority of students attend on institutions that hold fast to the old pernicious, hotch-potch custom of our course of lectures once repeated, so long the profession must deplore the fact that the majority of its members have not had the educational opportunities that ought to have been provided for them.

But the present outlook is hopeful. Already a

number of colleges have adopted the graded system and all the others must sooner or later fall into line.

In this reformatory work this school has the proud distinction of having been a pioneer. Glancing back over its history to 1875, when a graded course was formally adopted, one cannot but think that if, as we are told and as I believe, there is holy joy and comfort in sacrifice made for principle, this college ought to feel joy and comfort beyond expression.

7. Not only in the happy future will all the schools follow a systematized curriculum, but the length of the undergraduate course will be considerably extended. The one great aim of a medical college should be to make good physicians. There is hardly a school in the land that does not stop short of this. The field of medicine is so broad that in a three years course one may lay a good foundation, but the superstructure must be incomplete. The preparatory work ceases before the student is made into a competent and ready practitioner. A young doctor who has not had time and opportunity to examine patients, and many of them, at close quarters, can hardly be a good diagnostician. He cannot be skillful and ready in prescribing, or expert and handy in surgical operations and dressings, unless at some time in his educational course it has been his daily habit to do these things. He cannot feel and show himself at home in the sick room, unless he has been there before. Every spring, thousands of young people go out as graduates from our American colleges who must spend years in private practice before attaining to that familiarity with disease and that skill in the various medical and surgical procedures that they ought to have had before being graduated. A few days ago I received a letter from a former student of this school, one of the very best of the many good men it had sent out, from which I make this extract: "I do not complain of my college, but I do most bitterly complain of the system in this country which will let a man go out so unprepared for his work as a course limited to three years must necessarily do. Graduates are not to blame, for few of them suspect until they have tried it that they are unfit for their work."

If these things are conceded to be true, it follows that the preparatory course ought to be lengthened to four if not five years. The last year or year and a half will be given largely or entirely to hospital and dispensary work, and in applying, under wise guidance, the knowledge gathered from books and lectures during the previous three years to the examination and treatment of patients. Thus, the hospital of the future will, besides the care of patients, serve as a working laboratory for advanced students of medicine.

8. In the future, laboratory work will have a more prominent place than it now has in medical teaching. That it will do away with the time honored didactic lecture is not probable. Each has it uses and each is the better for the aid it receives from the other. The friends of this and other schools have sorely felt the need of greater facilities for laboratory instruction; but it will not always be as it has been. Sometime there will be a more general appreciation of the fact that the medical school is not second in its capacity for usefulness to any other educational institution whatsoever; and of the other fact that to achieve the best results it must be generously dealt by. When that time comes schools of liberal and fine arts and theology will not be the only college beneficiaries of noble men and women of wealth. In the medical schools chairs will be endowed; histological, anatomical, physiological, pathological, chemical, and even bacteriological laboratories will be liberally equipped and sustained, and the poor medical teacher will receive some compensation for his labor.

The signs are auspicious of that "good time coming." Already the College of Physicians and Surgeons, of New York, has found its Vanderbilt; Bellevue has found its Carnegie, and the University school its Loomis, as our own splendid College of Fine Arts has found its John Crouse, and may we not cherish a confident hope that this college of medicine will yet soon find some generous friend who will come to its aid with a munificent endowment. It only awaits such aid to enter on an enlarged career of prosperity and usefulness such as its best friends—friends like Professors Hyde and Pease and Porter and Wilbur, all of blessed memory, have hoped and labored for.

9. In the medical Utopia that is just before us the diploma of the school will not be a license to practice. With few exceptions the income of teachers depends on the number of students attending and the number graduated. Besides, every good teacher comes to have a strong interest in, and friendship for, those who have been under his instruction. He knows the obstacles each has had to contend with, the difficulties to surmount, and it is a grief and disappointment to him if any fail of graduation. No one who knows men would expect that college professors would always hold themselves superior to considerations of both self interest and friendship.

As the safety of society requires that licenses to practice should be granted only on evidence of fitness, the examining body should be an impartial one appointed by State authorities and invested with State jurisdiction. Nothing, it seems to me, would do so much to break down and obliterate sectional lines and unify the profession and so much for the betterment of the schools themselves as the adoption of some fair standard of medical attainment, up to which all graduates of all schools must come before they may undertake to practice within the State. If the navy and the army has each its own rigid examination for those whom it commissions to treat sailors and soldiers—all males and all adults—should the State do less for its wives and mothers and children, to say nothing of its men? Several States have already taken the licensing matter into their own hands; when all shall have done so a great forward move will have been made.

THE West Philadelphia Hospital for Women has completed the first month of its existence, and the management expresses much satisfaction with the results already secured.

DOUBLE AMPUTATION—COMPLICATIONS.

By A. P. FRICK, A. A. Surgeon, U. S. A.,
FORT SELDEN, NEW MEXICO.

ON May 6, 1888, about 4 o'clock P.M., a Mexican, aged twenty-four, at Selden Station, was struck on the head by the cab of a backing locomotive and thrown under the wheels, which passed over both legs, nearly severing them from the body. There were also two lacerated wounds of the scalp. I was called immediately. Hemorrhage from the crushed and torn arteries was temporarily arrested by compression above the knees. The free use of aromatic spirits of ammonia and whiskey soon rallied the patient sufficiently from the severe shock of the injury to admit of the administration of ether. He yielded to its influence in twenty minutes without excitement. Six ounces were required at first, and four more continued the anæsthesia forty minutes.

Under approved antiseptic precautions, including carbolic spray, and bichloride irrigation, I was enabled to commence the operation about one hour after injury.

The left leg was crushed high up, and the upper articular end of the fibula torn from its socket.

Owing to the contused and lacerated condition of the soft parts, it was impossible to obtain a sufficient covering without sawing off the tibia above its tubercle, which was done.

With a view to the patient's best chances for recovery from the successive shocks of the accident, and of the double amputation, this lowest point possible for ablation was selected. The method chosen for this leg was antero-posterior flaps.

The right leg was next amputated, at the lower part of the middle third, by the circular method.

In both stumps, after complete arrest of hemorrhage (under irrigation with bichloride solution 1 to 1000), medium sized drainage tubes were laid, and the flaps brought together by interrupted sutures. The parts were then again bathed in bichloride solution, and well dried.

Iodoform powder was thickly dusted over the parts, and an ample quantity of absorbent cotton and antiseptic gauze neatly applied and bandaged.

In the after-treatment, slight secondary hemorrhages or oozings occurred from both stumps, necessitating redressing on the second and fourth days. These were done under the utmost antiseptic precautions, and both stumps were then aseptic.

No further redressing was needed until the ninth day, when ill-conditioned pus came through the drainage-tubes. Offensive odor, low vitality, and cyanosed appearance of the parts suggested danger ahead. In response, however, to the antiseptic measures taken, which included carbolic spray, an 8 per cent. solution of chloride of zinc, and permanganate solution grs. iij to ℥j, a healthy, aseptic condition was once more obtained as early as the fourteenth day, when iodoform dressings were again applied. The patient's temperature, from May 7 to 15, ranged from 99° to 101⅔°. After this the morning temperature became normal, but the evening rise continued above 100° for some days longer.

An important complication was local and constitutional syphilis. It is believed that the continued abnormal temperature was due to syphilis, and not to septicæmia, as might have been inferred from the temporary septic condition of the wounds. The fact, moreover, that, coincident with antisyphilitic treatment, there was a prompt reduction in temperature, is corroborative of the belief that the long continuance of fever was due to venereal, not traumato-septic infection. Both Wythe and Erichsen write of an elevation of temperature, from one to two or three degrees, on first occurrence of the second stage of syphilis.

Strength was maintained by quinine, sherry wine, with fluid extract of wild-cherry, and a liberal nutritious diet. During the period of low vitality ammonia carbonate was also given.

About the nineteenth day, the patient's condition being otherwise excellent, there occurred a synovitis in left knee. I had rubber tubing coiled into a mat, laid it over the affected knee, and passed ice-water through the tubing on the siphon principle.

In response to this simple device, for the application of cold without moisture, the inflammatory condition soon subsided; and afterwards effusion was readily absorbed under the external application of iodine.

In the operation, I had no professional assistance; but the aid rendered by A. G. Heyl, Hospital Steward, U. S. A., was efficient.

Thirty-two days after operation, I turned the case over to the authorities of the A. T. and S. F. Ry. Co. (in whose employ he had been) in a very satisfactory condition.

When last seen by me, more than a year after operation, the stumps were everything that could be desired, never having given the patient the slightest trouble; and flexion and extension of the left stump were perfectly satisfactory, affording the very best conditions (after amputation just below the knee) for the use of an artificial limb.

Synovitis was unquestionably due to amputation through cancellated bone tissue so near the joint; and, so far, justifies precautions given in books against the amputation above the tubercle; but its easy control and all the other very satisfactory results prove that, in this case at least, the saving of the knee-joint by choice of such operation was not only justifiable, but judicious; since, besides giving a better and more useful stump, it was, in all probability, far safer than any operation higher up would have been.

CASE OF EXTENSIVE BRAIN LESIONS WITH ILL-DEFINED SYMPTOMS.

By JOHN J. BERRY, M. D.,
PORTSMOUTH, N. H.

MRS.—, aged thirty-four, had in December, 1888, an attack of paralysis of the left arm which, she stated, was recovered from in about a week. Prior to that time had been perfectly well. An imperfect history of syphilis, but otherwise nothing in personal or family histories worthy of record. Present attack began July 15, 1889, and consisted of a sudden and partial paralysis of the right arm. None elsewhere. Her condition at date of first observation, was as follows: temperature 99; pulse 90 and weak. Lies in a semi-conscious condition but can be readily aroused. Articulates with difficulty but can be easily understood. Memory impaired, hesitates for words but uses them correctly. Mental action sluggish. Comprehends perfectly well everything that is said to her. Pupils somewhat dilated but of equal size. Deglutition somewhat impaired. Occasional diplopia. Can walk short distances but with difficulty, apparently from loss of power of coördination. No paralysis or anaesthesia of lower limbs. Left arm likewise normal. Considerable loss of power in right arm, though it can be moved by the patient in all directions. Some anæsthesia here as well as in central portion of right cheek and side of head and right side of tongue. The latter is protruded with difficulty but nevertheless in a straight line. Complains of a constant and severe pain in the occipital region, greatly increased by motion, though not affected by rotation and concussion. Is inclined to sleep the greater part of the time and while quiet, is apparently comfortable. During the week preceding her death, there was noted rapidly increasing prostration but no additional symptoms. The temperature ranged from 99 to 100.5°, and the pulse from 80 to 120. During the two days preceeding death, complete aphasia, but mind unaffected. Increased dilatation of both pupils, but right much the larger. Incontinence of urine. Was not comatose but became gradually unconscious and died August 13, 1889.

Examination of the brain showed extreme congestion of its veins and sinuses. Thickening of the dura, with adhesions of the pia mater along the longitudinal sinus, in its anterior fourth. In the anterior lobe of the right side there was an area of softening about three by two inches in diameter, extending from the surface of the superior and middle convolutions downwards, about one and a half inches and into the white substance. It extended from near the extremity of the frontal lobe backwards, nearly to the anterior extremity of the lateral ventricle. The condition was evidently of some weeks standing, as there was no trace of coloring matter in the degenerated mass, whose central portion was in an almost liquid condition. Another focus of disease was found in the white substance of the middle lobe of the same side. This was a blood-clot about one inch in diameter lying in the radiating white substance, just back of the fissure of Rolando and within and above the Island of Reil. It was about one and a half inches from the surface and at a point corresponding directly above, to the posterior central convolution. The color of the clot was somewhat lighter than normal, and there was some staining of the white matter about its circumference. It was evidently of recent origin, and probably dated from the time of the second attack above noted.

Few portions of the brain possess more ill-defined functions than the convolutions of the frontal lobe of the right side, especially those portions nearest the longitudinal fissure. Yet so extensive a lesion in this locality, involving both white and grey matter, might be reasonably expected to declare itself by well-marked symptoms. The same should hold true in the case of the second lesion, which was also situated in the motor tracts and which should have produced a complete paralysis somewhere. For similar reasons, the lesion of the right arm is somewhat unique. Although small areas in the same localities have produced a similar condition of the right side, I know of no very extensive softening or hemorrhage in these portions of the right hemisphere which have failed to produce paralysis on the left side. No less remarkable is the fact, that at the time of death, the left arm which was involved in the first attack, showed a perfect recovery both as regards motion and sensation.

Hydrotherapeutics.

By S. BARUCH M.D.
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

III.

HYDROTHERAPY IN TYPHOID FEVER.

IN pursuance of our proposal to shed all the light obtainable from all sources at our command upon the important question involved in hydrotherapy, we desire to refer to the description of Prof. Fuerbringer's paper on Typhoid Fever, read before the Berlin Medical Society, a synopsis of which was published in a recent issue of THE TIMES AND REGISTER. We are moved to this step because the discussion brings into bold relief the idea we have endeavored to impress upon the profession, that a *strict adherence to the principles and methods of hydrotherapeutics is the single road to success in the application*, as illustrated by the contrast between the results of a lukewarm and a methodical bath management.

Goltdammer avows himself an advocate of a mild water treatment; his true status is already shown by the remark that "we are not in position to wipe out the mortality of typhoid fever as the cold water enthusiasts claim." This ironical allusion to Brand and his followers places him among those practitioners who, protesting against the energetic cold bathing, whose triumphs cannot be "wiped out," are nevertheless willing to order an occasional cold bath to reduce the temperature when it threatens to rise at a dangerous point, but otherwise treat typhoid fever on the expectant plan.

Fuerbringer, on the other hand, while insisting on "a methodical cold bath treatment, emphasizes the object of the bath to be less an antipyretic than as a

stimulating and refreshing agent to the nervous system, to promote cleanliness, arouse the appetite, and combat hypostases."

Goltdammer says: "There are always 10 per cent. left to die in every epidemic; the height of mortality is entirely dependent upon the occurrence of complications. There are at present no remedies by means of which complications may be avoided or cured."

If there is one point in typhoid fever treatment that has been brought out more clearly than another, it is the fact that an early and methodical cold bath treatment prevents the complications which are the chief lethal factors.

We need only to refer to the able papers of Vogel, of Munich, whose exact records, obtained from the Military Hospitals during a period of fifteen years, have established the fact, which is corroborated by the observations of Brand, Juergensen, Tripier, and others. that the early adoption of the strict cold bath treatment lessens the number and diminishes the severity of complications. As an example, may be adduced two hundred and fifty cases, reported by Vogel, in which "it was never necessary to resort to opium or bismuth for diarrhœa; meteorism, with tense abdominal wall, was observed only in cases received late; bloody stools were noted only twice; peritonitis not at all."

Goltdammer's dictum that there is no method by which fatal complications may be avoided, rests, therefore, upon lack of experience with early, strict cold bathing. Indeed, it is disputed by Ewald in the discussion referred to, and even his assertion that there is no method by which complications can be cured is gainsayed by the statistics of the "methodical cold bath" advocate, Prof. Fuerbringer, who states that only three cases out of nine intestinal hemorrhages proved fatal, and that three undoubted intestinal perforations, with peritonitis, recovered.

It may be asked why Prof. Fuerbringer did not succeed in preventing these serious complications, "thromboses, with extraordinarily protracted course, peritonitis, with and without perforation, severe nephritis and cystitis, psychoses and hemorrhages? The answer is contained in his opening words: "Whosoever would cast a glance at the most unfavorable quality of our typhoid cases in general, whoever has seen how many patients are only unloaded into our institution for the purpose of dying, will understand why I regard a mortality of 10 per cent. as favorable—indeed as a figure which approaches the possibly attainable minimum.

The fact that most of the cases were brought into hospital long after the period (the fifth day) at which prevention of complication is said to be assured by the cold-bath treatment, according to Brand and other followers, explains the occurrence of complications in the hands of a man who fully comprehends the aims and possibilities of a methodical water treatment.

A glance at the statistics of these two eminent clinicians, obtained from the same epidemic, in the same city, furnishes a lesson, with which our readers will not fail to be impressed.

Prof. Fuerbringer, who, besides nutrition, uses the cold bath to *refresh the nervous system*, etc., lost 10 per cent. of his 155 severe cases, while Goltdammer, who regards nutrition as the chief indication and regards the cold bath as a secondary therapeutic measure, lost 20 per cent. of his 72 severe cases.

The difference between the timid bath practice of Goltdammer and the bold practice of Brand, Vogel, Glenard and Tripier determines precisely the difference in their mortality percentage. The difference in the methods of bathing of various practitioners is correctly measured by the indications they aim to fulfill.

The physician whose object is to render the patient comfortable with a view to a strictly expectant course, will be content with cold sponging. This method, however, is utterly inadequate as a means of preventing complications or moderating the course of the fever.

The physician, whose chief goal is the reduction of temperature, will resort to ice-cold compresses, to the ice coil, or to an occasional bath with the addition of medicinal antipyretics. This method, too, is utterly inadequate, as has been amply demonstrated by statistics.

If, as all are agreed, our therapeutic efforts should be in the direction of maintaining the vital powers, we have in the methodical cold-bath treatment the most effective means to accomplish the end, because it not only reduces the debilitating temperature, but it *refreshes and vivifies the nerve centers which preside over the functions* upon whose integrity depends the nutrition of the patient.

Any one who has observed the bright countenance, the clean tongue, sharp appetite and good digestion of an average typhoid case under the strict cold-bath treatment will be imbued with the enthusiasm to which Goltdammer refers so ironically.

Clinical observation must decide this question of typhoid fever management. We propose to weigh such observations fairly in our columns and allow our readers to draw their own conclusions.

The technique of typhoid fever treatment will receive attention in the next article.

Paris Letter.

THE INTERNATIONAL CONGRESS.

PARIS the last few weeks has been full of medical experts of all nations and all kinds. We do not find, however, after attending all the various meetings that anything very new or original has been produced by this gathering of the nations in Congress. The first Congress held that bore any relation to medical science was that of Public Assistance, or medical charity it might have been called. A good deal was said here in regard to hospital construction and management and also about how medical charity ought to be dispensed. M. Monod stated that the principle accepted by the Government was, first, that public medical assistance was to be allowed to all indigent persons who were proved to be without physical means to carry on their existence. These are, first of all, three great classes: 1. Infants. 2. Ill

people. 3. The infirm and old. In Europe, it is considered that the government of each city or town has to see that these people get medical assistance by supplying hospital accommodation for them, and by paying physicians to attend to them. In France, at least, this is done by public assistance, and private hospitals are almost unknown. An interesting point was brought up by M. Bourneville in regard to the education of hospital nurses and infirmaries. The Paris hospitals had for years been under the control of sisters of charity of various religious orders, but the new republican city council are radical in temper and turned all the sisters out of the hospitals, replacing them by ordinary servants of both sexes. This has led to the establishment of schools to teach the young hospital aids how to apply bandages, and above all how to make effective use of the antiseptic system in use. It is an idea that might be well adopted in all American cities, so that an intelligent set of hospital aids would always be on hand as needed, and the diploma or certificate of such schools be accepted as a passport to such places. In England these schools exist in considerable number. St. John's Society gave as many as 280,000 diplomas to nurses of both sexes, according to its last report. In London, there are not only schools in each hospital to teach the servants, but also separate institutions where instruction is given by competent physicians. It is in some ways even a fashion among the better class of people in England; even ladies of the best classes like to show a first-class nurse's certificate, and a princess of the royal family is president of a nurses society. Certainly it is a good object to have competent and effective well-instructed nurses and men who understand the best methods of hospital work, and it is a method of instruction that should not be disdained even by our medical colleges and professors.

THE INTERNATIONAL CONGRESS ON ALCOHOLISM

was the next one, but the subject is not directly medical, so that we shall only refer to it briefly. Some of the points made are, no doubt, important. Dr. Drysdale, of London, showed that suppression of alcohol would have a most favorable effect on the duration of human life, and life insurance statistics prove that persons who abstain from alcohol live on an average some six years longer than those who indulge in the flowing bowl. One means used in some countries (Holland) to diminish alcoholism is passing a law that only a certain number of liquor dealers will be allowed to a certain population. This is on the principle that the temptation to drink is greater, according as the opportunity exists. In one case it is proved that the consumption of alcohol has diminished where the number of dealers have been restricted, and it augments elsewhere.

A hygienic point was raised by M. Gonse, who said that it was the duty of temperance societies to construct and keep up bars, selling temperance drinks near all the large centers of labor. Healthy drinks should be placed by them at a low price in the hands of the working population.

THE INTERNATIONAL CONGRESS OF THERAPEUTICS AND MATERIA MEDICA.

This Congress was well attended. The representive of the United States of America was Dr. Williams, of Boston, who presided over one of the meetings. Prof. Semmola, of Naples, opened the sittings by a brilliant speech in French; he also presented, during the Congress, a number of communications of considerable interest. One on Chromocytometry, as applied to alterative medication, seems of great importance. It is often difficult to determine, in treating syphilis, just exactly when we should cease giving mercury, and, indeed, there are often cases when we doubt that we should use mercury at all. An exact measure can be taken in all these cases by a comparative examination, hemoscopic and hemometric, before commencing the specific treatment, and during its use. The number of red globules and the proportion of hæmoglobine are in constant relation with the biological action of the mercury, and vary according as the mercury is acting in a healthy or in a syphilitic organism. Before the treatment the chromocytometric examination must be made, to regulate after proceedings, and it must then be repeated every three months. If the proportion of hæmoglobine increases, the indication to use mercury continues; if it falls, then the patient has had enough, and it must be stopped. This measure is good in all cases where mercury is used, as we must always fear the deglobulizing action of the drug. Dr. Semmola uses Bizzozero's chromocytometer, Malassez's hæmochrometer, and Heischl's hæmatometer, and he thinks that it is possible that this method of determination of dose can be applied to all the alterative forms of medication (iodine, alcalines, arsenical, etc.). In short, chromocytometry can be regarded as the exact measure of the indication of the use and utility of drugs that modify the activity of vital exchanges, because the true result (therapeutical) is the action that causes the augmentation of the blood globules, that is to say, the augmentation of the quantity of hæmoglobine.

The first important set question of this Congress was the Analgesic Antithermic Drugs, and M. Dujardin-Beaumetz, who reported the question, said it was important to fix the therapeutic indications of each of this group of medicines. This large and new series of bodies were taken from the aromatic section that had already furnished powerful antiseptics, then antithermics, and now analgesics. The number of these last seemed to increase daily, and it was lately a reproach that a drug was hardly known before a new one was introduced; but the eminent speaker did not think that this was just, as medicines that would take away pain could never become too numerous. He thought that to accomplish, according to the words of Hippocrates, a "diminution of pain by drugs was a divine work." What is important in this group is to fix the precise indications of each body and study the elective action of each one. The phenomenon of pain is such a complex one that it is easy to understand that a drug that calms migraine will not act against the pain produced by lesions of the nervous system; and, again, one that cures the

nervous pain will not act against rheumatic pain. There is, then, a considerable interest in not refusing the benefits of each of these drugs, but to seek to utilize the good effects of each. The physiological problem of these newer drugs is a very complex one, and requires much study. Many of them are antithermics, some act as antiferments and combat the *processus* itself of fermentation, others again act directly on the blood globules and cause a fall of temperature by diminishing the respiratory power of the blood. Other, again, act on the thermic centers in the medulla oblongata, and these last seem to have the strongest analgesic power. It is important to fix exactly on what part of the cerebro-spinal system they act upon, as the therapeutic application must differ accordingly. It is quite possible to modify any of these bodies, according to modern chemistry, and get the action of one or more of them combined. Dr. Dujardin-Beaumetz, with M. Bardet, think that they have established one important fact, that is, that the antiseptic effects of this series comes from the hydrated group (phenols, naphthols, etc.). The antithermic effects dominate in the starch group (acetanilide, kairine, thalline, etc.), and that the analgesic action is those bodies that have been generated in the amidon, or starch group, where an atom of hydrogen has been substituted to an atom of the radical fats, and above all, methyls, such as dimethyloxyquinizine, or antipyrin, and methylacetanilide, and acetphenetidine.

In regard to antithermic medication there was a difference of opinion, M. Masius, of Liege, thought that the present condemnation of these drugs in fevers was wrong and he thought that they gave good results in typhoid fever, and, indeed, that they allowed of an easy method of prognosis, if the fall of fever heat obtained by the drug was rapid and the freedom from pain was considerable under the use of the antithermic, it was certain that the prognosis was good and the patient would recover. Dr. Williams, of Boston, did not think that it was well to give these substances to cause a fall of fever heat in typhoid fever. He thought it was dangerous, as in the first stage the dose cannot be raised enough to do good, while in the later stages the drug only weakened the patient without any profit to him as it retarded convalescence. M. Desplats, of Lille, said that the antithermics were wrongly so called, they are *antipyretics*, as they act on *all* the elements that constitute fever, certainly they have no action on temperature in healthy people, and they should not, therefore, be called antithermics. Dr. Desplats, was highly in favor of this form of medication, and cited the cases of fever and headache, even convulsions and delirium, that he had caused to pass a comfortable night by the use of these drugs. In smallpox, for instance, in the last stages when the patient has 40° C. or more, and the eruption does not take place, while the headache and backache is intense, a gramme of antipyrin will make all these symptoms disappear, and keep the patient quiet until the eruption takes place. M. Stockvis and Dr. Semmola thought that the antithermics were dangerous in continuous fevers, and if they gave a sort of repose it was at the expense of a loss of strength and the after-effects were bad, so they did not advise their use in fever, while they thought that antipyrin, in particular, was of great value as a pain reliever. M. Semmola proposed the *use of powdered sulphur as a medical and surgical antiseptic.* He had been led to this view by seeing the action of sulphur as used by the farmers in agriculture. He gave flowers of sulphur in one-gramme doses, and increased it to two grammes, to be followed by plenty of drink. He found a complete tolerance for the sulphur, and as much as twenty grammes can be given in twenty-four hours. The intestinal antisepsia produced was remarkable, while the general state of the patients was much improved. Dr. Semmola ordered at the same time that the sheets of the patient be powdered with sulphur, and found that this sulphurous atmosphere had a good influence over the patients. He also proposed that surgeons make use of powdered sulphur in place of iodoform. M. Jorissenne said that *anal fissures* were kept up by the action of microbes, and that they could be cured by a pommade of corrosive sublimate, and most likely by other antiseptics. The ointment must be applied with the finger, passing it up the rectum about three centimetres.

Dr. C. Paul proposes the following as the best tooth powder:

℞.—Bicarbonate of soda . . . . . 2 parts.
Saccharine . . . . . 3 "—M.

He finds that it is a most powerful antiseptic against all the bacteria of the mouth.

SOME NEWER FRENCH PRESCRIPTIONS.

Guajacol is recommended in place of creasote, as being much less irritating.

℞.—Guajacol . . . 7 grammes, 50 centigrammes.
Tinct. cinchona . . . . 20 grammes.
Malaga wine . . . . . 1000 grammes.
M.—Each tablespoonful is 75 centigrammes and one to three of them is given after each meal.

It may be used also in rectal injection when the stomach is bad.

℞.—Guajacol . . . . . 2 grammes.
Sweet almond oil . . . . . 20 "
Gum arabic . . . . . 10 "
Aqua distill. . . . . 950 "
M.—This is enough for four injections.

Heimann gives phenacetin in doses of 0 grammes, 10 centigrammes to 0 grammes. Forty per day to children with whooping cough with great success.

For acne of the face M. Guilleton uses:

℞.—Iodochloride of mercury 0 grammes, 30 centigram.
Lard . . . . . 30 grammes.
M.—Sig. Use a little with prolonged friction. The reaction produced is very energetic.

Prof. Ball, who holds the mental chair at the Paris school, gives the following gurgative pill at his clinic of mental diseases:

℞.—Aloes (succotrine) . . . . . 2 grammes.
Resina jalap, scammony and calomel āā 1 gramme.
Ext. belladonna and hyosamus . āā 0.50 centigm.
Soap . . . . . 91. grammes.
M.—F. 100 pills. Sig. Three to five at night as needed.

THOMAS LINN, M.D.

PARIS, August 20, 1889.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Sept. 7, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

A. VAN DE VEER, Albany, N. Y.
LEOPOLD, SERVAIS, Antwerp, Belgium,
ROSWELL PARK, Buffalo, N, Y.
AUGUST MARTIN, Berlin, Germany.
JOSEF KÖRÖSI, Buda-pesth, Hungary.
J. D. S. DAVIS, Birmingham, Ala.
GEORGES ASSAKY, Bucharest, Roumania.
J. A. S. GRANT BEY, Cairo, Egypt.
W. S. CHRISTOPHER, Cincinnati, Ohio.
J. J. MULHERON, Detroit, Mich.
J. T. ESKRIDGE, Denver, Col.
T. D. CROTHERS, Hartford, Conn.
F. C. FERGUSON, Indianapolis, Ind.
WILLIAM MURRELL, London, England.
NICHOLAS SENN, Milwaukee, Wis.
J. LEWIS SMITH, New York.
MORRIS H. HENRY, New York.
HENRY C. COE, New York.
SIMON BARUCH, New York.
JOSEPH JONES, New Orleans, La.
E. P. HURD, Newburyport, Mass.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa
E. E. MONTGOMERY, Philadelphia, Pa.
W. H. PANCOAST, Philadelphia, Pa.
J. V. SHOEMAKER. Philadelphia, Pa.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
L. H. METTLER, Philadelphia, Pa.
HENRY LEFFMANN, Philadelphia, Pa,
JAMES E. GARRETSON, Philadelphia, Pa.
LAWRENCE F. FLICK, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. M. ANDERS, Philadelphia, Pa.
W. B. ATKINSON, Philadelphia, Pa.
P. D. KEYSER, Philadelphia, Pa.
THOMAS LINN, Paris, France.
LUJARDIN-BEAUMETZ, Paris, France.
GEORGES APOSTOLI, Paris, France.
J. J. BERRY, Portsmouth, N. H.
W. F. HUTCHINSON, Providence, R. I.
C. A. BRYCE, Richmond, Va
I. N. LOVE, St. Louis, Mo.
W. B. GEIKIE, Toronto, Canada.
WILLIAM A. HAMMOND, Washington, D. C.
LUTHER SEXTON, Wesson. Miss.
R. A. KINLOCH, Charleston, S. C.
A. E. ROUSSEL, Philadelphia, Pa.

EVOLUTION IN DISEASES OF THE NERVOUS SYSTEM.

RARELY does it happen in the meetings of medical societies to have a paper read so full of fresh thought and originality as the one by Dr. Hughlings-Jackson presented to the British Medical Association. So subtle are its arguments, so apt is its phraseology, and so thoroughly scientific is its philosophy that we could not let it pass unnoticed. Evolution as a doctrine grew naturally out of the efforts to group and classify an overwhelming mass of natural facts. In many respects pathology is much like zoology before the days of evolution; it is composed of a mass of isolated facts, a few, very few of which have been at times arrayed in a kind of classification. What medicine needs are broader generalizations and working hypotheses by means of which these facts can be better arranged and more closely studied in comparison with one another. In regard to the nervous diseases at least, Dr. Jackson thinks that we have such a working hypothesis in the theory of evolution.

Anstie, Ross, Ribot, Mortimer, Granville, Mercier, and Bland-Sutton, have all endeavored to apply the theory of evolution to normal and abnormal conditions of man's body; hence the subject is not a new one.

In the normal development of the nervous system evolution is always advancing from the most to the least organized, using the term organized in the sense of being fixed. Thus, the most highly organized nervous centers, those which preside over the simple functions of vitality, are common to all creatures alike, but as we proceed higher in the scale of animal life, we find the higher, more delicate, and less stable centers making their appearance. Now, if we regard the entire nervous system, even the undecided areas of the frontal lobes, as simply a sensori-motor apparatus, we can trace out the evolutionary development of the different centers in the different animals by their relative delicacy, subjection to the individual's control and stability. Coarse sensations and gross muscular movements are connected with nuclei developed in the evolutionary scale relatively lower than those which give rise to finer sensations and finer movements.

The highest cerebral centers are the least organized, although they are the most complex, while the lowest centers are the most organized. Evolution of normal structures is therefore from the most automatic or least modifiable to the least automatic or most modifiable. Disease or dissolution is simply the reversal of this process, and upon this principle many of the anomalous symptoms of mental and nervous diseases may be understood and classified.

It must be remembered that the nervous system by itself is a functional nothing; it is only something as representing parts of the body, and as we watch a progressing paralysis, whether of the motor or sensory apparatus, involving first the more delicate and voluntary movements and sensations, we recognize the fact that the lesion is gradually encroaching upon and overcoming first the higher and then the lower centers. If one study the symptoms of progressive nervous diseases, he will see that such is their onward course. In the action of the thermal apparatus in fevers, in insanity, in the dissolution of drunkenness, and even in the action of such poisons as alcohol, it

will be seen that the more delicate and voluntary processes go first. Even in epileptic fits, hemiplegic strokes, and aphasia the same law of evolutionary development is illustrated, but in a reversed direction. Confusion arises in studying these groups of symptoms from not clearly separating the positive from the relative results of the lesion. Destruction of nervous matter invariably means paralysis or some degree of it, and the various tremors, incoördinations, which mar the perfect picture of a nervous degeneration, are due to the activity of the remaining structures. This is a simple fact which must be clearly borne in mind. The tremor in a case of disseminated sclerosis is to be attributed to the loss of balance between all parts of the affected nervous center, and the singular ideas of insanity are the results of not the paralyzed centers, but the remaining healthy centers. With this mode of carefully studying the symptomatology of every case of nervous disease, the examiner will rarely fail to discover that the progression is always from the least highly organized or most voluntary or last acquired centers to those below them.

The question naturally suggests itself then whether diseases can be classified in any systematic order, according to this principle of evolution. Not positively until we know more positively the relative positions of the various nerve-centers in the evolutionary scale. However, we can make the attempt, and at the present time the evolution theory seems to offer the best principle of classification. For example: (1) Progressive muscular atrophy, (2) paralysis agitans, and (3) general paralysis are all homologous diseases. In the first, the lowest centers are cut off from the higher ones (middle and highest, which preserve their powers, as shown by the *more* complex and *most* complex movements of the hands being retained). The loss is only of the simplest movements (cerebral and cerebellar) represented in some of the lowest motor centers (anterior horns). In the second (hypothetical, however) the loss is of the *more* complex movements represented in the middle motor centers. There is retention of the *most* complex movements represented in the highest centers, and also of the simplest represented in some lowest. In the third there is loss of some of the *most* complex ("finest") movements represented in the highest motor centers and in those entering into the physical bases of tactual ideas and other mental states. There is retention of less complex (middle) and of simplest (lowest) movements.

Thus, the author has endeavored to show how the nervous diseases may be studied and arranged according to their evolutionary significance. It is unfortunate that our knowledge of many of the special diseases themselves should be so meager as to prevent our testing the principle throughout in all its details; but since it seems founded upon a logical basis (which must be if, indeed, the theory of evolution be logical and correct), it is worthy of the most careful consideration. Doubtless if it prove a substantial basis, neurology, as a positive science, will be more consistent and harmonious than it now is. For the credit of medicine, we hope that some such scientific basis of classification as herein proposed by Dr. Jackson may soon be discovered.

THE CARE OF THE CHILDREN.

NOW that the long vacation is over, and the schools are commencing their winter sessions, a word in behalf of the children will not be out of place. Statistics have shown that a scholar's life is the happiest, healthiest, and longest. In the exercise of the brain usually all the faculties are employed in a way that is rarely possible in other modes of life, and with a judicious care of the physical being, the balance between mind and body is so nicely maintained as to verify the truth of the old adage, *mens sana in corpore sano.* The conditions for the maintenance of health and happiness belong more abundantly to the scholar than anyone else. The wear and tear of a one-sided business life, in which all one's energies are bent towards the single purpose of self-support, will rarely allow the exhausted nature, however disposed it may be, to indulge in the more artistic and refining recreations of life. And, on the other hand, continual play, as indulged in by the growing infant, would be most unwholesome for the boy or girl with the rapidly-developing active brain.

Hence, a carefully managed school life, aside from its other advantages, is the best for the young. But how often are these advantages lost by badly-ventilated rooms, irregular and long hours, too strict discipline, deprivation of meals, lack of outdoor exercise, supernumerary tasks, and the many other evils that bring around with the coming spring of the year the delicate, bent forms and pale, flabby faces of the little ones.

We could wish that the vacation had been extended beyond the heated term of early September, as in many of the cities the public schools do not begin until near the end of the month. But this evil would not be a serious one if some of the others above mentioned were guarded against.

First and foremost of importance is the regulation of the classroom discipline. A certain amount of leniency must be admitted. To require children to sit hour after hour gazing in a certain direction, with backs straight, and, perhaps, in the midst of bad illumination, is both barbarous and unnecessary. The teacher should, as far as possible, learn the disposition and physical condition of the pupils, so that when necessary the calls of nature may be answered and yet the appropriate order maintained. Girls, for instance, are sometimes subject to weakness for which they must retire more frequently than is usual. To disregard such a condition might lead to life-long misery and ill heath. The home tasks should be made as short as possible, instead of the reverse, which seems to be the inclination of many teachers

nowadays. The younger the scholar the less the number of home tasks, is a very good general rule.

Mothers should see to it that their offspring receive the proper hygienic attention. Bathing, appropriate comfortable dressing, and plenty of nourishing, plain food, taken at regular intervals, are all objects that need merely be mentioned and yet that are most frequently forgotten.

Many suggestions could be made in regard to the children's school life, but most of them are so familiar as to be known to everyone. We merely want to call attention to the subject at this season of the year, and recommend to the family physician, who has his own interest and that of his patients in mind, to speak of it, and even during the winter to look after the welfare of the children, even though they be not sick. It will be appreciated by the family, particularly if any of the suggestions are new; and the health of society, both now and to come, will be better preserved.

PERFUMES AND OZONE.

OZONE may still be regarded as one of the unsolved mysteries of nature, though it has been devotedly investigated, within recent years, by certain chemists. Then, also, all sanitary authorities are in agreement upon the point that it is a natural purifier of the atmosphere of great power, attacking with particular energy azotized substances and other organic impurities. There is not, however, conclusive evidence at hand to show, as some writers contend, that it destroys by oxidation those fungi which are known to cause disease; and yet since it annihilates atmospheric substances that acts as carriers of disease-producing germs, it may become the indirect means of preventing, under certain conditions, the spread of contagious and infectious diseases. Its office is, therefore, a highly salutary one, and from a sanitary point of view cannot easily be over-estimated.

The natural sources of ozone is a subject of lively interest. That it can be prepared artificially in various ways is a well-known fact. A recent writer (*Shirley Dare*) in the Philadelphia *Press*, discoursing upon the subject of perfumes, states: "One of the most exquisite offices in nature is that performed by scents of flowers in purifying the air, and breathing ozone into it by their perfumes. Not all sweet-scented plants do this, or all pleasant odors. The distinction is marked between the sedative odors and the reviving ones. Lilies, jasmine, tuberose, orange flowers and acacia, in their natural form, borne on the winds and mixed with many thousand times their own volume of air, are pleasant, soothing to a healthy sense, though delicate nerves cannot enjoy them even in their garden freshness.

"Brought closer in clusters of blossoms their odor is narcotic, depressing, so that persons grow faint at smell of them, and yet more concentrated, their effect is stupefying and deadly. Well authenticated instances abound of persons sent into heavy slumber, as if drugged, by the odor of lilies or jasmine, and the scent of orange flowers is so depressing to the action of the heart that it is not safe for anyone with disease of that organ to inhale it any length of time. It is not at all imagination when nervous, susceptible persons complain of discomfort from the powerful scent of flowers or essences of any sort.

"The reviving scents arise from herbaceous plants largely, from the odor of the rose, mignonette, lavender, thyme and lemon verbena, balsamic rosemary, and, chief of all, the carnation family, including spicy stocks, wall flower and pinks."

The fact that the "scents of flowers" generate ozone was first discovered by Dr. J. M. Anders, of this city. According to the results of the experiments by this observer, all flowering plants, including scented foliage—pine and hemlock foliage to a marked degree—possess this important property. In his work on "House-plants as Sanitary Agents," Dr. Anders calls attention to this well-known fact that a great variety of emanations are given off by growing plants, "most of which are delightful to the sense of smell, whilst a small proportion only are repugnant or harmful." Concerning those plant odors which have injurious effects, he draws the following conclusions: "First, the lethal effects ascribed to plant odors by some of the ancient writers must be absolutely apocryphal. Secondly, highly scented flowers, such as the tuberose, magnolia, and certain lilies, have an injurious effect, and should in all cases be discarded, so also all plants having intensely disagreeable odors. Thirdly, those emitting milder odors—the rose, heliotrope, mignonette, for instance—which flowers occasionally produce unpleasant effects, should, whenever found to do so, be excluded, but such are not to be totally condemned, since the hygienic advantages attendant upon their presence are actually noteworthy."

Again, in view of the latest scientific researches, a few of the statements made by the writer in the *Press*, before quoted, are misleading and need to be modified. We restate them: "Not all sweet scented flowers do this or all pleasant odors" (*i. e.*, generate ozone). The distinction is marked between the sedative odors and the reviving ones."

As before stated, it seems to have been shown by actual experiment that all scents of plants generate this substance, some of these examinations, however, having the marked disadvantage of exercising unpleasant and even depressing effects, particularly upon the sick and invalid.

Dr. Waugh has been absent in the West for the past three weeks, during which time Dr. L. Harrison Mettler has had editorial charge of the journal. Our readers will be pleased to hear that Dr. Mettler will continue to participate in the editorial work of the journal.

Annotations.

MANAGEMENT OF INGROWING NAILS.

THIS very common trouble has long been unsuccessfully managed, because of erroneous designation. It is exceeding doubtful if the nail grows laterally at all; it is more probable that lateral mechanical pressure produces an abrasion, which lying in contact with the unyielding edge of the nail, produces a proliferation of tissue with resulting granulations. This is the true pathology of ingrowing nail. We are glad to discover that so able a surgeon as Dr. Fred. Lange shares this view. While he does not express it in words, his treatment by removing the affected fleshy parts, indicates it. Dr. Lange (Med. Monatschr., August, 1889, 403) applies bismuth and a few threads of antiseptic gauze, when it is possible to reach below the hidden nail-corner, after trimming the latter obliquely, to the ulcerated slit. A small pad of antiseptic cotton is pressed over the swollen parts by plaster, which must not, however, encircle the entire toe. In more pronounced cases, the toe being thoroughly disinfected by repeated baths, is rendered bloodless by the application of a drainage tube. A two per cent. sol. cocaine is injected near the root of the nail into the swollen flesh, other injections are made so as to anæsthetize the field of operation. The entire mass of flesh lying in contact with the nail border is fully excised, so that the latter lies free in a wound whose lower border is in contact with the volar edge of the great toe. This is not too much, because the parts are very soon restored. The nail itself is not touched, but any ulcerated remainder of the nail bed is thoroughly curetted, cleansed with 1 to 1000 sublimate solution and covered with iodoform ether. A few threads of iodoform gauze are placed under the nail border. The free bleeding, which sometimes ensues, may require ligation of some dilated arteries. The wound is covered by a piece of oiled silk or rubber tissue, and dressed with an iodoform bandage. This dressing may remain four to six days and need not be removed even if it be saturated with blood. When granulations appear they are dressed with a salve and the nail is kept trimmed. Dr. Lange resorts to no other operation, having found that the most affective and least troublesome. A few weeks are required, but in the second week the patient may resume his occupation. The wound must now be covered with a suitable plaster.

We have pursued a similar treatment successfully, having discarded the barbarous nailsplitting and extracting twenty years ago.

CHLORALANOID, the new hypnotic, is favorably reported on from Prof. Strumpell's clinic. Although Drs. Hagan and Huefler did not expect much from it, their results have been so encouraging and indisputable as to induce them to recommend it as one of the most reliable hypnotics. Chloralanoid is a colorless crystal, of bitter taste, and may be administered in wafers or in wine; the dose is thirty to forty-five grains. Sleep is produced in half an hour and lasts till morning usually, without disturbing the functions. Its effect is more pronounced than that of chloral and the dose is a little less. It has no specific effect upon pain or other symptoms, except in cardiac asthma, in which it relieved distress and improved the pulse. Among twenty-eight cases of organic disease of the heart, lungs and kidneys, this remedy failed in only two as an hypnotic; further investigations are necessary in purely nervous affections.—*Wiener Med. Blätter.*

Letters to the Editor.

THE ELIXIR.

I HAVE noted the reports of the experiments of various physicians with the "Brown-Séquard Elixir," and am constrained to a few remarks. There seems to be a prevailing notion from the particular material constituting the "Elixir" that it has particular power in rejuvenating the sexual capability of the aged or those from whom it has departed, whether by reason of age or other cause. I notice, however, that some American experimenters seem to be depending more upon an exhibition of a general tonic effect, whether upon the aged or those debilitated by disease.

If it is only the generative element which is derived from the testicles of the various animals used (and it seems to me there is nothing else), then the testicles of the lamb can furnish only an imperfect or unelaborated element, to use which appears to me illogical.

I am not prepared to decry a possible (?) valuable result from these experimental injections, but would suggest that if it is desired to derive materials from animals of known high propagating powers particularly salacious natures, or it would be better to obtain the seminal fluid direct from the living animal, and I should think a mature "billy" goat, a "Darby" ram, or a jack, could best furnish this, and with but slight persuasion; this would be material of a quality which, if there should be a possible virtue as an aphrodisiac, would appear without fail. The testicles of the rooster would also furnish material particularly choice.

The animals above noted could furnish the juice—the perfected material—without destruction of their lives or power to further procreate; the rooster would have to be caponized or killed.

If in the making of these "Elixir" injections the object is only that of general stimulation, or better yet, the improvement and rejuvenation or strengthening of functions which are failing, as the muscular force, mental or nervous energy, or the secretions of the glandular system, why might not that effect be equally well produced by the use of the same amount of beef similarly prepared as the "Elixir," and used in the same manner? It is worthy of trial, and the patient need not be informed of the substitute, so that the results may be observed without prejudice.

While in some respects the use of the "Brown-Séquard Elixir" seems to be unnatural in the expectation of rejuvenating results, and exceedingly absurd, yet I do not feel prepared to ridicule the efforts

of many respectable men, who, though they may be sceptical, desire to "hold fast to that which is good," by seeking the good. Bergeon's rectal treatment of phthisis by the use of sulphuretted hydrogen was no less strange than this latest novelty for the relief of suffering and failing humanity. Careful experiment showed its inefficacy and the principle to be fallacious, and the same I think will appear in the "Brown-Séquard Elixir." Let the experiments continue if they do no harm, until a correct conclusion can be arrived at. Has Brown-Séquard used his own Elixir, or is he another Count Waldeck?

A. C. W. BEECHER, M.D.

PHILADELPHIA.

CONCEALED HEMORRHAGE AT THE FIFTH MONTH OF PREGNANCY.

ALLOW me to report, through the columns of your weekly, a case that came under my notice and treatment some three years since in the person of a married lady, at that time about twenty-seven years old, whom I had previously delivered of two children at full term, there being sixteen months between births.

About the first of April, 1886, I was informed by her husband that she was again pregnant; and some time in July following I was notified that she was not doing well, and that she had become quite weak within the past few days, and that her abdomen had been rapidly enlarging.

Within two weeks from this time she had become as large as at full term, though only four and a half or five months pregnant. I did not visit her, as I was not requested to do so, but prescribed a mild laxative and tonic. At the end of a week from the time of prescribing I was sent for in haste, and upon my arrival at the bedside found a four and a half or five months' fetus lying in bed, still attached to the mother by a very short and weak cord. As the child was dead, and not viable, had it been living, I clipped the cord without tying, and proceeded to make further examination. The bed was perfectly dry; not a drop of blood or water that I could discover had escaped, the lady telling me that she had not felt the least flow of any kind. Her abdomen was not in the least reduced in size, but was considerably larger than she had ever been at full term.

Upon a digital examination, I found the entrance to the cavity of the womb securely closed by a somewhat fluctuating membrane, which was almost as tight and unyielding as the head of a drum.

With my index finger I made strong pressure against the obstruction, when it suddenly ruptured with a gurgling thud and a stream of dark blood gushed from the parts. The flow was so large and rapid that it soon overflowed the bed and ran down upon the floor, which was not carpeted, and formed a pool at least a yard and a half long and more than half as wide. As the flow continued the abdomen gradually shrank so that when the current ceased it had gone down to its normal size. I then removed the after-birth which still hung in the mouth of the womb.

Now here was a dangerous concealed hemorrhage of some three weeks standing, during which time the woman had lost at least a gallon, or perhaps a gallon and a half of blood, without a single drop having reached the external world, to give a hint as to what was going on in the cavity of the womb.

I could only discover a few shreds of membrane, therefore conclude that the sac covering the embryo was but a mere envelope sufficiently large to hold the fetus, but not large enough to hold a discoverable amount of water.

The above account is strictly correct, and I have endeavored to make it as plain as possible. If any of the brethren can give a better explanation of the case, than I have hinted at, and thereby clear up the matter so as to make it plain to the ordinary professional mind, I shall be extremely glad to hear from them.

J. A. WARD, M.D.

TROY, MO.

ANTIFEBRIN.

IN reply to Dr. Endicott in reference to antifebrin, where he claims our dose was too large and temperature too low, I hold that a persistent temperature of 102° destroys the tissues of the body, and in the case cited it ranged as high as 103°, so the reader may judge in regard to the propriety of antipyretic treatment. As to dose and effects authorities differ. He would have it repeated within three or four hours; yet we are informed by others that its effects remain six hours; in which case would not our Doctor commit the same mistake as Dr. Penny, who, you claim, repeats the dose too often?

A. L. SAYLOR, M.D.

UNION, ORE.

Book Reviews.

A SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by BARTON COOKE HIRST, M.D. Volume II. Philadelphia: Lea Brothers & Co., price $6.

This volume of the American System of Obstetrics is a fitting close to a work of such high merit as was promised in the prospectus published some time since, and which was more than realized with the appearance of the introductory volumes. Dr. Hirst having evidently exerted every effort to give to the undertaking that completeness to which it was entitled, we feel jnstified in saying that he has succeeded even beyond the most sanguine expectation, and that he deserves the congratulations and thanks of the profession at large for the valuable addition he has made to obstetrical literature. We can heartily commend the system to our readdrs as a worthy exposition of the branch of obstetrics.

The subject-matter of this final volume may be conveniently separated into three portions. In the first of these the interesting subject of dystocia in all of its various phases and complications is ably discussed by such well-known authorities as Parvin, Davis, Cameron and Harris. Laceration of the cervix and perineum, uterine rupture, inversion of the uterus, placenta prævia, post-partum hemorrhage, puerperal eclampsia, the premature induction of labor, operative obstetrics including the use of the

forceps, version, embryotomy, the Cæsarean operation, symphysiotomy, laparo-elytrotomy and laparo-cystectomy are all included here, and are thoroughly discussed in their every aspect.

Two or three points worthy of special mention attract our notice as we glance over the pages. Thus Prof. Parvin, in speaking of inversion of the uterus, rejects two of the symptoms which are classed in most obstetrical works as characteristics of this grave accident and as valuable aids in its diagnosis, namely, the presence of intermittent contractions and of undue sensitiveness of the inverted organ. He believes that these may prove doubtful or even deceptive in most cases. He also denounces the practice of confining the knees after perineorraphy or perineoplasty as an "unnecessary cruelty."

Dr. Cameron, in his article on the "Induction of Premature Labor," would impress upon the people the great practical importance of prophylaxis in obstetric matters. He says: "If patients would only place themselves under the charge of their medical attendants early in the course of their pregnancy, much suffering would be prevented, many lives saved, and dystocia and eclampsia robbed of half their terrors." We feel that the distinguished writer but expresses the sentiment of every thoughtful practitioner in thus pressing upon the people prophylactic treatment during gestation. Too often is the obstetrician called in to assist in a difficult or impossible labor with its attendant evils, all of which might have been avoided by proper medical supervision during early pregnancy.

The second portion of the volume is devoted to a comprehensive study of the diseases to which the puerperal woman is subject. Puerperal fever, that bugbear of obstetrical practice which, like the sword of Damocles, hangs over the head of the obstetrician, threatening ruin and disaster, is discussed by Dr. Garrigues, of New York, in a masterly manner. Its prevention and treatment as it appears in hospital and private practice are both considered, and especially is the use of some antiseptic agent, preferably a solution of the bichloride of mercury, urged in every case, even at the expense of a little additional time and trouble to the practitioner. Mastitis and other affections of the breasts and nipples, subinvolution, retention of the placenta and membranes, displacements of the uterus, puerperal hæmatoma, and other complications of the puerperal state are considered by Drs. Garrigues and Hirst, while Dr. Lloyd writes upon puerperal insanity and the other neuroses of the child-bearing woman.

The book closes with a careful study of the management and of the diseases of the newborn infant, including all surgical affections of the child, together with a review of the congenital anomalies of the eye, the latter by Dr. G. E. De Schweinitz, of this city.

THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. CATHELL, M.D. Ninth Edition, Revised and Enlarged, pp. 298. Price, $2.00, net. Philadelphia: F. A. Davis. 1889.

By reason of the nature of his calling, a physician needs to exercise more of that peculiar quality commonly known as tact, than anybody else. However learned or skillful he may be, unless he is able to win the confidence of the patients, his ability will fall short of its highest possibilities. In acquiring the history and symptoms of a case he will often have to exercise the subtlest ingenuity. But success in life is not always dependent upon knowledge and skill, more frequently it is the result of a certain bearing of manner, of influential backing or judicious self-assertiveness, and often it is a most difficult problem to know just where to draw the line between men; braggadocio of word and manner and a legitimate display of one's best abilities. As success is the aim of every human being, the physician is justified in adopting every means in his power to attain that end. With a remarkable degree of shrewdness and deep wisdom Dr. Cathell has shown how best to attain the coveted success. The book will be especially valuable to the young practitioner who now a days has not the same advantages of that information acquired by close contact with a preceptor, as belonged to the earlier days of apprenticeship. The hints here presented in regard to such simple matters as dress, education, manners, system, office furnishings, methods of approaching the sick, etc., are of inestimable value. Being a physician himself, the author knows from experience the trial, hopes and successes of the ambitious young doctor; warns him as a friend against discouragements and points him to the success that results from industry, common sense and well-preserved honor, recommending him especially as a man and as a physician, always, and above all else, to keep whatever is honest, whatever is true, whatever is just, and whatever is pure, foremost in mind and to be governed by it.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Third Series. Volume, the Tenth. Illustrated. Pp. 456. Printed for the College. 1888.

According to the last report the college has a membership of 255 fellows, resident and non-resident, forty-one associate fellows, and six corresponding members. The present volume of Transactions is issued in the usual style, and is particularly rich in addresses and scientific papers. Among the former, worthy of special mention, is the Biographical Sketch of Dr. Casper Morris, by Dr. J. Chester Morris; among the latter are the papers upon our Maritime Quarantine, being the report of a special committee, and also upon Membranous Enteritis, by W. A. Edwards, M.D.; Pneumonia, by Henry Hartshorne, M.D.; Friedreichs Ataxia, by J. P. C. Griffith, M.D.; The Walk and Some of its Phases in Disease, by F. X. Dercum, M.D., and Arteries and Veins in Bright's Kidney Disease, by Arthur V. Meigs, M.D. The illustrations and typography are admirably executed.

The *Popular Science Monthly*, for September is quite up to the usual excellence. The "Study from Life," by Olive Thorne Miller, is a chatty description of the queer antics of a pet lemur. "Recent Economic Changes," by Hon. David A. Wills, is a selection from the advanced sheets of this author's collected assays which recently appeared in the

monthly, and one now to be issued in book form by Appleton & Co. "The Surface Tension of Liquids," is an article by W. H. Larrabee, well illustrated, and offering some simple and highly instructive experiments. Prof. Huxley writes upon "The Value of Witness to the Miraculous." "Museums of Household Products," is a translation of a very suggestive paper by Prof. Vischow. Economic science is again represented by the second part of Dr. Oswald's paper "The Wastes of Modern Civilization," and Huntington Smith's "Ethical View of Protection." "Some Modern Aspects of Geology," is part of an address delivered at the commencement exercises of the Worcester Polytechnic Institute by Prof. G. H. Williams. One of the most interesting of all the articles is "Animal Life in the Gulf Stream," by Ralph S. Tarr. The illustrations are capital. "Origin of the Rights of Property," by H. J. Philpatt; "Arctic Ice and its Navigation," by A. A. Ackerman, and "A Corner of the Dutch East Indies," by Captain Sangen, are the three articles preceding the biographical sketch, with portrait, of Joseph Lovering.

Pamphlets.

Secondary Mixed Infection in Some of the Acute Infectious Diseases of Children, by Bayard Holmes, M.D., Chicago.

Ninth Announcement of the Toledo Medical College, Toledo, Ohio. Session of 1889–90.

Spinal Irritation, and Some Points in the Diagnosis of Affections That May Be Mistaken For It. By J. T. Eskridge, M.D., Denver, Col. Reprint from *Alienist and Neurologist*, St. Louis, July, 1889.

The Modern Frankenstein. By George M. Gould, M.D. A paper read before the Medical Jurisprudence Society of Philadelphia, May 14, 1889. The Open Court Publishing Co., Chicago.

Spinal Caries: Operative Treatment. Laminectonomy, or so-called Trephining of Spine. By De Forest Willard, M.D., Ph.D., Clinical Professor of Orthopædic Surgery in the University of Pennsylvania, etc. Reprinted from Transactions of the College of Physicians of Philadelphia.

Contributions to the Physiology and Pathology of the Nervous System, from the private laboratory of Dr. Isaac Ott at Easton Pa. Part IX, 1888.

The Treatment of Fractures of the neck of the Femur by Immediate Reduction and Permanent Fixation by N. Senn M.D., Ph.D. of Milwaukee, Wisconsin. Read before the Wiscons in State Medical Society June 4, 1889. Reprint from the "*Journal of the American Medical Association*" August 3, 1889 Chicago, Ill.

The continuous use of the Bromides by L. W. Baker M.D., reprint from the *Medical Register* December 8, 1888. Records, McMullin & Co. Phila. 1888.

How shall we deal with the Inebriate. By L. W. Baker M.D., Reprint from the *Journal of Inebriety*, April, 1889. A paper read before the American Association for the Study and Cure of Inebriety· December 4, 1889.

Styrone: A Consideration of its value as Antiseptic. Copaiba in Surgery. By H. H. A. Beach, M.D., Reprint from the Boston *Medical and Surgical Journal*, of August 1, and 8, 1889. Damrell & Upham, Boston, 1889.

Notes on the Electro-magnet in Ophthalmology with a Report of Nine Cases. By Wm. Ellery Briggs, M.D., Reprint from the *Occidental Medical Times*, August, 1889. Sacramento, Cal.

The Medical Digest.

THE following hints from Lassar's skin clinic are of practical value; we have tested them in eczema. Instead of fats porous pastes are used, made of the purest vaseline with oxide of zinc and starch, rubbed slowly together. These may be readily mixed with most remedies in use; they dry quickly and may be converted into permanent dressings by absorbent cotton, and this gauze be changed when saturated. On the face and other parts not accessible to bandages, ample powdering upon the paste-covered skin will afford a smooth and dry covering, which is easily removed by small oiled rags.

In *eczema of all kinds* the paste treatment offers great advantage over ointments. Lassar's usual formula is:

℞.—Acid. salicyl. 2
Vaselin. flav. 50
Zinc. oxid.,
Amyli . . . . . āā 25

In *parasitic troubles* (herpes tonsurans, etc.) sulphur precipit., 10 per cent., sozojodol, 5 to 10 per cent., or resorcin, 5 to 10 per cent., may be added. On hairy parts vaseline salves are better.

In ordinary *dry or moist eczema of the scalp in children* the head should be gently washed with chamomile and soap, and then the following applied:

℞.—Acid. salicyl. 1
Tr. benzoin 2
Vaselin. flav., ... ad 60

In *intertrigo*, penciling with a 3 per cent. solution of nitrate of silver should precede the salve.

For *frost-bites:*

℞.—Acid. carbol. 0.5
Vaselin.,
Ung. plumb. . . . . āā 10
Ol. olivæ 5
Ol. lavand., ... gtt. 10
M.—Ft.

For *calming inflamed skin:*

℞.—Zinc. oxid. 25
Ol. amygd. . . . . q. s.
M.—Ft. Pastu mollis.

In *acute eczema*, Lassar warns against watery solutions and compresses.

For *pruritus:*

℞.—Acid. carbol. 1
Menthol 1.5
Talci . . . . . ad 50
M.—Menthol powder.

℞.—Menthol 2.1
Bals. peruv. 5
Ung. Wilsonii,
Lanolini . . . . . āā 20
(With care on face.)

For *pruritus ani*, sitz baths of tar-water and penciling with 2 to 3 per cent. nitrate of silver solution, also carbolized lead salve.

For *acne vulgaris and rosacea*, a peel paste is used.

℞.—B-Naphthol 10
Vaselin. flav.,
Sap. virid. . . . . āā 20
Sulf. præcip. 50

To be applied by the physician and to remain fifteen to sixty minutes; then gently removed and replaced by powder or white paste. This is repeated after peeled surface is healed; or the following may remain over night:

℞.—Resorcin 2.5–5.0
Zinci oxid.,
Amyl. . . . . āā 5
Vaselin. flav. 12.5
M.—Ft. Paste.

—*Int. Klin. Rundschau.*

"In no disease, except, perhaps, in pneumonia, have I seen more fatal results from exertion on the part of the sick, or from anything more than a sudden change of posture, than in diphtheria. Unless absolute rest be enforced, neither physician nor nurse have done their duty."—*Dr. A. Jacobi.*

"To keep a young girl, during her first efforts of sexual development, seated upright on a music stool, with her back unsupported, drumming vigorously at a piano for several hours, can only be detrimental."
—*Lawson Tait.*

M. Van den Corput has often noticed that in persons subjected to antiseptic medication, the sexual appetite is considerably diminished and he raises the question in regard to the action of these medicaments upon the spermatozoid whether it is the same as upon the microörganisms.—*Bulletin Gen. de Therap.* August 15.

M. Bucquoy, reported to the International Congress of Therap. Mat. Med. and Pharm. held at Paris that the purpose of the heart tonics is to relieve its action rather than to combat its lesions and that alongside of digitalis, which of itself answers every requirement, we may place other new drugs, caffeine, convallaria, Adonis vernalis, strophanthus, scilla and again Antiaris toxicaria, black hellebore, erythrophlaeum, nerium oleander, which have not yet entered into practical use.—*Bulletin Gen. de Therap.*

In the last number of the *Practitioner*, Dr. Donald Macalister, following the hints made twelve years ago by Dr. Pye-Smith, in regard to clearness and conciseness, so much desired in medical nomenclature, offers a couple of suggestions upon the same principle.

I. Tubercular, Tuberculous: Tubercular meningitis is evidently intended to be something different from tubercular leprosy. He would suggest that tubercular be used only to denote a morphological appearance, while tuberculous be employed only as the adjective corresponding with the noun tuberculous. Tubercular would imply a condition in which small nodes or nodules were apparent, as in tubercular syphilides, tubercular acne, leprosy etc. Tuberculous he would confine to a condition of tuberculosis, as tuberculous phthisis, tuberculous meningitis, tuberculous glands.

II. Diphtheritic, Diphtherial! The latter should refer to the specific disease diphtheria, while the former should be reserved for the variety of inflammation whether induced by the poison of diphtheria or not.

Pathological Inferiority of the Left Side of the Human Body.—When a unilateral lesion attacks any of the double organs of the human body, the left organ is more frequently affected than the right. Thus, obliterating arteritis attacks the left Sylvian artery, tuberculous infiltration occurs in the left apex, pneumonia in the left lung; calculous nephritis or cyst of the kidney, attacks the left kidney; ovaritis and ovarian hyperæsthesia are observed in the left ovary; orchitis affects the left testicle, etc. M. Henry Duchenne tries to explain this fact by the greater activity of the right side of the body and the relative passive condition of the left side, which contains the heart. The mechanical activity of the right side determines nutritive activity. The mechanical passivity of the left side produces a kind of physiological mealiness, a pathological predisposition. Dr. Duchenne considers that the law of atavism may also explain the physiological inferiority of the left side of the body, for in ancient times, when hand-to-hand fights were always occurring, the activity of the right side of the body was constantly called into play.
—*Medical Record.*

The Diagnostic Tampon and its Value in the Recognition of Chronic Endometritis.—B. S. Schultze (*Centralbl. für Gyn.*, March 11, 1889). In 1880 Schultze described a method which he had been employing for several years as furnishing a means for the early diagnosis of endometritis. He now reaffirms all that he then said of the value of his method, and expresses much surprise that it has not attracted a greater amount of attention. The diagnostic tampon is made of absorbent cotton soaked in a 20–25 per cent. solution of tannin in glycerin. This, after careful cleansing of the vagina, is pressed firmly against the cervix so as to fully cover the os and portio vaginalis. The glycerin solution absorbs water from the surrounding tissues and allows it to escape, together with the watery part of the secretions, the remainder of which is arrested by the cotton. After twenty four or forty-eight hours the tampon is removed, whereupon, if the uterus be healthy, a lump of vitreous cervical mucus is found. If, on the other hand, any portion of the mucous membrane above the tampon is secreting pus, the secretion will be found on the tampon. It is not the quantity and watery character of the secretion that proves the presence of endometritis, but the pus therein contained. The quantity of the secretion is often so moderate that patients do not complain of it, and, indeed, if the cervix and vagina are not affected a very considerable degree of endometritis may occasion so small a discharge that patients assure their physician in good faith that there is none.

Schultze claims that too much stress is laid upon abnormal discharge of blood as the diagnostic feature of endometritis, and that there is a much larger class of cases in which hemorrhage has not appeared or does not tend to appear, and that these very cases of beginning endometritis are easily recognized by means of his tampon.
—*Journal of American Medical Association.*

Medical News and Miscellany.

OPHTHALMIA prevails at York.

ST. LOUIS has ten medical colleges.

ERYSIPELAS prevails at Woodstown, N. J.

SICKNESS in the British army is increasing.

CHOLERA is raging at Bagdad and Bussorah.

FRENCH actors are said to be given to morphine.

NINE cases of smallpox are reported at Menominee, Wis.

THERE are seventy-six cases of diphtheria at Moscow, O.

THE Hay Fever Association met this year at Bethlehem, N. H.

ROBERT MARVEL died August 20, after fasting sixty-seven days.

THE will of the late John H. Parker bequeaths $20,000 to the Wills Eye Hospital.

MR. JOHN B. STETSON is building a new hospital near his factory on North Fourth Street.

DR. JOHN KNOX, one of the oldest physicians of Richmond, died suddenly of heart disease.

A CASE of fracture of the cervical vertebræ is attracting much attention in Camden, N. J.

A CHILD died in Birmingham, Ala., of hemorrhage from a little blister which appeared on its lip.

A MAN in Dayton, Ohio, is reported to have died of septicæmia, the result of injections of the alleged elixir.

IN the Philadelphia Lying-in Charity an elevator fell with six persons; one of whom was seriously injured.

JAMES BRENNAN, an escaped leper is at large in St. Louis. He had been confined at quarantine for fourteen months.

PERSONS contemplating a visit to Venezuela are warned to keep away from Caracas, where they have a dangerous fever.

DR. OLIVER WENDELL HOLMES celebrated his Eightieth birthday in his seaside home at Beverly Farms, August 29.

DR. NATHANIEL EMMONS, from Delaware, O., died June 30, in Valparaiso, where he had made his permanent residence.

DR. THOMAS G. ASHTON, Resident Physician at the insane department of Blockley Almshouse, has tendered his resignation.

DR. J. SOLIS-COHEN, of Philadelphia, was recently elected Honorary Fellow of the British Laryngological and Rhinological Association.

A PHILADELPHIA druggist advertises in his window that tablets made of the genuine Brown-Séquard elixir can be obtained inside. That no doubt can linger in the mind of any one respecting their genuineness, he has three live rabbits frisking in the same window.

THE Camden Board of Health has decided to abandon until next spring the project of building a garbage crematory.

ACCORDING to Dr. Cornet, tuberculosis is nine times more frequent among nurses than among any other class of persons.

DR. HENRY C. FITHIAN, of Port Norris, N. J., a graduate of the University of Pennsylvania in 1877, shot himself through the heart.

FIVE persons, taken sick at a picnic in Fairmount Park, are supposed to have been poisoned by eating canned corned beef.

JOSEPH T. MONTGOMERY, a Wilmington jeweler, is suffering from blood-poisoning, the result of an injection of "elixir of life."

DIPHTHERIA has broken out in South Bethlehem, and the authorities have taken every precaution to prevent the spread of the disease.

FIFTEEN thrashers were poisoned near Tiffin, Ohio, by eating cheese. All were made violently sick, and it is feared some of them will not recover.

RECENTLY the Board of Health was again without a quorum, only one member, Dr. Keyser, having put in an appearance for the usual noonday meeting.

THE services of a competent young American physician are desired by Americans living in Venice, Italy. This is an excellent opening for some one.

DR. LOOMIS, whose report upon the Brown-Séquard elixir appeared in our last number, is said to have concluded that no real benefit is derived from its use.

THE Board of Health refuses to permit the children of lazaretto employés to leave that institution daily to attend school, as it would be dangerous to public health.

AN epidemic of typhoid fever is prevailing at Ashland. The people are much alarmed, and the authorities have urged that strict sanitary precautions be observed.

DR. WALTER MCCLURG, United States Navy, has been appointed chief of the Bureau of Medicine and Surgery in the Surgeon-General's Department at Washington, D. C.

DR. J. H. HAZEN, a veteran of the War of 1812, who was wounded while serving under Commodore Perry, on the Niagara, died at Marshall, Ill., last Saturday, aged 91 years.

DR. F. W. FERRIE, a prominent physician of Indianapolis, died suddenly on Saturday, in his office, and opinion is divided as to whether he killed himself, was murdered or died from disease.

A BOSTON doctor says we must quit chewing wooden toothpicks, as the small particles cause gastric ulcer. We have found that small ulcers of the mouth are caused by this habit.

THE deaths in Philadelphia from cholera infantum last week dropped to 22; while 53 citizens succumbed to consumption, 6 to diphtheria, 4 to croup, 21 to typhoid, and 9 to other septic affections.

Ink and rust stains are removed easily by a solution containing ten parts each of tartaric acid, alum, and distilled water. The solution has the trade name of "encrivoir."—*Pharm. Ztg.*

The suggestion has been made to cremate the bodies exhumed from the graveyard at Eleventh and Carpenter Streets, by the excavations made for the sewer. The cholera dead were buried here in 1832.

Cremation in Berlin.—The police authorities of Berlin have recently refused the request of the Cremation Society to be allowed to cremate the bodies of all those who had signified their wish to be so disposed of.

The Vermont Microscopical Association has offered a prize of $250 for the discovery of a new disease germ. Information can be obtained of C. Smith Boyton, M.D., Secretary of the Association, Burlington, Vermont.

Progress of Medical Education.—The Iowa State Board of Health has decided that Iowa Medical Colleges after 1891 must give a four years course if they desire their graduates to be admitted to practice within the borders of the Commonwealth.

—*The Medical Age.*

As a general rule, a throbbing headache, with tenderness and soreness of the scalp, can best be relieved by hot applications. Whereas, where the head feels full and "bursting," if cold be applied to the head and the heat to the neck and spine, the effect is most agreeable.

The Cesarian operation was successfully performed on a colored woman in Christiana, last week, by Drs. J. J. Black and R. R. Tybout, of New Castle, and B. B. Peters and F. L. Springer, of Christiana. The child is a male, weighing eight pounds, and with it was extracted an eight-pound tumor.

At the very outset of the school season Medical Inspector Taylor has been compelled to report no less than nineteen public school buildings as nuisances and prejudicial to health. This, it need scarcely be said, is a shame and reproach to the community. A reform in the treatment of the local school buildings appears to be urgently necessary.—*Record.*

Dr. G. H. M. Rowe, Superintendent of the Boston City Hospital, has just returned from a vacation in Europe, where he visited many hospitals. He says: "Of all the hospitals that I visited I don't know of one that can compare with our Boston City Hospital, the Massachusetts General or the Johns Hopkins Hospitals."

In France, when a patient is under chloroform, on the slightest symptom appearing of failure of the heart, they turn him nearly upside down—that is, with his head downward and his heels in the air. This, they say, always restores him; and such is their faith in the efficacy of this method that the operating tables in the Paris hospitals are made so that in an instant they can be elevated with one end in the air, so as to bring the patient into a position resembling that of standing on his head.—*Record.*

As the days shorten and the nights grow cooler the malarial season tightens its grip upon the patient but helpless public. Damp air, impure water and unripened fruit are the agents which at this time of the year furnish doctors and undertakers with so much new business. Fruits are especially dangerous this year, the cool weather of summer having prevented them from ripening properly.

Dr. C. S. Bradfute, one of the resident physicians of the Pennsylvania Hospital, has tendered his resignation, to take effect on October 1, to accept the position of Demonstrator of Experimental Therapeutics at Jefferson Medical College. Dr. Westcott, who is the senior Resident Physician at the Hospital, will sever his connection with that institution in October, and will be succeeded by Dr. Joseph Leidy, Jr.

Cheap Medical Services.—A medical association has been formed in this city which advertises to furnish medical attendance to its subscribers for forty cents a month, and that all prescriptions for its subscribers will be filled by the leading pharmacists of the city for twenty cents for each prescription. In all probability the services and medicines are not even worth that.—*New York Medical Record.*

Strychnine in snake-bite acts with the unerring certainty and precision of a chemical test. Purely physiological in action, it neutralizes the effects of the snake-poison, and if pushed beyond the amount needed to neutralize the snake-poison, would itself act as a poison. Its poisonous effects, on the other hand, could be combatted by injections of snake-poison, could the latter be at hand in an emergency of poisoning by strychnine.

—Dr. A. Mueller in Australian *Medical Gazette.*

The Board of Health has ordered a house to house inspection in the Seventeenth, Eighteenth and Nineteenth wards, where typhoid fever has prevailed with unusual violence for several months past. The use of Delaware River water for drinking purposes is popularly supposed to be the cause of this outbreak, but the health authorities have determined to examine the drainage of all the houses in the afflicted neighborhood, note the condition of the cellars and alleys, and all other matters that may affect the health of the residents.—*Record.*

We, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, September 9, 1887, the Tenth International Medical Congress will be held in Berlin.

The Congress will be opened on the fourth and closed on the ninth day of August, 1890.

Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical Faculties and Medical Societies at Heidelberg on September 17, in the current year.

Meanwhile, we should feel sincerely obliged, if you would kindly make this communication known among your medical circles, and add in the same time our cordial invitation to the Congress.

von Bergmann.
Virchow.
Waldeyer.

Dr. Lee has returned to his post of duty, and declares that the work of the State Board of Health must speedily come to an end unless more money is forthcoming. He is anxious to have a special session of the Legislature called, as he believes that there are hundreds of bodies that have not yet been exhumed, and that a serious epidemic may result if the Board of Health should relax its vigilance towards putting the locality in a thoroughly good sanitary condition.—*Record.*

Dr. Brown-Séquard.—The name of Dr. Brown-Séquard having lately been brought before the public eye more frequently than heretofore, considerable curiosity has been expressed as to his nativity. To satisfy this very natural desire, we will state that the doctor was born in 1818 in the island of Mauritius, where his father, Edward Brown, a native of Philadelphia, and previously master of a merchant vessel, was engaged in business. His mother was a French woman named Séquard, who lived on the island. All of young Brown's preliminary studies were made in Mauritius, and it was not until he had reached the age of twenty that he went to Paris to complete his medical course and take his degree. The language of his family and his youth is French, and he speaks it better than English, although in writing he has an equal command of either tongue. He has been married three times—first, to a Miss Fletcher, of Boston; secondly, to a Miss Carlisle, of Cincinnati; and his third wife, who is still living, is an English woman, the widow of an Irish engraver named Doherty.—*American Analyst.*

Mayor Fitler is a firm believer in the healthfulness of Schuylkill water, and has sent samples of the water to Germany for analysis by the most noted scientists there. He further proposes that a novel experiment shall be made with the disease germs which are said to abound in Schuylkill water. If these germs are deadly, the Mayor believes that they will affect the health of animals, and he has directed the German professors to inoculate rabbits and such other animals as they deem proper with the Schuylkill water germs and report the result to him.—*Record.*

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal only to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer upon us a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 20, 1889, to August 26, 1889.

Tremaine, William S., Major and Surgeon (now on sick leave of absence at Buffalo, N. Y.). Will, by direction of the acting Secretary of War, report in person to the Commanding General, Department of the Missouri, for assignment to temporary duty at the post of Fort Leavenworth, Kansas. Par. 4, S. O. 198, A. G. O., August 27, 1889. Headquarters of the Army, Adjutant-General's office, Washington.

Porter, Joseph Y., Captain and Assistant-Surgeon. Resignation has been accepted by the President to take effect August 29, 1889. Par. 11, S. O. 200, Headquarters of the Army, A. G. O., August 29, 1889.

Matthews, Washington, Captain and Assistant-Surgeon. Promoted to be Surgeon with rank of Major, July 10, 1889, vice Town.

Ewing, Charles B., Assistant-Surgeon. Promoted to be Assistant-Surgeon with rank of Captain, July 5, 1889, after five years service, in accordance with Act of June 23, 1874.

McCaw, Walter D., Assistant-Surgeon. Promoted to be Assistant-Surgeon with rank of Captain, August 20, 1889, after five years service, in accordance with Act of June 23, 1874.

Bomister, W. B., First Lieutenant and Assistant-Surgeon. Granted leave of absence for fifteen days. Par. 2, S. O. 82, Headquarters Department of Arizona. Los Angeles, Cal., August 23. 1889.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acne, treatment of, Fox. Med. Standard, August, 1889.

Alkalimetrische Untersuchungen des Blutes unter Normalen und Pathologischen Zuständen, Peiper. Archiv für Pathologische Anatomie und Physiologie und für Klinische Medicin, 1889, Heft. 3.

Antithermics, antipyretics, cardiac and cerebral sedatives, Akins. Western Med. Reporter, August, 1889.

Anatomical appearances, the, resulting from poisoning by arsenic, Draper. Boston Med. and Surg. Jour., August, 1889.

Croupous pneumonia, the treatment of, Kermer. Amer. Practitioner and News, August 17, 1889.

Die Suggestions, Therapei und die Angeblichen Gefahren bei Auwendung derselten. Internationale klinische Rundschau, 4 August, 1889.

Colon, flushing of the, Etheridge. Western Med. Reporter, August, 1889.

Ein Fall von Akromegalie, Aug. Bier. Deutsche Medizinal-Zeitung, 22 August, 1889.

Ein Fall von Angeforenem Tehlen der Zäpfcheus, Patozet. *Ibid.*

Eine neue Methode zum Färben der Miksoorganism im beson-deren ihrer Winperhaare und Geisselu, Loeffler. Centralblatt für Bakteriologie und Parisitenkunde, 18 August, 1889.

Electricity, the therapeutic uses of, Shoemaker. Jour. Amer. Med. Association, August 17, 1889.

Evolution, footprints in, Foy. Med. Press and Circular, August 7, 1889.

Facial erysipelas and erythema on the one hand, and intranasal pressure on the other, Major. N. Y. Med. Jour., August 10, 1889.

Fatal aural cases, Atkin. Med. Press and Circular, August 7, 1889.

Histologische Studien über Keratohyalin und Pigment, Mertschting. Archiv. für Pathologische Anatomie und Physiologie und für Klinische Medicin, 1889, Heft. 3.

Gangrenous hernia. on surgical treatment of, Richardsen. Boston Med. and Surg. Jour., August 15, 1889.

Hochgradige Ichthysis, im Säugungsalter, Rona. Archiv für Dermatol. und Syph., 1889, 3 Heft.

Insanity, proceeding from the colon, Moyer. Western Med. Reporter, August, 1889.

Klinische Terminologie, Roth. Deutsche Medizinal-Zeitung, 22 August, 1889.

Neurosis from ovarian diseases, Dana. Med. Standard, August, 1889.

Pathology, the, of hemoptysis from chronic pulmonary disease, Garland. Med. News, August 17, 1889.

Penis, case of amputation of the, for epithelioma, Armsby. Med. Press and Circular, August 7, 1889.

Poisoning, a case of, from canned Lobster, Staple. Hospital Gazette, August 10, 1889.

Pulmonary phthisis, the more recent treatment of, Canfield. Maryland Med. Jour., August, 1889.

Puerperal pyæmia, Coles. St. Louis Med. and Surg. Jour., August, 1889.

Sarcoma of the thyroid glands, a case of, Solis-Cohen. N. Y. Med. Jour., August 10, 1889.

Strums, operations upon, Hortley. N. Y. Med. Jour., August 17, 1889.

Tabes dorsalis, the suspension treatment of, Inglis. Amer. Lancet, August, 1889.

Two incomplete ovariotomies, Buchanan. Amer. Lancet, August, 1889.

Typhus and typhoid fevers, a mixed case of, Nixon. Med. Press and Circular, August 7, 1889.

Ueber das sog, Metamorphosirende Atmungs geräusch, Riefs. Deutsche Medicinal-Zeitung, 22 August, 1889.

Uber die Behandlung der Mastdaunfistel-Verchére. *Ibid.*

Ueber den Nachveisder Beweglichkeit pleuritischer Exsudate beim Lagewechsel. Archiv. für Pathologische Anatomie und Physiologie und für klinische Medicin, 1889, Heft 3.

Uober dos Alter, den Ursprung und die Benennung der syphilis in Bosnier und der Hercegorina, Glück. Archiv für Dermatol. und Syph., 1889, Heft. 3.

Ueber deir Verschluss der Arteria Mesaraica Superior durch Emboli, Kaufmann. Archiv für Pathologische Anatomie und Physiologie und für klinische Medicin, 1889, Heft. 3.

Ueber die Hypertrophie und das Physiologische Wachsthum des Herzens, Tangl. *Ibid.*

Ueber einen Physiologischen Unterschied der Haut des Europäers und der des Mafarén, Glogner. Archiv für Pathologische Anatomie und Physiologie und für klinische Medicin, 1889, Heft. 3.

Ueber Nocluläre oder folliculäre Antzündung der Schleimhaut der Harnnege, Pizenoski. *Ibid.*

Ueber Hydrargyrum Salicylicum, Hahn. Archiv. für Dermatol. und Syph., 1889, Heft. 3.

Ueber die Befandlung der chronischen Gonorhöe, Berdu. *Ibid.*

Vergleichende Untersuchungen, über die Ernährung mit gemischter und rein vegetablischer kost mit Berüchsichtigung des Eineissbedarfes, Kumogawa. Archiv für Pathologische Anatomie und Physiologie und für klinische Medicin, 1889, Heft. 3.

Zur Gynäkologischen Balneotherapie, Kleinwächter. Wiener Medizinische Presse, 4 August, 1889.

Zuckerharnruhr, Corpulenz, Gicht und chronische Merenkrankheiten, Camerer. *Ibid.*

Zur Keuntniss des Diphtherie bacillus, Zarniko. Centralblatt für Bakteriologie und Parisitenkunde, 18 Aug., 1889.

"In Severe Cases of Typhoid."

STRÜMPELL'S TEXT-BOOK, REFERRING TO DIET IN TREATMENT OF TYPHOID FEVER, SAYS:

"Milk is excellent and should be ordered, but
"will unfortunately not be taken continuously.
"In severe cases, Nestle's Mild Food (Kinder-
"mehl) has been often employed by us with
"benefit."—**Edition 1888, page 20.**

This extract from one of the best and latest Text-books in use at Harvard, Johns Hopkins and Columbia Medical Colleges, will be appreciated by the profession at large, many of whom have hitherto valued Nestie's Food solely on account of its superiority as a Diet for infants. **Would you like a Sample?**

THOMAS LEEMING & CO.,

(Please mention The Times and Register.) 18 College Place, New York.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 575. NEW YORK AND PHILADELPHIA, SEPTEMBER 14, 1889. The Medical Register. Vol. VI, No. 141.

PAGE

ORIGINAL ARTICLES.

CAUSES OF ACQUIRED INSANITY. By Joseph Jones, M.D. - - - - - 457
THE TIME ELEMENT IN OFFICE PRACTICE. By F. W. Higgins, M.D., Cortland, N. Y. - 460
A NEW NAME PROPOSED FOR THE VENTRICULAR BANDS. By Ephraim Cutter, M.D., LL.D., New York City - - - - - 462
ACUTE CROUPOUS PNEUMONIA. By E. B. Crone, M.D., Kerkhoven, Minn. - - - - 463

HYDROTHERAPEUTICS.

TECHNIQUE IN ACUTE CASES. By S. Baruch, M.D. - - - - - 464

THE POLYCLINIC.

Hystero-epileptic Attack. *Mettler* - - - - 465
Obstinate Epistaxis. *Mettler* - - - - - 466
RED CROSS FIELD HOSLITAL, JOHNSTOWN - 466

EDITORIAL.

THE IMAGINATIVE FACULTY - - - - - 468
THE ARMY MEDICAL CORPS - - - - - 469

PAGE

HYPERIDROSIS OF THE FEET - - - - - 470
ELECTRO-THERAPEUTICS - - - - - 470

ANNOTATIONS.

Uterine Myoma - - - - - 471
Leprosy - - - - - 471
The Dispensary Nuisance - - - - - 471
Antacids - - - - - 471
Realism in Art - - - - - 471
Dr. Cureall - - - - - 472
Slightly Sweeping - - - - - 472
Too Careful - - - - - 472

LETTERS TO THE EDITOR.

Acetanilide in Rheumatism. *Wood* - - - 472
Precautions in Vaccinating. *Farver* - - - 473

BOOK REVIEWS.

Outlines of the Clinical Chemistry of Urine *MacMunn* - - - - - 473
On Disordered Digestion and Dyspepsia. *Woodbury* - - - - - 473
PAMPHLETS - - - - - 474

THE MEDICAL DIGEST.

Ozæna Vera - - - - - 474

PAGE

Pilocarpine in the Convulsive Attacks of Hystero-epilepsy and Maniacal Excitement. *Lyon* - - - - - 474
A Case of Bronchial Calculus. *Moscato* - - 474
Infantile Phthisis. *Elis* - - - - - 474
Hydrotherapeutics for Dyspepsia. *Kevin* - 475
Creoline in Dysentery. *Sossowsky* - - - - 475
Hysterectomy for Fibroids in Vienna. *Albert*, 475
Labor Complicated by the Administration of One-fifth of a Grain of Strychnine. *Avrard* - - - - - 475
Light in the Sick-room. *Richardson* - - - 476
Diphtheritic Gastritis, or Gastric Diphtheria *Jones* - - - - - 476
Congenital Stenosis of the Pylorus. *Peden* - 476
Erysipelas Treated with Pure Alcohol. *Behrend* - - - - - 476
MEDICAL NEWS AND MISCELLANY, 477
ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - 479
MEDICAL INDEX - - - - - 480
NOTES AND ITEMS - - - - - iv, xiv

Original Articles.

CAUSES OF ACQUIRED INSANITY.

BY JOSEPH JONES, M.D.,

Professor of Chemistry and Clinical Medicine, Tulane University of Louisiana; Visiting Physician Charity Hospital, New Orleans, La.

WE have, after critical study and analysis, been able to refer those cases of acquired insanity, which have come under our immediate observation and professional care in Georgia, Tennessee, and Louisiana, to the following causes:

1. HEREDITARY CONSTITUTION OF THE CEREBRO-SPINAL NERVOUS SYSTEM, INDUCED BY INTEMPERANCE, SYPHILIS, AND OTHER CAUSES ACTING UPON ONE OR BOTH PARENTS, AS SELF-ABUSE, AND EXCESSIVE VENERY.

Hereditary insanity, implying hereditary weakness of the nervous system, generally comes on without the intervention of appreciable exciting causes.

The nervous system seems to be peculiarly liable to be involved in the effects of hereditary degeneracy, and this is frequently evinced by the occurrence of mental symptoms at those periods of life when either rapid structural developments take place, special functional altering is and was exhibited, or is ultimately arrested; or upon the advent of senile decay.

We have thus an insanity of pubesence, a climacteric insanity, and a senile insanity.

Idiocy and imbecility are also frequent results of hereditary weakness, showing itself during fœtal life, or during the period of dentition.

The insanity which often affects women at parturition, the insanity of pubescence, climacteric, and senile insanity, may often be traced to hereditary weakness of the nervous system.

2. MASTURBATION.

The excitement incident to the habitual and frequent indulgence of the unnatural practice of masturbation leads to the most serious constitutional effects; and in some cases to the loss of the higher moral feelings, entire degradation of the moral sense, and hopeless insanity.

The effects of masturbation are more especially manifested in the nervous system, the functions of which are more or less perverted. The mental faculties become more or less affected—there is great despondency, loss of memory, irritability, irregular action of the heart, derangement of digestion, prostration of strength, headache and neuralgic pains. There is a general loss of health and strength; chronic hypochondriacal invalidism, epileptic seizures, ending in many cases in impotency and hopeless insanity.

Guardians, parents and teachers, cannot be too careful in guarding those entrusted to their care from this most degrading and pernicious of all habits.

The effects of masturbation in inducing insanity, may be witnessed in its victim long after the cessation of the pernicious habit.

The child of the masturbator is liable to hereditary insanity.

3. ALCOHOLIC POISONING.

Alcoholic insanity is met with in three forms:

(*a*) Acute alcoholic insanity.

(*b*) Chronic alcoholic insanity.

(*c*) Delirium tremens.

(*a*) *Acute Alcoholic Insanity.*—Acute alcoholic insanity seldom occurs except where there is a strong hereditary tendency to mental disturbance, or when the cerebral energies have been notably impaired by excesses or over-work. When all these predisposing causes exist, it may not require a large dose of alcohol to bring on an attack.

Mania a Potu.—The most frequent form of the affection is known as *mania a potu*—a violent maniacal delirium, with a tendency to homicidal acts.

In some cases the mental disorder takes the melancholic form, and it becomes necessary to guard especially against the strong suicidal tendency which generally characterizes it; unless the brain has been weakened by repeated attacks, both forms are curable, and generally of short duration.

(*b*) *Chronic Alcoholic Insanity.*—Chronic alcoholic insanity is one of the results of chronic alcoholism, and illustrates in a forcible manner the solidarity of the psychical and somatic functions of the nervous system and the interdependence of these morbid manifestations.

The mental symptoms are generally present from the beginning, though not always prominent enough to attract special attention. The sleeplessness, so characteristic of the commencement of mental disorder, is an early symptom; then restlessness and depression, with suicidal tendency, sometimes passing rapidly into complete dementia; but generally passing through a course of mental and moral degradation, which progresses step by step with the symptoms of failure of physical nervous power.

Chronic alcoholic insanity presents many points of resemblance to the *general paralysis of the insane*, and is in some cases only to be distinguished from it by the presence of the mental depression, which is seldom more than a transitory symptom in the general paralysis.

(*c*) *Delirium Tremens.* — It is important to note that after the acute symptoms have passed away, in some cases, there is left behind a state of subacute insanity of a characteristic nature.

At first suicidal symptoms are apt to appear; suspicions of poisoning; fear of impending evil; and hallucinations of hearing, and sight are often frequent.

That ordinary *vinic* or *ethyl alcohol* is a sufficient exciting cause of alcoholic insanity is beyond doubt. The more concentrated the form in which alcohol is taken, the more surely and rapidly are its characteristic effects induced; and although some beverages give a greater liability to certain forms of disease than others, yet the ultimate tissue changes produced by all are practically similar, and of a markedly degenerate character.

The purest alcoholic fluids will also induce the *acute forms*, but some of the phenomena observed in the worst cases of alcoholic poisoning have been referable with some probability to admixture with *fusel oil*, *essential oil of wormwood*, *occulus indicus*, and other substances more deleterious than corn alcohol itself.

Chronic Habitual Drinking often Hereditary.—Chronic habitual drinking is undoubtedly hereditary in many cases, not that the ancestors have been necessarily drunkards, but that the family is of unstable nervous organization, and that the neurotic traits which show themselves in other members in such affections as epilepsy, hysteria, insanity, are manifested in these cases by an intense craving for alcohol.

Sometimes a pernicious education, by fostering habits of indulgence in early youth, has led to subsequent excess and chronic alcoholism, and the injudicious prescribing of stimulants has occasionally been productive of similar harm.

PATHOLOGICAL ANATOMY OF ALCOHOLISM.

It is well known to pathologists that a large amount of ardent spirits acts on the nerve centers as a narcotic poison, and causes rapid death by coma; smaller quantities produce intoxication, accompanied with or followed by an acute congestion and catarrh of the alimentary canal, especially of the stomach and duodenum.

Habitual dram drinking, by altering the chemical composition of the blood, and checking the normal changes of its corpuscles, exerts an injurious influence on the nutrition of the tissues. This is increased by the lessened consumption of food, and by the alteration in the caliber of the bloodvessels, set up at first by a special action on their vaso-motor nerves, and afterwards maintained by degeneration of their coats, as well as frequently of the heart itself.

Alcohol interferes directly with the nutrition of the cell elements of the various organs, including the cerebro-spinal system, as it circulates through them, and it retards the elimination of effete materials—carbonic acid, uric acid, and urea.

In chronic alcoholism the amount of fat in the blood is increased.

Chronic congestion and catarrh of the stomach, leading to atrophy of the glands, and an increase in the submucous connective tissues, is very common.

The liver is at first enlarged from congestion, and may continue so from a subsequent infiltration of fat, but more frequently it shrinks, owing to cirrhosis.

Lobar emphysema, chronic bronchitis, and hypostatic pneumonia are common.

The heart is flabby, dilated, and presents fatty infiltration, and even degeneration of its muscular tissue, but it may be hypertrophied, probably as a result of coexistent disease of the kidneys.

The arteries and endocardium are studded with small deposits; the capillaries are congested, and the veins varicose.

The kidneys exhibit the fatty, or more commonly, the granular form of Bright's disease.

The muscles are pale and flabby, and even in the bones the formation of fat takes place, at the expense of the bony texture.

The nervous centers are atrophied and tough, the convolutions are shrunken, the nerve cells and the nerve fibers are wasted, and an increased amount of serous fluid exists in the ventricles and subarachnoid space. The abnormal adhesion of the dura mater to the cranium, the large pacchionian bodies, the opaque

arachnoid and the thickened pia mater, all testify to an exaggerated development of fibrous tissue. Occasionally hemorrhage within, or softening of the brain, consequent upon the distended state of the bloodvessels, is met with.

We have in the preceding well-known pathological alterations, induced by the continuous and intemperate use of alcoholic drinks, an explanation of the terrible effects of intemperance in filling our jails, prisons, hospitals, and insane asylums, with miserable, diseased, suffering, and incurable human beings.

4. THE CONSTITUTIONAL EFFECTS OF THE ACTION OF THE POISON OF SYPHILIS.

Insanity may result from the degeneration of the ganglionic cells and nerve tissues, and from the formation of gummatous tumors upon various portions of the cerebro-spinal nervous system, consequent upon the action of the poison of syphilis.

When constitutional syphilis affects the brain and nervous system, the mental symptoms that arise are found in the majority of cases to present marked similarity in their character. The mental disturbance is generally preceded by distressing sleeplessness, which is generally followed by increased depression of mind.

Religious anxiety of a peculiar hopeless character frequently shows itself. Exaggerated self-accusings are earnestly uttered by those who have previously been unusually callous as to the results of their actions. The feeling of alarm which accompanies these symptoms sometimes develops into a violent excitement, which may be called maniacal.

The development of gummatous products within the cranium is frequently evinced by symptoms similar to those of general paralysis; during the progress of the disease, attacks of acute delirium are not unusual. Sometimes extravagant delusions, such as are frequent in general paralysis, are exhibited. Very generally the progress of the disease is characterized by a general falling into dementia.

5. EPILEPSY: CONGENITAL, HEREDITARY AND ACQUIRED.

6. RELIGIOUS EXCITEMENT.

The contemplation of certain hypotheses and dogmas, held and vehemently urged from the pulpit, by some religious sects, have, without doubt, produced great excitement and alarm in the minds of persons of excitable and unstable nervous organization. The burning eloquence and moral pictures of the religious enthusiast and fanatic, and the horrible revelations of the melancholy and sinister imagination of Dante, have converted the souls of the unwary and timid into the abodes of terror and alarm.

Certain dogmas, often represented and illustrated by this fiery language, and by the subtle power of the painter's brush, as the fires and tortures of a burning hell, a veritable lake of fire, where fiery billows eternally wrap the bodies and souls of the damned, and whose shores forever resound with the piercing, truly hopeless shrieks of those inhabitants of this earth who have failed to enter heaven, on account of the commission of personal sins; a veritable living devil, ever on the alert to seduce and damn the souls of men, women and children, and drag the unwary down to everlasting confusion and suffering in the bottomless pit—the *unpardonable sin*—have for centuries terrified the weak and timid devotees of certain phases of religious belief into hopeless insanity.

The violent exercises of certain religious sects, during the performance of *so-called* religious exercises, such as shouting, hopping, jumping, dancing, *demoniacal "holy" laughing*, often induce epileptic seizures, and inaugurate such congestion and exhaustion of the nervous structures as induce religious melancholy and end in hopeless insanity.

The hallucinations which in the experience of the author exercise the greatest influence on the victims of insanity are:

1. *The firm belief by the victim that he is the slave and the abject subject of the devil.*

To all remonstrances the victim replies that he must obey his *master*, the *devil*.

I have observed and treated cases where the victim of religious melancholy and hallucination has for days and weeks refused all food, because *his master*, the *devil*, commanded him not to eat. In some cases, every agent and every effort to induce the patient to take food have failed, and death has resulted from starvation.

2. *The commission of the unpardonable sin.*

3. *The eternal damnation of the human soul; lost, lost, lost forever.*

In all cases of insanity resulting from religious excitement which I have examined from their inception, the following appears to be the order of symptoms:

(*a*) Congestion of the brain, with more or less fever.

(*b*) Increased rapidity of the circulation.

(*c*) Persistent sleeplessness.

(*d*) Intense acting of the ganglionic centers of the brain, and especially of those connected with the imagination.

(*e*) High-colored urine, with an increase of phosphoric acid.

(*f*) Foul breath, furred tongue, loss of appetite and derangement of digestion.

I have never observed a case of so-called *religious insanity*, which did not present marked physical derangements in addition to the mental phenomena—the physical disorders often preceding and dominating the mental aberrations.

7. POLITICAL EXCITEMENT AND CERTAIN POLITICAL AND RACE CHANGES, SUCH AS THOSE WROUGHT BY THE GREAT AMERICAN CIVIL WAR, 1861–1865.

8. PERSISTENT, DEEP-SEATED AND UNCONTROLLABLE GRIEF, CAUSED BY DOMESTIC AFFLICTIONS, LOSS OF PARENTS, CHILDREN, WIFE, HUSBAND, ETC.

9. DISAPPOINTED AFFECTIONS, DOMESTIC QUARRELS, WITH THE ATTENDANT EXISTING UNHAPPINESS, AND OFTTIMES MORAL DEGRADATION.

10. SUDDEN REVERSES IN BUSINESS, LOSS OF PROPERTY AND MONEY.

11. Melancholia following gynæcological operations on the female genital organs.

The effects upon the nervous system of the numerous abdominal sections and frequent ablations of the uterus and ovaries, have not been fully described, and are subjects for earnest and careful investigation.

12. Climacteric Changes.

13. Sunstroke.

14. Remittent fever.

15. Morphine, cocaine, opium, tobacco and other poisons.

16. The action of various poisons, as those of malaria, lead, mercury and arsenic.

It would be foreign to the purpose of the author to discuss the effects of race, occupation, climate, age, education, and many other subjects upon the production, increase or decrease of insanity.

THE TIME ELEMENT IN OFFICE PRACTICE.

By F. W. HIGGINS, M.D.,
CORTLAND, N. Y.

I WISH to present for your discussion this question —Is it desirable or practical to devote to an office patient more time than is usually done?

This is a very busy world and doctors are very busy men. Many do not find time to attend medical meetings. Very many are too busy to eat or to get a full quota of sleep. Most are too busy to take a vacation. Probably one half cannot attend church regularly. Medical journals lie unopened, and many new medical books are unread for want of time.

The typical successful physician is a man busy in a private office, with a score of patients in the waiting-room. Regard for their time as well as his own almost compels him to hurry through the examination necessary to a diagnosis, and limit the treatment to a swiftly written prescription. It seems almost absurd to ask such a man to give more time to each patient.

But, it cannot be doubted, that in the heart of this successful busy man there are regrets that more minutes or hours cannot be spent with some dubious case. Or with the physician who is not so driven, but who turns off his patients with the same dash and dispatch, there must remain a lingering doubt of his real usefulness to society.

There is a story in a late journal "that there was, some time ago, a doctor whose morning levees were crowded beyond description. It was his pride and boast that he could feel his patient's pulse, look at his tongue, probe at him with his stethoscope, write his prescription, pocket his fee, in a space of time varying from two to five minutes." One day an army man was shown into the consulting room and underwent what may be called the instantaneous process. When it was completed the patient shook hands heartily with the doctor and said: "I am especially glad to meet you, as I have often heard my father, Colonel Forester, speak of his old friend, Dr. S." "What!" exclaimed the doctor, "are you Dick Forester's son." "Most certainly I am." "My dear fellow, fling that infernal prescription into the fire, and sit down quietly and tell me what's the matter with you."

While the plea of want of time must, with some, excuse this haste in dealing with cases, and the eclat of this condign manner of disposing of a patient recommend it to others, there are manifest disadvantages in the weak diagnosis.

Glaring blunders are unavoidable. Enteritis has been called colic; a dark brunette, with dyspepsia, has been called a case of Addison's disease; a truss has been ordered for a testicle in the inguinal canal, and itch treated as urticaria, all from neglect to look for easily detected signs.

The uncertainty of the facts collected in this hasty way often renders the scientific value of cases reported almost valueless. If a practitioner acquires this habit he is not accustomed to give to himself or to others a reason for the hope that is within him. His opinions on the prognosis or proper treatment of a case are not so fixed in his own mind that he is prepared to follow them to the extremity.

When it is possible to give time to a case, the patient's complaint can be often traced back to an ulterior cause, the removal of which, alone, gives us control of the secondary affection for which our advice was sought.

A headache may be due to a retroverted uterus, the only avenue of permanent relief; a dyspnœa should not be prescribed for until anæmia, valvular disease of the heart, emphysema, Bright's disease, or some of the other known causes are discovered. But an answer to questions of this kind does not lie on the surface; the physician must take *time* to give a definite one.

Since we now-a-days believe in treating persons, not diseases, the previous history becomes almost a necessity to the proper management of the present condition. But this takes *time* to elicit. More than that, the influence of hereditary tendencies is so strong that the family history must be obtained before we are satisfied with our comprehension of the case in hand.

The temperament and idiosyncrasies of the patient are also matters to be taken into consideration. These should be even noted in our case-books, if we would exactly apply a remedy which must be used for a long time.

This poor case-book is one of the principal sufferers from the lack of time. Large gaps, or a history, symptoms, and diagnosis comprised in a single word, attest the desire to speed the parting to welcome the coming patient.

Physical signs being often so easily detected by an educated ear or hand are less often slighted than other necessary points. The waste of time appears most in getting the patient undressed and dressed again. In heart murmurs and lung râles, however, it is not the loud, easily detected, blowing sounds that have the most significance. It is the still, small voice.

There are many finer aids to diagnosis sadly neglected for want of time to apply them. Urine analysis, by some used daily, is by others a rare feat, and then limited to boiling it. Often we do not have time to bother with a microscope. We treat ears by

syringing with warm water and a blister, because it is too much trouble to throw the light into them with a forehead-mirror.

But now, when we have taken time to gather all the symptoms, signs and history of the case, when a diagnosis of the disease, or rather the diseased condition is clearly made out, there comes the greatest temptation to slur over our remaining duty. Our scientific zeal is satisfied by detecting the signs of disease. We yield to the paralyzing pessimistic therapeutics of the times, and allow the patient to go away with a prescription for any one of the familiar preparations, or mixtures, which happens to come first in mind. It is just at this point, after the diagnosis is made and before the prescription is written, that time in the treatment of office-cases is invaluable.

We all exclaim against the evils of routine practice. Nor are we, as family physicians, justified in treating series of similar cases with the same remedy simply for the sake of comparing results. Fortunately we have hospitals where salol may be given to one hundred cases of rheumatism while another hundred are confined to antipyrin; but we have no right to perform these admirable experiments upon our private patients.

If we take a fee of our office-patient we are morally bound to give him the best treatment possible in the present state of medical knowledge. But the field of medicine is so broad, diseased conditions are so varied and modified, remedies are so numerous, and their desired good effect so often counterbalanced by the harm they may do, when given continuously, and the reflexes upon distant organs, both of the disease and the proposed remedy, so complex, that no rule of thumb will answer. It is here that the nice adaptation of means to ends, the faculty we call judgment, demonstrates the reliable, successful physician; this is the faculty that determines the value of the physician to the community. These judgments and decisions are not always forthcoming on the instant. To be valuable they must be the result of calm deliberation.

In our own affairs of importance we take time for the mind to act, "to make up our minds," as the expression is. Carpenter was the first to explain clearly how, by what he terms unconscious cerebration, the mentality absorbs the facts presented, which are elaborated and assimilated in the dark chambers of the mind beyond our ken, from whence in due time flashes back to our consciousness the conclusion. It is conclusions crystallized in this natural way in the deep recesses of our own minds upon which we will stake our reputations, and, if necessary, our all. They are a part of ourselves. If suddenly formed, we call them instincts. If no step in their formation is discovered, we may call them inspirations. This faculty is the *spirit* in man; the ego, the divine.

An invalid is incapable of determining what shall be the course to pursue to bring *himself* back to health. All the conditions in his case must be apprehended by the trained mind of the physician whom he employs. It is the crucible of another's mentality upon which he must depend for that polished product of the soul we call a conclusion. Should not the muffle have ample time to heat in an analysis so important and complex?

There are emergencies where conclusions can and must be formed at once. But the *finished* production is by letting the mind dwell on the matter, viewing it on all sides, sleeping over it. There is a sort of clairvoyant condition, an abstracted state, when the mind acts untrammelled, if time be allowed.

The idea that a physician, alone of any trade or profession, is to know all he is ever to know about a case on the spur of the moment, is probably a relic of the old superstitions when he was a magician, a necromancer, and his black art was not subject to mortal limitations.

To us younger men the practical question is, will it pay to spend so much time with a patient?

The uniform scale of prices is a great hindrance to attempting more thorough work. If we have fixed our rates at fifty cents, or one dollar, for an office call, there is an almost irresistible tendency, when fifty cents' worth of our time is used up, to turn off the patient. The usual rates are so low that one feels compelled to attend to a number of patients each day in order to make the month's receipts anything respectable. Then, from the first, we naturally copy the methods of older men who feel compelled to give their advice without going into the minutiæ of all the complaints of their patients. They get to consider many of the troublesome things, bookish and unpractical. We turn off our few patients in the same style as they, and then spend the rest of the office hour in solitude. If a physician's fee were graduated somewhat like an architect's, or a lawyer's, or even a plumber's, or a shoemaker's, more and better work could be profitably done on a case. Why should a physician alone, of all the professions or trades, not receive pay according to the time spent? A watchmaker or mechanic expects so much an hour for his time. Why should we not receive the same for work just as necessary, important and skilful?

Since there are but twenty-four hours in a day, it is in cases requiring time that the younger physician has an immense advantage over his longer established confrére. While one may have more experience, more patients in the waiting-room, a longer ride, and is apparently in a fair way to control the market, there are many important, tedious cases that the young man with *time* is far better qualified to treat. Indeed, it is just at this point that the reputations of many have been made; their best work done.

The treatment of orchitis by strapping the testicle, of dilatation of the stomach by lavage, of otorrhœa by boracic insufflations, of gleet by bougies, of catarrh by *any* method, require patience and *time*.

As the clientéle of the physician increases it is possible that the quantity of work done will interfere with its quality. It *must*, unless time is still given to the patient.

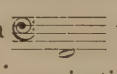
A dentist does not find it policy to put in a gold filling less carefully and thoroughly as his office fills with waiting customers, or they begin to tire and leave. It rather attaches us to our lawyer if we are told that he is very busy that day, but will see us tomorrow at three.

We now have a class of physicians called specialists, who do take all the time and pains necessary to cases in their particular line.

If a love of his profession, or what would seem sound business principles, compel the growing physician to still devote much time to each patient, he naturally becomes a specialist. He is necessarily a specialist, in fact, if not in name, in that branch to which most of his time has been devoted. If, in no other field, he becomes a specialist in that much neglected one of general practice.

A NEW NAME PROPOSED FOR THE VENTRICULAR BANDS.

By EPHRAIM CUTTER, M.D., LL.D.,
NEW YORK CITY.

IT is almost amusing to find out how little one knows, even after years of study, of a given subject. For example, the writer has studied his own larynx since 1862, inspecting his vocal bands, the ventricular bands, arytenoid cartilages, during phonation, cantation from to laughing, coughing, sneezing, respiration and deglutition, but it was not till 1884 that he had a clear idea of the function of the ventricular bands more commonly called "false vocal cords." To be sure he had traced the alarming, clangorous, peculiar cough in spasmodic croup (which is usually very alarming to all concerned) to be due to the thickening, probably almost œdematous condition of the ventricular bands. One case is particularly remembered of a young lady about eighteen years old who, apparently well, would at times exhibit this "croupal" cough. When this cough came on in school, it excited at first alarm in teachers and scholars all over the room. When the cough was produced under the laryngoscope, the contact of the ventricular bands was trifid, dividing the ventricular plane into three (3) equal parts like a circular disc cut into three equal portions. This was a unique curiosity, and seems to explain the peculiar tussive cough by the chronically swelled condition of the ventricular bands. The case should have taught that the ventricular bands are the chief physical agents in producing cough, by holding the breath back and fixing the diaphragm so that it presses the air forcibly against the closed ventricular bands, which, suddenly and instantly relaxed, allow the air to rush forth as if projected from a weapon, and thus the explosive sound is produced we call "cough," and the outgoing air expels whatever secretions may have been borne upward by the ciliæ of the bronchial and tracheal epithelia to where the air can reach. From this function in cough, the ventricular bands might be called cough bands or cords.

But their chief function in health is the holding of the breath. Prof. C. W. Emerson, Ph.D., principal of the Munroe School of Oratory, Boston, lately stated to his pupils "that for many years he had taught that the vocal cords were the chief agents in holding the breath and not the rigid setting of the abdominal muscular walls and diaphragm: that in normal breathing, the vocal bands close for an instant during expiration, and the action of the diaphragm and of the abdominal muscles thus arrested forces the inspired air into the apices of the lungs, expanding them in a normal manner and supplying fresh air, and that thus the full development of the upper chest was obtained and maintained in speaking and singing; that in unhealthy respiration the vocal cords did not close and hold in the air, and that hence flat, weak chests and weak voices were the natural consequences of the unresisted outgoing; that when he came across some articles on the subject,[1] he found it was not the vocal cords, but the ventricular bands that did this work of arrest." After this statement, the writer demonstrated on himself the fact that the ventricular bands close in order to hold the breath during phonation, etc., and that so far as can be seen the vocal bands have a rest during this function of holding the breath, which is of the greatest importance to speakers and singers who wish to do efficient work, and to bring the subject home to the medical man who reads a paper and to the audience who is listening to him.

In 1884, the writer appealed to the professional laryngologists to give a new name to the false vocal cords or ventricular bands, but as he has heard of no response to this appeal, he ventures now to suggest some names for approval—premising that the word "chords" or "cords" is not expressive enough of the situation—for to do so one has to imagine a cello D string, about one and one-quarter inches long, split longitudinally into two equal parts, a section of the end being a semi-circle; the rounded side of the string forming the bands and the squared side prolonged into the walls of the larynx. Imagine a cello string like this. How little music it would make. The fact is, the nearest analogy to the vocal bands is found in the lips of a player of a cornet, stretched over the embouchure of the mouthpiece; only the vocal bands are joined in front and opened behind, whilst the lips of the cornet player are joined at each side. The vocal bands are made tense by the stretching backwards of the arytenoid cartilages, etc., while the lips are stretched over the circular ring of the open mouthpiece. Players speak of "making a lip," but singers and speakers "make their glottis" instinctively.

The ventricular bands are illy named, because the ventricles they form with the vocal bands are accidental things and not important functions, of which we have spoken, to wit: the proper holding of the breath in respiration, phonation, cantation, sneezing, etc. Suppose we follow the nomenclature, vocal bands, then we might call the ventricular bands, (1) breath bands, (2) breath holders, (3) breath cords, (4) breath valves.

If, instead of the vocal bands for the true vocal cords, we say "voice bands," then the writer would prefer for the false vocal cords "breath bands," until some one else favors us with a better name. But as false vocal cords have gone, so shall ventricular bands

[1] (*a*) Gaillard's *Medical Journal*, October, 1884; (*b*) "Transactions Music Teachers' National Association" (America), 1887; (*c*) "Transactions International [illegible]gress," 1887, Vol. IV. pp. 101-111. (E. Cutt

go, as being inexpressive of the functions of the important mucous membrane, red-colored processes, or bands, that form the middle of the three valves of the larynx, to wit: (1) the epiglottis, (2) breath bands, (3) voice bands.

The closing of one after the other, beginning with valve three, Dr. Frederick Semeleder, now of Mexico, showed beautifully, in 1862, during the function of swallowing.

ACUTE CROUPOUS PNEUMONIA.

By E. B. CRONE, M.D.,
KERKHOVEN, MINN.

AT present I wish to report a series of forty-eight cases of acute croupous pneumonia. Beginning in November, 1888, there have been continuously cases of croupous pneumonia on my hands until June 1, 1889, and in the treatment of these cases there has been a splendid opportunity offered to test the different methods. My conclusions are that there is no specific for pneumonia, no one remedy that is safe to use alone, and that were I confined to one single remedy, it would be brandy. Brandy for the aged, brandy for the maiden, brandy for the baby. They will all take it; and nearly all get well in this climate. It is my impression that pneumonia in Minnesota is not as fatal and dangerous a disease as it is in the East; it has been my observation also that operations are more successful here than in the malarial districts of the Southeast. It is a rare thing for extensive suppuration to take place. I have had an amputation wound of the thigh unite without a drop of pus, and the patient discharged in fifteen days. It must be that the pure air, so heavily loaded with ozone, has a salutary influence on wounds and all kinds of "inflammations." In the forty-eight cases, I only lost two, both old men; one seventy-four and the other sixty-eight years of age. One of these I did not see until the fifth day, and in the other the fever had entirely subsided; but he died from exhaustion on the twentieth day of illness. In the first cases I used tincture of aconite, and antipyretic doses of quinine, with whiskey or brandy, at about the period of crisis. Some of my cases got very bad; if it had not been for the whiskey that I gave to counteract the damage done the heart by the aconite and quinine, the death list would have been large. I soon saw that aconite was an injury to my patients, and quinine also in large doses; then I tried antipyrin and antifebrin. Each case seemed to be slow to get up, and depressed. Wherever it was used it would lower the temperature, and give a deceptive appearance of crisis; then, in a few hours, the fever would rise higher than before and the patient become more agitated and nervous, and seem to have less resisting power. Those cases were among the slowest convalescents, so I discarded these drugs entirely in the treatment of pneumonia.

I used many different potions with negative results, but never failed to give brandy if the symptoms seemed bad; and in my last twenty-five cases my prescriptions would run like the following, quite in the stereotyped fashion: If called to the case with twenty-four hours after initial chill or stitch in the side, I would order:

Ammonii carb.	ʒjss.
Pot. citratis,	
Pot. nitratis	āā ʒiv.
Syr. tolu,	
Aquæ	āā ℥ij.

M.—Sig. One drachm every two hours the first day, and every three hours thereafter.

Morphine sulph., in one-eighth grain doses, was administered to give rest, and continued until about the fourth day. With a fever of 104 or more to begin with, by the fourth day it would not be over 102, and that is a safe temperature. Antifebrin had better be given to the dog than to the man now. On the fourth day I would change the recipe to about the following:

Ammonii carb.	ʒjss.
Tinct. cinchonæ comp.	℥j.
Spt. vini Gallici	℥xv.

M.—Sig. Mag. coch. every two hours; to be increased in quantity if a change in patient demanded it.

At this time I would also order two-grain doses of quinine every four hours, if the patient seemed weak and not standing the sickness well. About the time of crisis the heart failure was very prominent in some cases, and I would order the brandy mixture to be given every hour, and also strychnine sulph., gr. $\frac{1}{50}$, every three or four hours. Digitalis was used in the first of the series, but discontinued; it does not seem to be the proper heart stimulant. Whiskey and strychnine met the indications much better. When I was a student in the east my preceptor used to treat pneumonia with ergot, in some cases nothing but ergot, and it was astonishing how they died all around him; and they will die around any man that is looking for a specific for this disease. As for topical applications I tried poulticing, cotton wadding and the blister; but a short time ago I read in the proceedings of the New York Medical Society that a gentleman arose and read a paper on pneumonia, and therein stated that he could abort any case of pneumonia by the application of a blister to the side affected. I was astonished, for blisters are no new thing, they were used long ago, before he or I were born, and why has the disease been allowed to run and carry off the best of our race, if the application of a blister would abort it? The fact is it is not true. He overrated the usefulness of the blister in a manner that ought not to pass unnoticed; if there is a stitch in the side possibly the blister may give relief, but it is not sure, not near so positive as morphine. I tried the blister early and repeatedly, and it did not abort a single case. I am positive the statement the gentleman in Gotham made is incorrect. In cases of young children, I relied principally upon a wadded jacket, with an application twice daily of lin. tereben. and lini. ammon. to the chest, and after the seventh day, if the patient still had fever, my prescription would be:

Pot. iodidi	ʒii.
Ammon. iodide	ʒjss.
Ammon. carb.	ʒjss.
Tinct. sanguinariæ	ʒj.
Syr. pruni Virg.	℥iv.

M.—Sig. One drachm every two hours.

In some cases I gave also syr. ferri lodidi.

This would seem to hasten resolution, the brandy being continued until patient was able to sit up. Milk and egg flip, beef tea, gruel, anything and everything but heavy meats that we could get down were administered; the more the better, the more they took the less flesh they lost. This is about the treatment employed in the forty-eight cases, with a fatality of four per cent. in all kinds of unselected cases, and among these were several over sixty years of age, and many far out in the country, where daily visits were impossible. These are no new remedies that I suggest, but it is the proper application of remedies, the action of which is understood. In looking over the authorities in my library, Niemeyer, Bartholow, Eichhorst, Loomis, Pepper, Davis and others, I do not find the prescription for the early stages that I employ. Ammo. carb., they recommend, but in addition to that I add two valuable agents. At the beginning, when the fever runs high, there is almost a total suppression of urine, in some cases the system becoming overloaded with excrete materials that are normally washed away. The nerve cells and centers becoming burdened are irritated and various nervous phenomena appear, delirium, subsultus and the like. Now, my first prescription is the proper thing to wash those nerve centers clean, increase the quantity of urine, relieve the body of the substances that are poisonous. The temperature falls, the skin loses that hot, burning feeling, the mind becomes clear, and with the other remedies at crisis the patient is soon convalescent. On the other hand, bleed a patient into his own veins and weaken the heart, the same as aconite does, and you have all the conditions present to cause a fatal termination unless the attack is light or vitality great.

My paper is long, and I will not advance more reasons or theories for the use or disuse of other drugs, but the line of treatment above given is so satisfactory to me that I hope others may use it also.

Hydrotherapeutics.

By S. BARUCH M.D.
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

IV.

TECHNIQUE IN ACUTE DISEASES.

THE earliest application of water in the treatment of disease was in fevers. Simple ablution was in these primitive periods of medicine the method resorted to, and it stands to-day at the head of all hydriatic procedures in the initial stages of fever, independent of its course or type. The temperature of the water should be in accordance with the degree of temperature, elevation, and disturbance of comfort. Water at 60° F. is a safe average.

It is of the utmost importance in all fevers to begin treatment early, although it is impossible always to diagnose clearly the type of fever, the fact remains that the latter is a symptom, whose subdual contributes greatly to the diminution of danger, to the enhancement of comfort, and to the removal or prevention of local lesions. It is therefore incumbent upon the practitioner to resort to hydriatic treatment immediately upon being called to a case of pyrexia whose cause is not clear. If typhoid fever does not develop, the patient's comfort will be enhanced and his recovery from the less severe form of fever hastened; if it does develop, valuable time will be gained; sponging, as usually practised, is inefficient. While it somewhat refreshes the patient, the cooling effect is not maintained because the impression on the periphery is too evancescent. Ablution with the naked hand or with a small napkin combined with gentle friction is a better method, several folds of sheeting being placed upon the side of the bed opposite to that usually occupied by him. The patient is laid upon it, and each part of the body, with the exception of the feet, is successively dashed and bathed with water at 60°. If the temperature continues high after two days, the half bath is the next procedure. A bath-tub is placed near the bed, and filled with water at 65 to 70° for about ten inches. The patient, after bathing his face and head with ice-water, is seated in the bath and is now washed, under active friction, with the bath-water for fifteen minutes. During this time, every five minutes a basin of water at 60° F. is gently poured over his head and shoulders followed by friction with the open hand, dipped repeatedly in the bath water. A linen sheet having been spread upon the bed, the patient is laid upon it and wrapped in it from the neck to beyond the feet. If his reactive power is good, which may be readily discovered by the amount of hyperæmia of the surface which the hand friction has produced during the bath, the patient may be allowed to remain in the sheet and is covered with another, or with a thin blanket. If the reactive power is not good, he is rapidly dried with the sheet and covered with another, over which blankets are spread. The latter is rarely encountered in the early stage of fever. This bath may be repeated every five to six hours, so long as the temperature exceeds 103°. It may be continued for two days. If, on the fourth day, there is no abatement in the temperature, the full bath may be resorted to. We have shown by indisputable statistics that the full bath treatment, first suggested by Brand, has reduced the mortality from typhoid fever from 40 per cent. to 2 per cent. Never in the history of medicine have such extensive statistics been gather from such reliable sources. Figures often lie, but in this instance the source of the figures is so reliable and yet so varied that no judicial mind would refuse them credence.

Granting therefore that the method introduced by Brand is the ideal bath, followed by ideal success, the technique of this method becomes of immense import.

The modified baths above referred to will have prepared the patient for the adoption of the more strict measures. Ziemssen's graduated bath is another step in this gradual preparation. It is advisable until the diagnosis of typhoid fever is clear, when no deviation should be made from the strict Brand method. A tub is placed near the patient's bed and filled two-thirds with water at 95°. The patient being placed

in the water in the sitting or recumbent position, as may be indicated by his condition; cold water is gradually added, while he is being bathed with gentle friction, and the water is constantly agitated. Warm water is withdrawn and cold added until the bath water presents a temperature of 68° F. The duration of the bath should be half an hour; the first bath may be even as high as 75° F. Patient is then wrapped in a linen sheet, dried and covered, and a stimulant administered. This bath should be repeated, say every three hours, so long as the temperature reaches 103° F. It may be continued until the diagnosis of typhoid fever is clear. Now, the tub should be filled with water at 65° F., the patient's face, head and chest having been bathed with ice water, he is gently placed in the bath. Two attendants gently rub the surface with open hands, so that the superficial vessels become dilated. The patient remains in the bath fifteen minutes, or until decided chattering of the teeth indicates that the cooling process has proceeded far enough. Simple palla or small pulse, which may be due to contraction of the superficial vessels by the cold, should not deter the attendant from continuing the bath. The patient is now wrapped in a linen sheet. If his reactive power is good, as evidenced by a hyperæmic skin, he is allowed to dry in the sheet, if not he is dried, warm bottles are placed to his feet, the lower extremities are wrapped in blankets, and a stimulant is administered.

A compress of four thicknesses of old linen reaching from the axillæ to the pubis and covering the entire anterior portion of the body from the axillary line on one side to that on the other, is wrung out of water at 60° and laid singly upon the surface. This is renewed every ten or fifteen minutes.

After patient has been made comfortable, the temperature is taken in the mouth for the purpose of recording. If this be delayed long, sleep may ensue as a result of removal of the disturbing elements of pyrexia.

The bath is repeated, without reserve, every three hours, so long as the mouth temperature reaches 103° F. Natural sleep should not be disturbed, but stupor, listlessness and a dull sopor demand the repetition.

The water need be renewed only every twenty-four hours, unless it has been soiled by the patient.

The rationale of the bath treatment and several of its modifications in the complications of fever will be subjects of the next article. The reader may here be reminded that the chief merit of all hydriatic procedures lies in the fact that they are based upon rational, physiological data, whose delineation forms the most interesting feature of the teacher of hydrotherapeutics. Unfortunately this cannot be maintained of medicinal remedies, whose value, however, I am far from underrating.

INFANTILE CARDIAC HYPERTROPHY (Copland).—

℞.—Infusion of digitalis . . . . . 220 grs.
Nitrate of potash,
Syrup of orange flower . . . āā 8 grs.
Dilute prussic acid . . . . . gtts. 14.

M.—Sig. One teaspoonful every two hours (for a child of five years).

Revue de Thérapeutique.

The Polyclinic.

HYSTERO-EPILEPTIC ATTACK.

M., aged thirty, white, single, school teacher; decidedly neurotic type of constitution inherited from father. Ever since girlhood has been the victim of fainting spells and spasms. Health is otherwise generally good. Bowels, appetite, and menstruation regular. Suffers occasionally from headache. Uusually a drachm of the tincture of valerian has sufficed to break all former attacks of spasm, which were generally preceded by some physical or mental strain, quickly followed by more or less vertigo.

History of present attack: Menstruation occurred twice in the month, and both times was scanty and painful; walking had been indulged in to excess during the day of the attack, which occurred at 7 P.M. Dizziness and a dull headache. All of a sudden, while dressing for tea, patient was seized with general convulsions and clonic spasms over the whole body, accompanied with an intense throbbing pain in the head. As usual, the valerian was administered, without any effect. I was summoned about three-quarters of an hour after the attack began.

Patient was then trembling violently from head to foot, so much so that five or six persons were unsuccessful in their endeavors to hold her quiet. Every few minutes she would scream out and grasp her head, complaining of the intense pain. Consciousness was not entirely absent, though the mind was far from clear. The surface of the body and lower extremities were at first cold and cyanosed, afterwards warm and flushed. Slight opisthotonos was present. Eyes strongly turned inwards (internal strabismus). Hands clinched, and had to be held to prevent her seizing and tearing her hair. Teeth were strongly pressed together; mouth frothy; no biting of the tongue. Pupils could not be examined in the darkened room as carefully as was desired, and a light brought near the bed caused renewed excitement and terror. Pulse slow, full, and normal in beat. Temperature normal, as taken by the thermometer under the arm. No involuntary evacuations. Respiration slow and slightly labored, but very regular. Skin at first cool and clammy, then warm and ruddy.

At once administered a hypodermic of morphine (gr. ¼) in left arm, repeating the same in the right arm about twenty minutes later. Ice and iced cloths were applied to the head, and strong mustard applications were made to the soles of the feet. About a quarter of an hour after the second hypodermic, began giving 10 gr. of potas. bromid. in a little iced water every fifteen minutes. Room was kept as dark and still as possible. Pressure was made on certain of the nerve trunks, but without any perceptible effect.

In a short time the spasms and general convulsions became less violent, while the delirium increased. Every shadow and slight object in the room was taken for a "snake and his green eyes." Consciousness became a little clearer, but only during short, widely separated intervals. There would be a comparative calm for about five minutes, followed by a

sudden wild stare and a cry to take away the "snake" and remove the "worms" and "bugs" crawling on the bed and over the skin. Pulse grew slower and weaker; skin became hyperæsthetic, and there seemed to be considerable muscular soreness. Pain along the spine, and especially of the head, was complained of. The consciousness and delirium continued to rapidly alternate. The bromide was continued until nearly sixty grains were given. I then left the patient for three-quarters of an hour, as she seemed easier, though the tremblings continued vigorously. When I returned the tremblings were increasing and the delirium was still violent. Forty grains of the bromide were administered at once, the room made totally dark, and all attendants dismissed save one. The ice and counter-irritants continued as before. Some singing, as I requested, was started in the house, and the patient's attention being drawn to it from her own terrors, she fell into a short, quiet sleep of about twenty minutes. From this she awoke perfectly conscious, and inquired what had happened and where she was. Her whole manner and speech betokened that she was totally ignorant of what she had passed through. This was about an hour and a half after I had first seen her. Pulse and respiration were now slow, feeble, and regular. Tremblings still continued, but very much less marked in character. Exhaustion was great. As patient seemed inclined to sleep, she was left alone with a single attendant.

Called in the morning and found that the sleep had continued till 5 A.M., but not as profoundly as had been anticipated. Tremblings were now mainly confined to upper limbs, and were very slight, coming on only about every fifteen or twenty minutes. Just before daylight patient had urinated and taken a drachm of ol. ricini, as ordered. Pulse, temperature, and respiration about normal. Exhaustion great, muscular tenderness excessive, particularly about the arms; consciousness perfect, and all delirium absent.

Ordered to be taken every two hours:

℞.—Tr. belladonnæ . . . . . gtt. v.
Morphin. sulph. . . . . gr. 1-24
Aquæ . . . . . ʒj.

Absolute rest, plain, nutritious, chiefly milk, diet was ordered, with occasional cool sponging, if the last was not too disagreeable on account of tenderness, etc. In a few days patient was rapidly improving and sitting up, weakness and some soreness of the head being all that was complained of.—*Mettler.*

OBSTINATE EPISTAXIS.

R. S., aged twenty, came to see me with blood flowing from her nose so profusely that in five minutes her handkerchief was completely soaked. Her family history was good; she, herself, was of the hemorrhagic type, and had suffered frequently from nose-bleed, though not so severely nor for so long a time as this; menses, bowels, and appetite normal. The present attack began on a Monday, while the patient was engaged in washing. She had been under treatment with another physician, visiting him twice a day, to have her nostrils plugged and to take medicine, but the hemorrhage continued, the blood running forward over the lips and backward into the throat.

When I first saw her, the following Thursday afternoon, I tried douches of iced water and vinegar, iced salt water, tannic acid, boracic acid by insufflation, but without the desired result. I then dipped a piece of cotton in Monsel's solution and plugged it as far as possible into the nostrils. This checked it somewhat, but upon withdrawing the plug some time after there was a slight oozing of blood still. I then put some of the Monsel's solution in water (about ʒj to ℥iv) and sprayed it through an atomizer well into the nares. This stopped the hemorrhage completely, both backward and forward. This took about three-quarters of an hour. Soaking a large piece of raw cotton in the diluted Monsel's solution, I stuffed both nostrils with it; gave a prescription containing in each dose, ext. ergot, f℥jss, tr. aconit. rad., gtt. jss, syrup of ginger and water, to be taken every hour until two doses had been taken, and then once in four hours, telling the patient to return in evening if there were any signs of bleeding again.

Patient did not return until next morning, when I removed the cotton and found a very slight oozing of blood. Again, the diluted Monsel's solution was used through the atomizer, the nostrils stuffed with the soaked cotton, and the prescription continued every four hours. Patient complained of some weakness. Patient again called following morning, when I found that the hemorrhage had ceased entirely. I then syringed the nostrils with cold salt water, thus removing some of the larger clots which still remained in the upper nares. The ergot mixture was diminished in frequency and quantity, and the following powder ordered to be used by insufflation:

Acid. boracic, } p. e.
Pulv. amyli, }

More than five months after patient told me that she had up to that time no return of the hemorrhage.
—*Mettler.*

RED CROSS FIELD HOSPITAL, JOHNSTOWN.

SOME amusing cases that applied to "The Red Cross Doctor from Philadelphia" for treatment.

CASE I.—A man who had spent $500 in three years trying to get a pain in his back cured. The first doctor had started with a slight diuretic, and gone from that to a milk diet, blisters, and porous plasters. Finally, it had been agreed to apply the *hot* iron to his spine as a last resort; the flood, however, prevented that.

Raising the heel of one foot three-quarters of an inch higher than the other *made "a miraculous cure."*

CASE II.—An old man walked forty-five miles in from Bedford County to get a cure for his son, who had fits. On my telling him that I could do nothing without seeing the boy, he started home saying:

"He always did hear them hospital doctors was bent *on examining everything.*"

CASE III.—A man, one week after having two toes amputated, walked ten miles into town to ask if it had been "done right." He returned contented

home on my telling him that *it couldn't have been better.*

CASE IV.—A girl, nineteen years of age, who had been married four years, blushingly informed me that she had an "anterior retroflexion" of the uterus, consequently she was without children. She simply wanted some medicine to put her parts back in place. On my asking if her husband was a healthy man, she said "she couldn't see how that made any difference about her having children."

This being such a *serious* case, I thought best to call Dr. Biddle in consultation. She expressed such virtuous horrors at the mention of an examination that we put her on the heroic treatment of quinine sulph., one grain, in a glass of water at each meal, and succeeded in getting the uterus about twelve inches nearer its proper place. She feels confident now of raising a large family thanks to her books.

CASE V.—An attractive girl of twenty-three was sent to me as a possible case of diphtheria complicated with mumps. On being told that honest confession is good for the soul, she admitted that two years before a bad young man had taken advantage of her. Hydrarg. prot. iodi. gr. ¼, t. i. d. Result: Discharged in two weeks with good advice and box of pills, but *no* swelling in the neck.

A man asked me calmly if I had any fluid extract of peraxicum, as he was troubled with "a chronic torpidity of the liver," and feared he had "some hepatic bronchitis."

A Western Union lineman fell forty-five feet from a telegraph pole and came in to have me remove a splinter from his finger.—*Dr. H. A. Starkey.*

IS "HIGH" GAME POISONOUS?—The vitiated appetite which can only relish game when it has become "high," or in plain English putrid, is not likely ever to become popular. Poor people generally find it hard enough work to get ordinary meat, and have neither the means nor inclination to indulge in such a questionable luxury as "high" game. The question at the head of this paragraph, however, is one which affects rich and poor alike, to some extent, because stale and putrid meat of any kind is equally unwholesome. Dr. Lauder Brunton has been investigating the subject, and some of the results of his investigation are dealt with in an article in *The Hospital.* Dr. Brunton finds that when meat has become tainted there may always be found in it putrefaction microbes. These microbes, it is true, may be destroyed, and so rendered harmless by a sufficiently high temperature—that is to say, by a temperature sufficiently high to thoroughly cook the meat. That being so, the question arises how can the meat retain its poisonous qualities? The answer to this is that the microbe may not be the only cause of putrefaction, or even the direct cause of putrefaction at all, but if the microbe secretes a poisonous substance ten times more energetic in action than itself, and if this substance is of such a nature that heat does not destroy its deadly activity, the evil consequences of eating tainted meat will be the same whether the meat be cooked or not. Meat which has become tainted by the presence of putrefactive microbes may possibly be cooked sufficiently to destroy the microbes themselves, whilst the ferments they have formed continue to decompose the meat, and give rise to poisonous substances. That the action of the ferments are not destroyed by cooking is apparent from the fact that if such cooked game is kept uneaten for a short time decomposition is at once seen to be at work. Such being the case, the wonder is that poisoning by ptomaines—as the poisons generated by bacterial action are called—is not more common. Still, there is no doubt that the frequency of attacks of diarrhœa in summer time is largely due to this cause; and those who would avoid this malady will do well to eschew the use of "high" game or tainted meat of any kind.—*Globe.*

CONTIBUTION TO THE SURGERY OF THE ABDOMEN.—Dr. J. S. McArdle, of St. Vincent's Hospital, Dublin, describes an instrument consisting of a strong rubber balloon, a manometer, for determining the pressure used in distending the bowel, and a long connecting tube for attachment to the stomach or rectal tubes. For the purpose of inflation of either the stomach or intestines, pure hydrogen gas is employed with a pressure of from one-half to three pounds to the square inch. With this instrument he claims can be determined:

1. The position of stricture of the bowel.
2. The presence, and often the position, of perforation, ulcerative or traumatic..
3. The position of tumors, and their relation to the gut.
4. The condtion as to dilation, etc , of the stomach or intestines.
5. The position of the pylorus, and the amount of infiltration present, if any.
6. The fixity or mobility of any tumor of the stomach.

He illustrates his article by six cases occurring in his practice, in which he used the instrument as an aid in his diagnosis.

—Dublin *Journal of Med. Science*, August 1.

DR. WILLIAM C. WILE has discovered a new solvent for diphtheritic membrane in sulphocalcine. In the last number of the *New England Medical Monthly* he reports a grave case of diphtheria which was treated with the bichloride of mercury, one-twenty-fourth of a grain every three hours, brisk catharsis, and an hourly gargle of equal parts of sulphocalcine and water, with most favorable results. Injudiciousness on the part of the patient brought on what seemed to be a hopeless relapse, calling for a most unfavorable prognosis. The bichloride was increased to every two hours, and the membrane painted every fiifteen minutes with an undiluted sylution of sulphocalcine. The half-and-half gargle was continued every hour. The membrane commenced to fade, and in twenty-four hours scarcely a vestige remained. The recovery was slow and tedious, but complete.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Sept. 14, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

A. VAN DE VEER, Albany, N. Y.
A. R. BAKER, Cleveland, Ohio.
LEOPOLD, SERVAIS, Antwerp, Belgium,
ROSWELL PARK, Buffalo, N, Y.
AUGUST MARTIN, Berlin, Germany.
JOSEF KÖRÖSI, Buda-pesth, Hungary.
J. D. S. DAVIS, Birmingham, Ala.
GEORGES ASSAKY, Bucharest, Roumania.
J. A. S. GRANT BEY, Cairo, Egypt.
W. S. CHRISTOPHER, Cincinnati, Ohio.
J. J. MULHERON, Detroit, Mich.
T. D. CROTHERS, Hartford, Conn.
F. C. FERGUSON, Indianapolis, Ind.
WILLIAM MURRELL, London, England.
NICHOLAS SENN, Milwaukee, Wis.
J. LEWIS SMITH, New York.
MORRIS H. HENRY, New York.
HENRY C. COE, New York.
SIMON BARUCH, New York.
JOSEPH JONES, New Orleans, La.
E. P. HURD, Newburyport, Mass.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa
FRANCIS L. HAYNES, Los Angelos, Cal.
E. E. MONTGOMERY, Philadelphia, Pa.
W. H. PANCOAST, Philadelphia, Pa.
J. V. SHOEMAKER. Philadelphia, Pa.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
L. H. METTLER, Philadelphia, Pa.
HENRY LEFFMANN, Philadelphia, Pa,
LAWRENCE F. FLICK, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. M. ANDERS, Philadelphia, Pa.
W. B. ATKINSON, Philadelphia, Pa.
P. D. KEYSER, Philadelphia, Pa.
THOMAS LINN, Paris, France.
DUJARDIN-BEAUMETZ, Paris, France.
GEORGES APOSTOLI, Paris, France.
J. J. BERRY, Portsmouth, N. H.
W. F. HUTCHINSON, Providence, R. I.
C. A. BRYCE, Richmond, Va
I. N. LOVE, St. Louis, Mo.
W. B. GEIKIE, Toronto, Canada.
WILLIAM A. HAMMOND, Washington, D. C.
LUTHER SEXTON, Wesson. Miss.
R. A. KINLOCH, Charleston, S. C.
A. E. ROUSSEL, Philadelphia, Pa.
ERNEST LAPLACE, Philadelphia.

THE IMAGINATIVE FACULTY.

THE author of Barnaby Rudge makes old John Willet exclaim, as he glances over his shoulder into the bold face of that arch-rascal Hugh, "there is no imagination in his eye," meaning thereby that his countenance does not exhibit any particularly good qualities. Here we have an instance of the closeness with which Dickens read human character. Criminality and insanity are so nearly related, and the acts of the one are so similar to those of the other that it is ofttimes difficult for judge and jury to decide where one ends and the other begins. Sir Crichton Brown has declared in his address before the late meeting of the British Medical Association that no class of people exhibit a greater want of the imaginative faculty than the insane. Now and then a few cases believe themselves to be great personages or monsters of some sort, but the vast majority are mentally vacant, listless and inanimate. The imagination, when properly developed and exercised, is an evidence of sound mental condition. It is a kind of balance-wheel maintaining a wholesome equipoise between the crude sensations on the one hand and the rational faculty on the other. Its over-activity will lead to as disastrous results as its under-activity.

Modern medical thought, fostered to a great extent by the recent brilliant discoveries in the physiology of the nervous system, is tending too far toward crude materialism. Mental phenomena are somehow intimately associated with cerebral activity, but the latter is in no way a clear explanation of the former. There are some states of the mind for which all the motor and sensory functions of the brain afford no causal basis. There are some manifestations of mind, whose expressions are always from within outward, and which are not at all necessarily dependent upon any antecedent percepts. Such, for instance, is the imagination. But as we have just said that cerebral and mental activity travel *pari passu*, and are somehow intimately associated, it follows that imagination will be influenced by bodily states and *vice versa*. Hence every true physician is, and must be, more or less of a psychologist, when he attempts to solve for himself the full significance of the symptoms of disease. A similar inflammation in two persons will not produce exactly the same kind of a pain; if it did, we might be inclined to have a little more faith in some of the teachings of homœopathy. A physician must, therefore, train himself and instruct his patients to exercise as well as control such oft-neglected faculties of the mind as the imagination. We once made the statement to a popular lecture audience that much of the mental decay observed nowadays in overworked business men is not due to too much exercise of the brain but to a bad distribution of the various kinds of work imposed upon it. An accountant, for instance, may work never so hard as a scientist, but he sooner complains of mental exhaustion because he has exercised but one side of his brain power in the handling of figures, and has totally neglected the creative and imaginative faculties. Such a man needs not idle rest but change; he needs to continue the exercise of his intellect, but in other widely different lines of thought. The imaginary is one of these lines too much neglected in this practical money-seeking age.

Sir Crichton Brown has noted that most of the great discoveries, such as those of Harvey and Newton, have been made under the stimulus of the imagination. To perceive and then to form a theory which is subjected to the severest test is the method usually adopted by the greatest scientists. The forming of the theory is the work of the imaginative faculty aided by the reason.

Among the sick a vigorous imagination is a powerful factor towards bringing about a cure. Every practical physician knows how a hopeful state of mind, dependent upon the building of bright air-castles, or the reverse caused by mental visions of gloom and despair will affect the appropriate action of drugs. But even in health the imaginative faculty enters into the well-being of the individual to such an extent that by it alone the state of the constitution can almost be detected. The reading of fiction has increased marvellously these latter years. The sharp competition and nervous strain demand for their relaxation increased play of the imagination, hence art, poetry, and theatrical amusements are more popular than ever, as evinced by the attendance in the great art galleries and opera houses of the old world and of the new. The physician's life particularly needs relaxation of this sort, and the contributions of medical men to the departments of imaginative work have been considerable. We need but mention the names of Akenside, Blackmore, Goldsmith, Smollett, Erasmus Darwin, Crabbe, John Brown, Oliver Wendell Holmes, and our own Weir Mitchell. Keats was apprenticed to a surgeon at St. Thomas Hospital, and Shakespeare's knowledge of medical matters would naturally lead to the supposition that at one time he must have walked the sick-wards. Once Sir Richard Blackmore asked Sydenham what course of study he would recommend for a medical student. The latter replied: "Let him read 'Don Quixote,' it is a very good book; I read it still." Conolly, in his latter years, took renewed delight in "Gulliver's Travels." Many of the most distinguished and busy physicians of the day are habitual novel readers. One of the greatest of living surgeons declared that on his way to and from every serious operation he dipped into Shelley, while another betrayed a close study of Keats in one of his recent addresses.

Statistics have been collected from the great libraries to show that the maximum amount of light literary reading is done in March, about that time of the year when the maximum amount of nerve exhaustion begins to declare itself. In the fall, when people are fresh from the rest of their vacation, scientific and mathematical works are much more in demand. The book trade stands as a proof also of the same tendency on the part of the masses to turn to the works of imagination when they are wearied with toil and mental strain.

This appeal on behalf of the imaginative faculty is both timely and well founded. Coming from a man like Sir Crichton Brown, who has given more than ordinary study to mental diseases, it will doubtless attract special attention. We are aware that there are doctors who, automatic like, are carried from one patient to another merely to give a name to the disease, and then pour down the patient's throat their potions and pills; such men will decry theorizing and any exercise of the imaginative faculty. They are a class of men who only have a laugh for hysteria and a sneer for hypochondria. They can see no further than the ends of their own noses, and believe nothing but what they do see; yet when a Faraday, a Davy, a Darwin, or a Lister have been urged by their dreams and ambitious hopes to increase the happiness of humanity with their great discoveries, the faithless small men are the first to avail themselves of the new advantages. We need more theorizing, more exercise of the imagination in working out our medical problems; but all theories should be thoroughly tested before any thought is taken of putting them into practice. Whole libraries of reported facts and cases will be as nothing until some one uses them to prove a theory that he may have imagined. The older astronomers collected facts for centuries before Tycho Brahe began to prove by them some notions he had about the movements of the celestial bodies; and what he began to dream and see partially realized Kepler established completely. A wholesome development and exercise of the imagination is one of the best means of preserving the mental equilibrium, and accomplishing the greatest amount of intellectual work. In health and in disease, in toil and in recreation, the imagination is a faculty which, if weak, should be cultivated; if normally developed, should be trained and kept under control. The moral and physical tone, not only of individuals but of society, will be elevated and strengthened by the care of all the mental faculties, and in these grinding, busy days none is in such danger of being neglected to the detriment of the highest mental capabilities as the imaginative faculty.

THE ARMY MEDICAL CORPS.

WE are continually hearing of the overcrowded condition of the medical profession. There is undoubtedly much truth in the assertion, though it can be said of nearly all the professions, particularly in and about the great cities, where competition is so sharp and where every kind of calling is more or less overdone. Not often does a young practitioner without money and influence have an opportunity to display his knowledge and ability. A small minority may be so fortunate as to receive an appointment upon some hospital or dispensary staff, but this field, comparatively speaking, is very small. And though the schooling of the resident or assistant physician is a capital one, few are able to sustain the expense of such a life for a long stretch of time, as either no salary at all or merely a nominal one is paid in such positions. By far the

larger number of graduates either depend upon the support of their friends and relations or use what little savings they may have acquired during their business life before beginning the study of medicine. Others try it for a time, and though finding the profession to their tastes and desires, are nevertheless compelled to take down their signs, put away their diplomas, and seek a more immediate livelihood in some mercantile business. Occasionally a young man will start in the country or some village and succeed, while in a great city, surrounded by rivals older and better known than himself, he would have proved a dead failure. We are sorry to know that too many men rush into the study of medicine, hoping to find it a life of ease and large fortunes, without well weighing in their minds its hardships and privations. The habit, which is common among some, of keeping up a fine establishment, in spite of all hazards, is misleading to many a new recruit to the well-filled ranks of the profession. Someone once declared he knew of many a fine rig that carried a hungry doctor at racing speed to patients the number of whom could be represented by ten omitting the one.

Sometimes young men do fairly well by receiving a position as surgeon on some of the transatlantic steamers, but aside from the difficulty of obtaining a position for which the British graduates are preferred, the life is an idle one, and its practice rarely gets beyond the administration of a brisk purge for seasickness, biliousness, or headache. No ambitious man will be long contented with such a life.

The Army and Navy, on the other hand, are in need of bright, capable medical men, and afford a very fair opportunity for general practice. In certain respects the Army offers greater advantages than the Navy, and we have often wondered why it was that more men did not apply for it's positions. A comfortable salary is paid, followed by a pension when the incumbent is no longer able to fulfill his duties, and opportunity is afforded frequently for one who is so inclined to extend his sphere of activity in laboratory work and special lines of research. Certainly the inducement is strong for one to enter the Army as a surgeon, who is unable or does not care to pass through the tedious years of waiting for a general practice.

On another page will be found a notice issued from Washington by the Surgeon-General, stating that the Army Medical Board will be convened in New York City, October 1, 1889, to examine those who may present themselves with their invitations before it as candidates for appointment in the Medical Corps. There are nine vacancies to be filled in the grade of assistant surgeon. The necessary requirements are fully stated in the said notice, and all further information may be obtained by addressing the Surgeon-General U. S. Army, Washington, D. C.

THE colleges are reopening and clinical material will be more plentiful.

HYPERIDROSIS OF THE FEET.

THIS affection, though apparently trivial, gives rise to great discomfort to the affected individual as well as to those who are in immediate contact with him, and not infrequently it has proved to needy persons an obstacle to obtaining employment.

Many years ago, Hebra taught that the emplast diachyli was a specific for this ailment. But this remedy has not borne out the author's views, for since his time numerous washes and powders have been brought forward, and to-day a quack remedy is advertised in the German medical journals as a "liquor antihidrorrhoicus."

The Germans seem at last to have discovered a valuable remedy in solution of chromic acid. Though inclined to a therapeutic inhibition, the German physicians now and then bring forward statistical evidences of the results of treatment whose large and carefully gathered data disarm skepticism at once. In the Prussian Army the sweating of feet has become a great nuisance, to whose abatement the medical staff has long devoted its best energies with more or less success. Recent reports to the Medical Department of the War Office, present the results of the application of a 5 to 10 per cent. solution of chromic acid in 18,000 cases. A complete cure was effected in 42 per cent.; an improvement in 50 per cent.; and in 8 per cent. failure is recorded.

A large proportion of the Army surgeons regard the solution of chromic acid as the most rapidly acting and effective remedy; others regard it as at least equal to the salicylic preparation. The marching capacity of men suffering from sweating feet was considerably increased.

The remedy is easily applied; it is cheap and cleanly; it is harmless if the precaution be taken to heal abrasions or wounds before applying it, and if the latter is done by the physician or under his supervision. The feet should be thoroughly bathed and dried before retiring; the soles and interspaces between the toes should be penciled with a brush several times in succession, and in eight or ten days the painting should be repeated.

ONE of the valued members of our Association, Dr. W. F. Hutchinson, of Providence, R. I., has just accepted the chair of electro-therapeutics in the University of New Hampshire. The importance in which this specialty is held is indicated by the fact that a full chair is assigned to it and not an assistant or adjunct. It is believed that this is the first full chair on electro-therapeutics as yet created. Dr. Hutchinson is the author of a very useful manual upon electro-therapeutics, which has been so well received by the profession that a second edition is now being prepared. If the graceful address made by Dr. Hutchinson, at the banquet of the American Medical Editors Association, be a sample of his qualities as a lecturer, he will be an acquisition to the teaching force of the University.

Annotations.

UTERINE MYOMA.

DR. TAIT, in a clinical lecture, strongly advocates the treatment of uterine myoma by removal of the uterine appendages as opposed to hysterectomy or intra-uterine electrolysis. "Myoma," he says, "is a disease of menstruation, and upon the arrest of menstruation only does its cure seem to depend, whether by nature's own efforts or by an imitation of them. Removal of the appendages is a scientific proceeding for the imitation of nature's own method. Hysterectomy is a coarser and much more dangerous method of accomplishing the same ideal." He firmly believes that many cases which are lost would have been saved had it not been for an improper delay in the performance of the operation.

—*British Med. Journal.*

LEPROSY.

A SUMMARY of the cases of leprosy occurring in the Hospital of San Lazaro, in Lisbon, during the two years, 1866–67, is presented by Dr. Donnet. Two types are described, lepra anæsthetica and lepra tuberculosa. The former is characterized by a greater loss of anæsthesia, a contraction and loss of fingers and toes, and an atrophy of the muscles of both hands and feet; the latter by a generation of successive tubercular growths over a part or whole of the body, a corrugated and thickened state of the skin, and a loss of the hair of the head and of other parts of the body, the distinguishing difference between the two being due to the choice of place of the deposited lymphoid matter.—*British Med. Journal.*

THE DISPENSARY NUISANCE.

THE *British Medical Journal* has for some time been giving considerable space to contributions on the Abuse of Hospitals, the same subject in meaning, and an attempt is making to stir up such feeling in the matter that some radical move will be made.

We have called attention to this nuisance before, and wish that the profession in our large cities could be sufficiently aroused to the importance of this evil to take concerted action for its repression.

The receipt of needless charity is apt to lower the moral tone of the recipient, and thus an injury is worked both to the individual and to the community. In some of the English hospitals they are now making inquiries into the financial condition of would-be patients. Would it not be well for us to do likewise?

Free dispensaries are so plentiful that they almost bid for patients, and they are attended, in great measure, perhaps mainly, not by those who are unable to pay, but by those who do not choose to pay for what they might get for nothing; at least if dress is any criterion. These dispensaries do not particularly affect the more prominent physicians, their patients are usually of too high a class to accept gratuitous treatment, but the ill results fall on the ordinary doctors; those who treat the masses.

ANTACIDS.

AN estimate of the relative antacid potency of the various articles in common use, as *gastric antacids*, may be obtained from an inspection of the following table taken from the address delivered by Sir William Roberts, M.D., F.R.S., at the opening of the Section of Pharmacology and Therapeutics at the annual meeting of the British Medical Association held in Leeds during the last month. Ten grains of the bicarbonate of soda are taken as a standard antacid dose, and the quantities given of the other articles correspond in saturating value to this standard dose. The results were obtained by direct alkalimetrical determinations, and are here shown in round numbers:

TABLE OF ANTACID EQUIVALENTS.

10 grs.	sod.	bicarb.	=	12 grs. pot. bicarb.
"	"	"	=	6 " creta precipit.
"	"	"	=	6 " carb. magnesia.
"	"	"	=	3 " calcined magnesia.
"	"	"	=	6 fluidounces lime water.
"	"	"	=	2 fluidrachms liq. potas.
"	"	"	=	1 bismuth lozenge, B. P.
"	"	"	=	2½ Wyeth's soda-mint tab.
"	"	"	=	5 vichy lozenges.

In speaking of *renal antacids*, the lecturer goes on to say, that "the essential thing in the prophylactic treatment of uric acid gravel is to guard the urine from precipitating within the precincts of the kidney. And we shall practically have attained our object if we succeed, not in altogether presenting precipitation, but in postponing it until the urine have quitted the kidneys. A postponement for a short time, even half an hour, may make all the differeuce between a precipitation which is fraught with pain and peril, and a precipitation which is practically harmless. Now, the protective effect of the antacid extends in this respect a good deal beyond the point at which the urine is rendered actually alkaline. For although all acid urines of medium density precipitate uric acid sooner or later, the time of the occurrence of that precipitation is immensely influenced by the degrees of acidity of the urine. Other things being equal, the more acid the urine the earlier is the precipitation, and the less acid the urine the longer is the precipitation postponed. An antacid effect, therefore, which is too feeble to render the urine actually alkaline, may be quite sufficient to depress its acidity to such a degree as shall postpone the time of precipitation until the urine has escaped from the kidneys, and even from the bladder."

—*British Med. Journal.*

REALISM IN ART.

HARPER'S WEEKLY, some time since, had a touching illustration of a visit by a Board of Health's physician to a poor family in a New York tenement house. But there is lacking at least one appurtenance to an examination of that kind, which even the fertile imagination of the artist did not conceive of, else the children in New York tenement houses are vastly cleaner than they are here. In the picture the doctor has his classic cheek close to the baby's naked breast; in reality he probably had a towel interposed.

DR. CUREALL.

THIS is the title, so the daily press informs us, of an automatic figure, or machine, another adaptation of the drop-a-nickel-in-the-slot craze. The "doctor" is provided with a plenteous number of small drawers or doors, situated over various anatomical regions. The plan is this: A man has an attack of colic—all doubled up; he drops the required coin in the proper slot, and there is pushed out to him a box of pills for the umbilical region. To be sure, pains may come in that vicinity from more causes than one, but what do you want for five cents—the earth?

Doubtless most people will smile in derision at the absurd pretensions of Dr. Cureall, but, indeed, this mechanical individual, with his regional pellets, is probably more likely to benefit the suffering patient than are the thousand and one patent abominations, each of which is a panacea, and of which thousands of gallons are yearly guzzled by an intelligent public.

SLIGHTLY SWEEPING.

THE medical profession is accustomed to periodical outbursts of indignation against the experiments made on various animals by eminent men of times both past and present. It is a perennial subject, to be used when interesting ephemeral topics are lacking.

One would not expect, however, to find as absurdly sweeping a statement as the following, made by so clever a man as the English writer, James Payn, in the London *Illustrated News*. He is commenting on the Brown-Séquard matter, and seems to labor under the delusion that the "elixir" is taken brutally from living animals. At any rate, he disposes of this distinguished physiologist, *et hoc genus omne*, by one of his carelessly sweeping statements: "As a matter of fact, they benefit nobody; unlike those military adventurers, who wade through slaughter to a throne, they carry on their filthy and cruel experiments, only to become quacks at last."

TOO CAREFUL.

THERE is a possibility of being dangerously careful of one's ease. This is illustrated by the late incident in a Bath, Me., restaurant, where the boarders, fearing that the disease with which a waitress was affected might lead to some unpleasant quarantine if a physician were called, objected to having one.

The waitress got well and resumed her work, at the same time disseminating among the one hundred and thirty-five boarders the exfoliations from a case of scarlet fever.

Should a similar occurrence ever take place, those boarders will be likely to look at least an inch or two beyond their noses.

ANOTHER case of death has occurred from the suspension treatment of locomotor ataxy—this time from Italy. The case, which occurred in the clinique of Prof. E. Galvagni, of Modena, is fully reported by Dr. Borsari in the *Riforma Medica* of July 18 and 18.

—*Medical Recorder.*

Letters to the Editor.

ACETANILIDE IN RHEUMATISM.

THE following personal experience may prove of service: May 12 I was attacked, after being up all night and getting chilled, with a stiffness in the torsal bones of both feet, which passed off after exercising. The next morning it was the same, and the next. It gradually passed off, and on the 18th I went "a fishing," tramped all day, but did not get my feet wet. Ditto the 19th. On the morning of the 20th, however, I found I was in for an attack of subacute rheumatism. The temperature and pulse were not high, 101° and 110 respectively. Joints of feet moderately swollen, and exquisitely painful and tender to the touch. The affection shifted from one joint, or set of joints, to another about once every twenty-four hours.

Salicylic acid and salicylate of soda were used faithfully, but without benefit, until finally my stomach rejected them. I received no benefit from either cimicifuga, bryonia, colchicum, or opium, this last giving me a distressing cramping pain in the stomach. Finally, I began taking five grains of antifebrin (acetanilide) every two hours, with the idea of getting some relief from the pain.

It did ease my pain, reduced my fever, and cured my rheumatism, so that three weeks from taking to the bed, and five days from the first dose of the remedy, I was able to go out. I have since attended to my practice, and although I have been caught out in a rainstorm once or twice, have had no return save some soreness and stiffness at night and in the morning, which a few doses of antifebrin (five grains) soon relieves.

Of course, I did not continue taking the five grains every two hours, but for a couple of days after that I widened the interval with every dose, until I was only using one dose a day.

Like every remedy powerful for good, it may also prove powerful for evil if misused, and I think it would be better not to give it at all to children until better known and understood. Where an antipyretic is required for a child under ten years of age I give antipyrin, which works well in doses of one-half grain at one year up to from two to three at ten years. In fact, it may be adopted as a general rule of dosage with both adults and children. "Don't give large doses; give small doses, and often."

I have treated quite a large number of cases of follicular tonsillitis this summer, and have met with unusually good results from the following course of treatment: If seen soon enough, say within thirty-six hours from the first soreness of the throat, tr. guaiac gtt. xx, every hour or two, in milk. It will usually cut short the attack. If the guaiac is insufficient, if not seen within the prescribed time, or if the patient is a child, I use hydrarg. biniod. in one-one-hundredth-of-a-grain doses every hour. Fraser's tablets, or a trituration with sugar and milk, is a convenient way of administering the medicine. It is a pleasant and sure method of treatment, and the little folks like their medicine.

If I find ulceration or patches of membrane on the tonsils, I use the corrosive sublimate in hundredth-grain doses hourly, finely powdered boracic acid in alternation with iron and glycerin, locally, and plenty of milk punch. If genuine diphtheria occurs, add the lime-water spray with oil encalyptus to the above, and you will meet with more than the average amount of success. WM. C. WOOD, M.D.

GLOVERSVILLE, N. Y.

PRECAUTIONS IN VACCINATING.

ORDINARILY in vaccinating from arm to arm the physician inquires into the health and parentage of the child from whom he takes the pus. This has not been my custom. I vaccinated here some years for the city, having brought to me every Saturday what new subject the police could find, together with the children vaccinated the Saturday previous. In selecting pus from the arms presented I made no inquiry into the health or history of the child, but directed my attention solely to the character of the sore. If it were a typical vaccine pustule I did not hesitate to inoculate from it, however tainted the child might be. On the other hand, I would refuse pus from a child both healthy and of healthy parentage if the sore were at all abnormal in appearance. In this way I vaccinated through several seasons without getting a bad arm and with the best preventive results. Smallpox has repeatedly devastated neighboring haciendas, and villages where vaccination is not practised, but though sporadic cases have occurred here, the disease, for want of subjects, has never become epidemic.

The immunity from bad sores is the more striking, in view of the fact that the majority of Mexican children of the lower class have marked hereditary taints.

I think that bad results from using human virus have been due to the error in attending to the health of the person instead of the health of the pustule. If we plant melons and gourds in the same patch, and continue to plant, using seed from the melon vines without attending to the character of the fruit, in course of time we will get nothing but hybrids. But if we select seed always from melons of the best quality, we can, for an indefinite time, reproduce superior fruit, even under such adverse circumstances. Similarly, if we select virus only from large typical pustules, we can vaccinate indefinitely from arm to arm with good preventive, and without fear of septic results. CHAS. FARVER.

SANTA ROSALIA, MEXICO.

Book Reviews.

OUTLINES OF THE CLINICAL CHEMISTRY OF URINE. By C. A. MACMUNN, M.A., M.D. (Dublin), with sixty-four woodcuts and plate of spectra. Cloth, pp. 254. Philadelphia: P. Blakiston, Son & Co., 1889.

This is a commendable book upon urinary analysis, and though the literature upon this subject is becoming rapidly voluminous, each new work presents some advantages beside its faults over all that has been issued before. The author makes free use of the larger authorities, and where there is more than one view to be taken in regard to the question in hand, he presents each side and leaves the reader to judge largely for himself. The arrangement of the matter is almost identical with that of Tyson's "Practical Examination of Urine," though its style is rather more attractive and elegant. Part I is devoted to the normal urine, its secretion, and constituents, and methods for examining the same. The testing for urohæmatoporphyrin, a pigment discovered and named by the author, receives considerable space, as would naturally be expected. Part II contains an account of the tests for the abnormal constituents of the urine. The timeliness of the work is well shown in the introduction of the latest tests for sugar by phenyl-hydrazine and safranine. Part III is a fairly illustrated section upon urinary deposits and calculi. Two appendices are added, the first containg a list of reagents and apparatus needful, and the second the explanation of some terms used in volumetric analysis, tubes, etc. The chief faults that we have to find are simply that the table of spectra is not colored and that a little more space has not been given to the principle diseases in which the tests for abnormal constituents in the urine are to be made. It is time now that a chemical work upon urinary analysis to be of special practical value should be made a part of a larger work upon general diseases; unless it is so its chief value is for the chemist and laboratory specialist only.

ON DISORDERED DIGESTION AND DYSPEPSIA. By FRANK WOODBURY, A.M., M.D., Fellow of the College of Physicians of Philadelphia, Honorary Professor of Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc. Price in paper 25 cents, in cloth 50 cents, pp. 82. Detroit: George S. Davis, 1889.

This is one of the numbers of that excellent series of medical monographs known as the Physicians' Leisure Library. The author has made a close study of digestion and its disorders. From the results of his own experiments and an extensive survey of the literature of the subject, he is in a position to assert that which is well founded and practically useful. The introduction devoted to a general exposé of the subject of digestion is followed by a highly interesting section in digestion and its disorders in man. The attention given to the rôle of microörganisms in the alimentary canal under different conditions shows that the writer is abreast of the times, and recognizes without being betrayed by mere theory the value of the recent advances made in our knowledge of the chemistry of the digestive process. Symptoms and forms of dyspepsia, and the treatment of dyspepsia, are the two succeeding sections. The last section on dietetic hints for dyspepsia will be found especially practical. The formulæ and differential diagnostic tables add very materially to the usefulness of the book.

DR. JOHN T. BANKS, of Dublin, has just received the KnightCommandership of the Bath, Civil Division, and will hereafter be known as Sir John Banks, K.C.B.

Pamphlets.

Fifteen Cases of Hydrothorax. Fifth Series. By F. Peyre Porcher, M.D., Professor of Mathematics, Medicine, and Therapeutics, Medical College State of South Carolina. From "Transactions South Carolina Medical Association," May, 1889. Reprinted from the New Orleans *Med. and Surg. Jour.*, June, 1889.

In the preceding series of cases of hydrothorax the author restricted himself to the consideration of those in which paracentesis of the pleural cavity, the lungs, or the pericardial sac was employed. In the present series of cases he undertakes to demonstrate the unsuspected frequency of pleurisies, with effusion in this country. The paper is practical and highly interesting.

Year-Book, Grant Memorial and Chattanooga Universities, 1888–89. Announcement of U. S. Grant University for 1889–1890.

Annual Calandar, McGill University, Fifty-seventh Session, 1889–90. Montreal, Printed for the University, 1889.

Annual Announcement of Trinity Medical College, Toronto. Session of 1889–90. James Murray & Co., Toronto, 1889.

Annual Report of the Health Commissioner for the Fiscal Year Ending April 8, 1889. Nixon-Jones Printing Co., St. Louis, 1889.

The Medical Digest.

Ozæna Vera.—Ozæna vera has nothing in common with syphilis, tuberculosis, etc.; but, on the contrary, generally develops from a simple chronic catarrh, more frequently in young persons and in women. An examination of the nose in these cases reveals a peculiar atrophic condition of the mucous membrane, which is pale, thin, and shining, and of tendinous appearance, instead of bluish-red and velvety. Discolored, greenish, glutinous crusts and scabs of penetrating fætor adhere to the conchæ, which form only small flat plates. All this tends to make the nasal cavity appear more roomy than normal. Some look upon fatty degeneration of the tubercular and acinous glands as the cause of this condition. In all such cases the ciliated epithelium of the nose becomes changed into pavement epithelium; in other words, it becomes "epidermoidized," and the throwing off of the superfluous and softened pavement epithelium gives rise to the well-known foul odor.—*Volkmann's Klin. Vorträge*, 340.—*Journal of the Respiratory Organs.*

Pilocarpine in the Convulsive Attacks of Hystero-epilepsy and Maniacal Excitement.—In the *Journal of Nervous and Mental Diseases*, Dr. Samuel B. Lyon reports the case of a married woman, aged thirty, in whom the convulsive seizure had the characteristics of hystero-epileptic attacks, who was relieved by a hypodermic injection of one-eighth grain of muriate of pilocarpine over the left ovary. Her temperature, which had been 103⅖°, fell to 101⅕°. The convulsive movement ceased, consciousness gradually returned, and a quiet sleep followed. In this case inhalations of amyl nitrite and ether had only temporarily quieted the spasmodic condition.

—*Therapeutic Gazette.*

A Case of Bronchial Calculus.—Dr. Pasquale Moscato relates (*Gazzetta degli Ospitali*, July 31, 1889) a case in which calculi were coughed up, not from the lungs, but from the bronchial tubes. The patient, a healthy woman, aged thirty, with an excellent family history, during her first pregnancy suffered from dyspnœa and cough, and the sputa were streaked with blood. These symptoms disappeared after delivery, but four years later, the patient being again pregnant, they returned; this time a calculus of about the size of a small shot, yellowish-white in color, and flattened in shape, was expelled in coughing. A second calculus was expectorated in the following year, when the patient was not pregnant, and a third the year after (1885) in the first months of another pregnancy. During 1886 there was no repetition of the occurrence, and the woman remained perfectly well, with the exception of slight bronchial catarrh. In April, 1887, and May, 1888, two other calculi were expelled. On each occasion the event occurred in the course of bronchial catarrh, and was preceded by pain in the left lung, especially severe in the supra-cardiac region. After the expulsion of the calculus this pain gradually disappeared. The calculus expelled in May, 1888, was larger than the previous ones, and of irregular shape, with branch-like processes. The woman suffered at the time from fever of intermittent type, and the bronchial catarrh was accompanied by hæmoptysis. On auscultation, both pulmonary apices seemed to be quite healthy, and there was no dulness over the area of either lung. On the left side, outside the mammary region, crepitant râles were audible, but there was absolutely no physical sign of a cavity. Dr. Moscato believes that the expectorated substances are genuine calculi, not pellets of inspissated mucus, or calcareous concretions. They were analyzed by Dr. Russo Giliberti, Professor of Pathology in the University of Palermo, and found to contain traces of albuminoid material, with chloride of lime, chloride of sodium, and chloride of magnesium. Neither uric acid nor oxalate of lime was present, nor were there any carbonates, phosphates, or sulphates. The absence of oxalate of lime differentiated the calculi in this case from those occasionally expelled by patients suffering from asthma. Dr. Moscato thinks the absence of fever and of all physical signs pointing to disease of the lung, together with the small quantity of blood expectorated, negatives the possibility of the calculi having come from the lungs. He maintains that they probably originated in the bronchial mucous membrane, as they are known to do in tne lingual, salivary, and other glands, and that the streaks of blood in the sputa were due to the detachment of the calculi. Dr. Moscato believes his case to be unique in medical literature up to the present.

—London *Medical Recorder.*

Infantile Phthisis (Ellis).—

℞.—Lime water . . . . . 2 to 8 grs.
Cod-liver oil . . . . . 2 to 8 grs.
Iodide of potassium . . . . . 2 to 0 gr. 10.
M.—Sig. Two or three times a day.

HYDROTHERAPEUTICS FOR DYSPEPSIA.—Dr. Chas. Kevin, in a paper read before the Ulster Medical Society, says he has tried about a dozen cases of painful dyspepsia with what is called the "hot pad" and "binder." It is made up of three parts—a pad (fourply of swansdown) about twelve inches by six inches; a roller two yards long, half swansdown and the other half mackintosh cloth; and one and one-half yards of a flannel binder. The pad is put into boiling water and wrung out. It is then put over the abdomen at bedtime, covered with the cotton and waterproof binder; and over all the flannel binder is placed. In the morning all is removed, the abdomen is sponged with cold water and rubbed with a rough towel, the flannel binder is then put on and worn throughout the day. Where much pain is complained of, the whole apparatus may be worn constantly. He thinks the beneficial effects are due to the fact that more blood is brought to the parts requiring it; spasm is relieved, and support is given to the abdominal muscles. He finds in cases where he has ordered it that it relieves flatulency, pain, constipation, and distension. It is also useful in insomnia, and cleans the tongue when it is coated.

—*Dub. Journ. of Med. Sciences—The Practitioner.*

ON CREOLINE IN DYSENTERY.—N. P. Sossowsky (*Vratsch*, No. 14, 1889) used in sixteen cases of dysentery clysters of a solution of ½ per cent. of creoline. The clyster (from 2 to 3 and even 3½ litres), was generally given twice a day, sometime three and even four times. No disagreeable secondary symptoms. The patients did not complain of either smarting or abdominal pain. The results obtained were as follows: In two cases the disease was broken up after two injections; in nine cases the bloody stools disappeared on the third day, in two on the fifth, in one on the sixth, and in another on the ninth. In the last case the appearance of putrid matter in the stools was not checked, but the patient recovered nevertheless. Not one of these patients died, although there were a great many cases with fatal termination reported in the city. From these observations the author draws the following conclusions:

1. Clysters of a ½ per cent. solution of creoline possesses antiseptic qualities and seem to be less dangerous and toxic than the clysters of sublimate or phenol.

2. Clysters of creoline check the blood without irritating the intestinal channels.

3. Cases acute from the beginning, with frequent tenesmus and copious bloody stools, take a more favorable course and are cured more rapidly than cases insidious at the beginning, characterized by catarrhal stools.

4. In cases where the creoline clysters do not stop the development of the intestinal catarrh, clysters of tepid water and subsequently of a solution of acetate of lead, ½ per cent., or of tannin of 1–2 per cent., should be prescribed; at the same time a decoction of the bark of quinquina should be taken internally with sulphate of soda.

The author has successfully used the same treatment in two children, one eleven and the other nine months old. Dr. Kolokoloff has prescribed creoline clysters (1 per cent.) in twelve cases of dysentery; all the patients recovered without showing at any time alarming secondary symptoms.—*Les Nouveaux Rèmedes*, No. 11, 1889.—*Journal of Med. Asso.*

HYSTERECTOMY FOR FIBROIDS IN VIENNA.—Prof. Albert has published, in the *Wiener Med. Wochenschrift*, II, 1889, a paper on ten successful cases of abdominal section for myoma of the uterus. In all, the extra-peritoneal method of treating the stump was adopted. The elastic ligature was used in order to prevent hemorrhage during the enucleation of the fibroid and the amputation of the uterus, the stump being fixed with pins. In fact, the operation was performed in the manner practised by Drs. Keith and Bantock in this country. In one case an abscess in Douglas's pouch was laid open during the operation. The abscess was drained through the posterior vaginal fornix, the tube being removed on the fourteenth day. In another, Prof. Albert found a pancreatic cyst in close proximity to the uterine myoma, which was very large, and removed both. This remarkable case will, the author informed his readers, be published in full. In one (and apparently in only one) of the ten cases a myoma had to be shelled out of the hyoid ligament. The posterior layer of the ligament was sewn to the abdominal incision, and the cavity left between the layers was stuffed with iodoform gauze. Prof. Albert rejected the use of sponges for cleaning the peritoneum, and attributed his success in no small degree to this new departure. Our readers are aware that Dr. Keith, a successful operator, published a paper in the Journal of June 8, wherein he advocated electricity as a safer and more justifiable proceeding in cases of fibroid than hysterectomy. Opinion is still much divided on this question.

—*British Med. Journal.*

LABOR COMPLICATED BY THE ADMINISTRATION OF ONE-FIFTH OF A GRAIN OF STRYCHNINE.—Avrard (*Bulletin de la Société Obstétricale de Paris*, No. 6, 1889) reports the case of a primipara to whom a midwife had given strychnine aggregating one-fifth of a grain to secure vigorous pains. This result not following, a physician was called. The fœtus was found to be in cephalic presentation; dilatation of the os and cervix was complete. Traction with the forceps failing, the uterus was found tetanized and very hard. A hot bath was given, belladonna ointment was applied to the os, and under chloroform the head was brought to the pelvic floor by forceps and delivered. As the cord was about the neck, the attempt to deliver the shoulders rapidly was made, but failed. Rotation was very difficult from the uterine rigidity; the child was stillborn; the mother recovered without complications. None of the usual constitutional effects of the drug were observed; pains in the legs and convulsive movements were present. The patient's subsequent labor was marked by uterine inertia requiring forceps.

LIGHT IN THE SICK-ROOM.—Still a custom prevails, despite all our sanitary teachings, that the occupant of the sick-room in the private house should be kept at all hours in a darkened room. Not one time in ten do we enter a sick-room in the daytime to find it blessed with the light of the sun. Almost invariably, before we can get a look at the face of the patient, we are obliged to request that the blinds may be drawn up, in order that the rays of a much greater healer than the most able physician can ever hope to be may be admitted. Too often the compliance with this request reveals a condition of room which, in a state of darkness, is almost inevitably one of disorder everywhere; foods, medicines, furniture, bedding misplaced; dust and stray leavings in all directions.

In brief, there is nothing so bad as a dark sick-room; it is as if the attendants were anticipating the death of the patient; and, if the reason for it be asked, the answer is as inconsistent as the act. The reason usually offered is that the patient cannot bear the light; as though the light could not be cut off from the patient by a curtain or screen, and as though to darken one part of the room it were necessary to darken the whole of it. The real reason is an old superstitious practice, which once prevailed so intensely that the sick, suffering from the most terrible diseases, smallpox, for instance, were shut up in darkness, their beds surrounded with red curtains, during the whole of their illness. The red curtains are now pretty nearly given up, but the darkness is still accredited with some mysterious curative virtue.

A more injurious practice really could not be maintained than that of darkness in the sick-room. It is not only that dirt and disorder are results of darkness, a great remedy is lost. Sunlight is the remedy lost, and the loss is momentous. Sunlight diffused through a room warms and clarifies the air. It has a direct influence on the minute organic poisons, a distinctive influence which is most precious, and it has a cheerful effect upon the mind. The sick should never be gloomy, and in the presence of the light the shadows of gloom fly away. Happily, the hospital ward, notwithstanding its many defects, and it has many, is so far favored that it is blessed with the light of the sun, whenever the sun shines. In private practice the same remedy ought to be extended to the patients of the household, and the first words of the physician or surgeon on entering the dark sick-room should be the dying words of Goethe, "More light, more light!"
—*B. W. Richardson, M.D., in Scientific American.*

DIPHTHERITIC GASTRITIS OR GASTRIC DIPHTHERIA.—Talfourd Jones (*Brit. Med. Jour.*, 1889, II, 880) reports a case of this very rare affection. The patient, a child of two years and ten months, developed difficulty in swallowing on the third day of the disease; on the sixth, she vomited several times; on the seventh, there was difficulty in breathing and frequent vomiting, the ejecta consisting of a little blood and some dark red pieces of a membranous character. Death occurred on the following day. The autopsy revealed a widespread membranous exudation of the pharynx and adjacent parts, the posterior nares, and the larynx down to the cricoid cartilage, where it abruptly ceased. The œsophagus was quite normal in every respect. The stomach had a soft, doughy consistence, and, when opened, presented an irregular, dark, reddish-brown appearance, with a slightly olive-green tint. This was found to be the surface of a continuous membrane lining the whole of the stomach. It varied in thickness, averaging one-twelfth of an inch, but being thickest over the rugæ. It was adherent to the mucous membrane, but was easily separated and peeled off, and then exhibited on its under surface the imprint of the markings of the mucous membrane. Except in thickness and in its dark red color it differed little from the exudation in the pharynx.

The rugæ of the mucous membrane were of a black-red hue and studded with a dark red punctiform injection. The mucous lining between the rugæ was of a much lighter color. The intestines were healthy.

Under the microscope the exudation from the stomach presented an irregular fibrillated appearance with numerous red blood-cells and leucocytes.

American Jour. of Med. Sci.

CONGENITAL STENOSIS OF THE PYLORUS.—Dr. W. K. Peden records an example of this exceedingly rare affection. The infant, who at birth appeared healthy and well developed, commenced vomiting three days afterwards, and continued to do so throughout the remainder of his life, which terminated when he was three months old. Neither medicines nor alterations in the diet exerted any beneficial influence. No tumor could be felt during life, and there was no evident dilatation of the stomach. The following was the condition found on post-mortem examination. Extending from the pylorus into the stomach, exactly implicating the rounded straight *portio pylorica* of the infantile stomach, was a stiff sausage-shaped thickening of the part, reducing the lumen of the canal to about 5 mm. Section of the stomach along the greater curvature showed the hypertrophied portion beginning gradually in the stomach walls and ending apruptly in a ball-shaped knob which projected freely into the duodenum. The lumen of the canal was still further narrowed by two longitudinal crest-like projections extending along the whole length of the hypertrophied portion. The cardiac portion of the stomach was covered with a mucous coating, and hardening reagents revealed a thin grayish reticulated exudation covering the pyloric tract. The exudation consisted of cells derived from the pyloric gland cells. The submucosa was enormously thickened; and the circular muscular fibers showed a marked degree of hypertrophy. The outer muscular coat and the peritoneum were normal.

—*Glasgow Med. Journ., The Practitioner.*

ERYSIPELAS TREATED WITH PURE ALCOHOL.—M. C. Dr. Behrend, physician of the prison of Sagaw, reports, in the *Berlin Klinische Woch.*, the cure of cases of erysipelas, in three or five days, by means of lavings repeated three times a day of the affected parts with alcohol at 90°. This treatment checked the disease at once, and the patients were not confined to bed.—*Revue de Thér.*

Medical News and Miscellany.

TYPHUS FEVER is epidemic in Toluca, Mexico.

A DEATH from Asiatic cholera is reported to have occurred in Little Sandusky, Ohio.

LANCASTER is greatly in need of an ambulance, and has a $100 fund for that purpose.

DR. ANDREW BEDFORD, died at Waverley, Luzerne County, on Tuesday night, in his ninetieth year.

THE Atlanta *Medical and Surgical Journal* is to be under the management hereafter of Dr. F W. McRae.

THE death is announced of Dr. Thomas King Chambers, Honorary Physician to the Prince of Wales.

FATHER DAMIEN (known as the leper martyr), it is now stated, attributed his leprosy to the inoculation by flies of an abrasion on his scalp.

THE opposition of the Swiss government towards the English physicians stopping or traveling in Switzerland is producing quite a stir in England.

WHILE suffering from typhoid fever Alfred Jones, twenty-three years old, jumped from a third-story window of his residence, and was seriously injured.

THE annual meeting of the American Academy, for 1889, will be held at Chicago, Ill., November 13 and 14, being postponed to that date by authority of the Council.

IT is said that Philadelphia will contain a larger number of medical students than ever this year, Jefferson College, as usually, having the longest list of matriculates.

DR. J. R. PARTENHEIMER is lying seriously ill at his home, 633 North Eleventh Street, from injuries received in an accident that occurred while on his way to visit a patient at Ardmore.

GOVERNOR BEAVER has ordered Mr. Hamilton to complete the work of cleansing out all cellars and places as quickly as possible in Johnstown, that are pronounced in a bad sanitary condition.

EIGHTEEN cases of typhoid fever in this city are said to have been traced to the use of well-water. A great many other cases are ascribed to Delaware water, which everybody agrees should not be used.

MR. Z. PRITCHETT, of Lake's District, Dorchester County, is a rare specimen of humanity, in his anatomical construction. He is suffering with pulmonary diseases, and on the recommendation of Dr. Jones, his home physician, came to Salisbury to be examined by Dr. John S. Fulton. During the physical examination Dr. Fulton accidently discovered that the man's heart was located on the right side of his body. This greatly interested the doctor, but as his patient did not consult him on this point he did not feel at liberty to make a minute investigation. It was not, therefore, ascertained whether the other organs were transposed. The case is one of peculiar interest to the profession, since it is so rare that less than two hundred such cases are on record.—*Record.*

COMMON soap, given as soon as possible and continued as long as there are any toxic symptoms, is an efficient antidote for carbolic acid poisoning, says the *Rev. de Therap. Med. Chir.*

THE PARIS INTERNATIONAL CONGRESS OF DERMATOLOGY AND SYPHILOGRAPHY.—Dr. A. R. Robinson, of New York, has been appointed by the committee on organization to open a discussion on the subject of lichen.

THE expiration of the term of Dr. Kirby at the University Hospital, promotes Dr. Wood to be senior resident; Dr. Easter, senior surgeon; Dr. Provost, junior surgeon; Dr. Kneas, senior medical, and Dr. Aldrich, junior medical.

MRS. MARIA O. BEYAR, Matron of the Pennsylvania Hospital, department for insane females, has tendered her resignation, to take effect November 1, impaired health having disqualified her for longer discharging the duties of the post.—*Ledger.*

A MEETING was held at noon, September 6, at the office of Charles B. Baeder, 730 Market Street, of the Committee having in charge the presentation of a free bed in the Polyclinic Hospital to be perpetually endowed as a testimonial to Dr. Richard J. Levis.

PARAPHENACETINE. — Prof. Dujardin-Beaumetz states that this drug does not produce cyanosis and eruptions like antipyrin and acetanilid. It can be given in doses of two grammes without danger of intoxication, which is due probably to the fact of its insolubility.

DR. EPHRAIM CUTTER, of New York, at the banquet of the British Medical Association, responded to the toast, "Our Guests," for the Americans present. Dr. Cutter also read on "Galvanism of Uterine Fibroids," closing the discussion on the same, and demonstrated on the screen his lantern slides of the micro-photographs of healthy and diseased blood, and of the sputum, urine, fæces, and skin, which he and Dr. Harriman, of Boston, took, in 1876, with Tolles' superb $\frac{1}{4}$, $\frac{1}{10}$, $\frac{1}{16}$, $\frac{1}{50}$, and $\frac{1}{75}$ inch objectives.

"THE members of the medical profession in Alabama, Georgia, and Tennessee are requested to meet in Chattanooga on the third Tuesday in October, for the purpose of forming a tri-State Medical Association. All will be admitted to the meeting of the Association, but the membership will be restricted to graduates of regular medical colleges in good standing."

Signed by committees from Jackson County, Alabama, Medical Society; Chattanooga, Tennessee, Medical Society; Cleveland, Tennessee, Medical Society; Cartersville, Georgia, Medical Society; Dalton, Georgia, Medical Society.

It is hoped that there will be a general turnout of the profession. Papers of interest have been promised by prominent men. The session will continue two days.

Another circular will be issued in due time announcing the titles and authors of papers.

FRANK TRESTER SMITH, M.D.,
Secretary of Committee.

One of the New York papers having offered a prize to the Metropolitan mother who had successfully reared the largest number of boys and girls, it was carried off by the mother of fifteen children, all living, the youngest being five years of age. The father of this interesting family was one of fifteen children, some of whom have died, but the mother is one of fifteen, all of whom are living, some of them at advanced ages.

An English physician in writing about drinking water says: "If, in any hotel or summer resort to which these lines may come, there should occur a single case of typhoid fever or diphtheria, test the drinking water or have it done at once. A few pence will buy an ounce of saturated solution of permanganate of potash at a chemist's. If, when a drop of this solution is added to a tumbler of water, its color changes to brown, it is unfit to drink; if it remains clear or slightly rose-colored after an hour, it is, broadly speaking, safe."

An Army Medical Board will be convened in New York City, N. Y., October 1, 1889, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the medical corps of the Army.

Application for an invitation should be addressed to the Secretary of War, stating date and place of birth; place and State of permanent residence, and accompanied by certificates, based on personal acquaintance, from at least two persons of repute, as to citizenship, character, and moral habits; testimonials as to professional standing, from the professors of the medical college from which the applicant graduated, are also desirable. The candidate must be between twenty-one and twenty-eight years of age, and a graduate from a regular medical college, evidence of which, his diploma, must be submitted to the Board.

Further information regarding the examinations and their nature may be obtained by addressing the Surgeon-General, U. S. Army, Washington, D. C.

Appointed Professor of Pathology.—At the last meeting of the Faculty of the Medico-Chirurgical College, Dr. Ernest Laplace was appointed Professor of Pathology. Professor Laplace is a native of New Orleans, and a graduate of the Literary Department of the Georgetown University, D. C. After several years' study in Tulane University and the Charity Hospital, he went abroad, and graduated in the "Faculté de Medicine de Paris," where he studied under Pasteur and Cornil. He afterward spent seven months in Vienna, under Billroth and Stricker, and a year in Berlin, with Koch and von Bergmann. While with Koch he discovered the superior efficiency as a germicide of acid sublimate of mercury, and of sulpho-carbolic acid as a disinfectant. After his return to New Orleans he instituted a Pasteur laboratory for the treatment of hydrophobia, and was elected Visiting-Surgeon to the Charity Hospital. At the time of his call to this city he was Professor of Physiology and Hygiene in the High School Department of the Tulane University, and Demonstrator of Microscopical Anatomy and Bacteriology in the Medical Department of the same school.

The new maternity ward of the University Hospital was opened with one patient. The building is situated on the southwest corner of the hospital grounds, is a one-story structure of Gothic architecture and contains five beds. The ward is in charge of Nurse M. Wilson, who is assisted by Miss Yost. The visiting physicians are Dr. Barton C. Hirst and Dr. Richard C. Norris.

The few statistics at hand show that the cork trade of the United States amounts to $1,700,000 to $2,000,000 per annum, which represents at least six million to eight million gross of corks. The number of hands employed is about one thousand. The importations of bark amount to about fifty thousand bales per annum, representing possibly $1,000,000 value. Cork varies in value from 2 cents per pound up to 50 cents or even $1.00 in some cases.

—*Pharmaceutical Era.*

Dr. Webster Fox, in the Journal of the Franklin Institute, maintains that the majority of blind people have lost their sight from want of proper care during infancy, and that nurses or mothers who heedlessly expose an infant's eyes to the glare of the sun for hours, may be laying the foundation of the most serious evils. He protests against permitting young children to use their eyes in study, and declares that the eye is not strong enough for school work until the age of seven to nine. Children should not be allowed to study much by artificial light before the age of ten, and books printed in small type should be absolutely prohibited in the school-room.

Lawson Tait's operation for laceration of the perineum, by splitting the recto-vaginal septum and forming flaps from it, has found much favor among gynecologists, especially among the Germans.

A recent paper (Volkmann's klin. Lectures, No. 301) by Saenger, of Leipzig, furnishes an excellent description with drawings of nineteen cases of complete as well as incomplete ruptures, in which the results were all that could be desired. The procedure appears to be a rational one, as it removes nothing from the vulva and restores the perineum to its original shape without great narrowing of the orificium vulvæ. The latter effect precludes its usefulness for restoration of prolapsus, in which trouble the old operations will be preferred.

In the London Society for Medicine and Surgery, a guest, Dr. Arnold Shetelig, declared that the presence of free crystals of uric acid in the urine points to the same form of gouty diathesis. The free uric acid differs from that combined with alkalies in the form of water, in the tendency to crystallize out of and to unite with other portions of uric acid that may be present. The author analyzed fifty-two cases, of which eight were pathological, and found 25 to 50 per cent. and over of the total uric acid in the uncombined crystalline form in patients, who, without doubt, had suffered or were then suffering from true gout. Especially important is the test for the diagnosis between true and false gout. This form of uric acid may for a time be reduced by baths alone or with alkaline water, but in most cases it will reaccumulate.

DR. DAVID T. BROWN, once a famous expert in insanity cases, but of late years following the occupation of a farmer in Illinois, has committed suicide.

PRELIMINARY PROGRAMME of the Session of the Southern Surgical and Gynæcological Association to be held in Nashville, Tenn., November 12, 13 and 14, 1889:

The President's Annual Address, Hunter McGuire, M.D., L.L.D., Richmond, Va.; Report of Gynæcological Work, with Especial Reference to Methods, R. B. Maury, M.D., Memphis, Tenn.; Direct Herniotomy, with Cases, W. O. Roberts, M.D., Louisville, Ky.; Open Abdominal Treatment, B. E. Hadra, M.D., Galveston, Texas.; The Abortive Treatment of Acute Pelvic Inflammation, Virgil O. Hardon, M.D., Atlanta, Ga.; The Importance of Early Treatment of Inflammatory Affections of the Uterus, Wm. C. Dabney, University of Virginia; The Relation of the Nerve System to Reparative Surgery, Thos. O. Summers, M.D., Jacksonville, Fla.; Concerning the Causes of Frequent Failure of Relief of Reflex Symptoms after Trachelorraphy, W. F. Hyer, M.D., Meridian, Miss.; Cranial Surgery, DeSaussure Ford, M.D., Augusta, Ga.; The treatment of Ectopic Pregnancy, W. H. Wathen, M.D., Louisville, Ky.; Laparotomy in Extra-Uterine Pregnancy, Waldo Briggs, M.D., St. Louis, Mo., Epithelioma of the Penis, with the Report of a Case, D. W. Yandell, M.D., Louisville, Ky.; Laparotomy in Intestinal Obstruction, C. Kollock, M.D., Cheraw, S. C.; An Experimental Study of Intestinal Anastomosis, John D. S. Davis, M.D., Birmingham, Ala.; Operative Interference in Ascites, Hugh M. Taylor, M.D., Richmond, Va.; Observations Pertaining to Pregnancy and Parturition, W. Duncan, M.D., Savannah, Ga.; Puerperal Convulsions, John Herbert Claiborne, M.D., Petersburg, Va.; Some Remarks upon Aneurisms, relating more especially to their Surgical Treatment, F. T. Meriwether, M.D., Asheville, N. C.; Coccygodynia and its Treatment, Hunter P. Cooper, Atlanta, Ga.; The Improved Cæsarean Section *versus* Craniotomy, W. D. Haggard, M.D., Nashville, Tenn.; Conservative Surgery in Injuries of the Foot, J. T. Wilson, M.D., Sherman, Texas; Gunshot Fractures of the Femur, John Brownrigg, M.D., Columbus, Miss.; Tropho-Neurosis as a Factor in the Phenomena of Syphilis, G. Frank Lydston, Chicago, Ill.; Trophic Changes Following Nerve Injury in Fractures, with a report of two cases, Wm. Perrin Nicholson, M.D., Atlanta, Ga.; Treatment of Malignant Diseases of the Rectum, W. T. Briggs, M.D., Nashville, Tenn.; Title of papers not determined, W. L. Robinson, M.D., Danville, Va.; W. Rogers, M.D., Memphis, Tenn.; L. S. McMurtry, M.D., Danville, Ky.; E. J. Beall, M.D., Fort Worth, Texas; E. Burke Haywood, M.D., Raleigh, N. C.; Paul B. Barringer, M.D., University of Virginia; J. F. Y. P. Paine, M.D., Galveston, Texas; The Achievements of Modern Surgery, J. Ewing Mears, M.D., Philadelphia, Pa.; The Treatment of the Pedicle in Supra-Pubic Hysterectomy, Wm. M. Polk, M.D., New York; Abdominal Surgery, Joseph Price, M.D., Philadelphia, Pa.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer upon us a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from September 3, 1889, to September 9, 1889.

VALLUM, EDWARD P., Colonel and Surgeon; MCELDERRY, HENRY, Major and Surgeon; MATTHEWS, WASHINGTON, Major and Surgeon; MURRILL, JAMES C., Captain and Assistant-Surgeon: Will, by direction of the Secretary of War, constitute a Board of Medical Officers to meet in New York City on the 1st day of October, 1889, or as soon thereafter as practicable, for the examination of assistant-surgeons for promotion and of candidates for admission into the medical corps of the Army. The Board will be governed in its proceedings by such instructions as it may receive from the Surgeon-General. Par. 1, S. O. 203, A. G. O., September 2, 1889.

JANEWAY, JOHN H., Major and Surgeon. The leave of absence granted, with the approval of the Secretary of War, in S. O. 52, July 29, 1889, Division of the Pacific, is extended two months. Par. 1, S. O. 206, A. G. O., September 5, 1889.

CLEARY, P. J. A., Major and Surgeon. Is hereby granted leave of absence, on surgeon's certificate of disability, for two months. S. O. 59, Headquarters Division of the Pacific, San Francisco, Cal., August 27, 1889.

EWING, CHARLES B., Captain and Assistant-Surgeon. Is granted leave of absence for twenty-one days, to commence on or about September 21, 1889, provided that at that time the post surgeon now on leave has returned to duty. Par. 5, S. O. 201, Headquarters Division of the Atlantic, Governor's Island, N. Y., September, 4, 1889.

The garrisons of Fort Laramie, Wyoming, Fort Hays, Kansas, and Fort Lyon, Colorado, by S. O. 69, A. G. O., August 31, 1889, will be withdrawn, and the posts named will be abandoned as soon as it can be done with due regard to economy.

Changes in the Medical Corps of the United States Navy for the week ending September 7, 1889.

NASH, F. S., Passed Assistant-Surgeon. Detached from the "Dale," and ordered to duty in the Bureau of Medicine and Surgery.

RUSSELL, A. C. H., Passed Assistant-Surgeon Ordered to Naval Hospital, Yokohama, per steamer of September 28.

HALL, C. H. H., Passed Assistant-Surgeon. Detached from Naval Hospital, Yokohama, on reporting of relief, and return home.

WHITE, S. S., Assistant-Surgeon. Detached from Naval Hospital, N. Y., and ordered to the "Minnesota."

STONE, E. P., Assistant-Surgeon. Detached from the "Minnesota," and wait orders.

BRYANT, P. H., Assistant-Surgeon. Detached from the "Ajax," and ordered to Naval Hospital, Norfolk, Va.

WENTWORTH, A. R., Assistant-Surgeon. Detached from Naval Hospital, Norfolk, Va., and wait orders.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

A plea for the inebriate, E. J. Kempf, M.D., Jasper, Ind. N. C. Med. Journal, August, 1889.

Anatomie Pathologique du Glaucome, J. Fontan, Recueil d'Ophthalmologie, Aout, 1889.

Antiseptic principles, some further applications of, to midwifery practice, Cullingsworth. Med. Press and Circular, August 21, 1889.

Address in medicine, Jackson. British Medical Journal, August 17, 1889.

Albuminuria, on the prognosis of cases of, with special reference to life insurance, Pavy. The Lancet, August 24, 1889.

Asthma, some observations on the causation and treatment of, Robinson. Medical News, August 31, 1889.

Apostoli's treatment, Black. Maritime Med. News, September, 1889.

Acute infectious fevers, with especial reference to differential diagnosis, Phillips. Kansas Med. Journal, Sept., 1889.

Aus der Medicinischen Poliklinik zu Bonn, Hagemann. Berliner Klinische Wochenschrift, August19, 1889.

Bradshawe lecture, the, on the distribution and duration of visceral new growths, delivered at the Royal College of Physicians of London, Moore. The Lancet, Aug. 31, 1889.

Bad air as a disease producer, De Armond. Med. Bulletin, September, 1899.

Cortical epilepsy—clinical lecture, David Inglis, M.D. Canada Lancet, September, 1889.

Chorea Erwaschsener mit Endocarditis recurrens, Grosse. Berliner Klinische Wochenschrift, August 19, 1889.

Chirurgie chez les Indiens, La Marais. L'Anneé Medicale, Aout 15, 1889.

Carbolic or phenic acid, Branch. Medical World, August, 1889.

Diplopie monoculaire, Brunschwig. Recueil d'Ophthalmologie, Aout, 1889.

Die abgestufte Reizung des Herzvagus, Hüfler. Centralblatt für die Medicinischen Wissenschaften, August 24, 1889.

Die Behandlung des Kenchhustens mit Antipyrin, Sonnenberger. Deutsche Medizinal-Zeitung, August 26, 1889.

Die Therapie der Augenmuskellähmungen, Mauthner. Wiener Medizinische Blätter, August 22, 1889.

Drainage of the bladder, a new method of, after suprapubic cystotomy, Fowler. N. Y. Med. Journal, Sept, 7, 1889.

Ein besonderer congenitaler Choanenverschluss, Onodi. Berliner Klinische Wochenschrift, August 19, 1889.

Ein Fall Creolin vergeftung ferin Menschen, Friede von Ackeren. Berliner Klinische Wochenschrift, August 12, 1889.

Ein Weiterer Beitiagzur Kenntniss der infektiösen Hühnerenteritis, Klein. Centralblatt für Bakteriologie und Parositerkunde, August 24, 1889.

Epilepsy, the surgical treatment of, Alexander. Med. Press and Circular, August 21, 1889.

Ectopic pregnancy and pelvic hæmatocele, the pathology of. The American Journal of Obstetrics and Diseases of Women and Children, August, 1889.

Electro-magnet in ophthalmology, notes on the, with a report of nine cases, Briggs. Occidental Med. Times, Aug., 1889.

Eczema scrotalis, Murich. Medical World, 1889.

Employment of alcohol in medicine, a contribution towards the discussion on the, Bartley. The Lancet, August 31, 1889.

Foreign Bodies in the larynx, with a report of the successful removal of fish bones from the larynx of an infant, Waxham. American Practitioner., September, 1889.

Fractures of the neck of the femur, the treatment of, by immediate reduction and permanent fixation, Senn. Jour. Amer. Med. Asso., August 3, 1889.

Fracture of the thigh, a case of, with non-union, Manley. Boston Med. and Surg. Jour., August 29, 1889.

Fulminating pyohæmothorax in an infant aged eight months, Thoney. The Lancet, August 31, 1889.

Heart tonics, F. C. Heath, M.D. American Lancet, September, 1889.

Hepatitis and hepatic abscess; their etiology, diagnosis, and treatment, G. Harrison Young, L.K.Q., C.P.I., etc. Medical Press and Circular, August 28, 1889.

Hæmorrhagic Fever, Lamb. Med. Bulletin, Sept., 1889.

Hypnotism and suggestion, cases treated by, Ireckey. The Lancet, August 24, 1889.

Intra-thoracic growths developing from the thyroid gland, Ashe. Med. News, September 7, 1889.

Joint scraping, on, with table of cases treated, Lediard. The Lancet, August 31, 1889.

Lumbago, Evan Hadley, M.D., Indianapolis. Indiana Med. Journal, September, 1889.

L'Honnêteté de Pomée de Villeneuve. Journal de Hygiéne, Jeudi, Aout 29, 1889.

Leprosy, a study on, Sandreczki Atkinson. The Lancet, August 31, 1889.

La Mort subite dans les maladies graves du larynx, Picards Botey. Revue de Laryngologie d'Otologie et de Rhinologie, September 1, 1889.

Modern Sanitary Conditions, Geo. E. Waring, Jr., Newport, R. I. Jour. Amer. Med. Asso., September 7, 1889.

Medical officers of health; their training and the conditions on which they should hold office. An address by E. Ballard, M.D., F.R.S. British Medical Journal, August 31, 1889.

Milk sickness, Fuller. American Practitioner, Sept. 1889.

Modern sanitary conditions, Waring. Jour. Amer. Med. Asso., September 7, 1889.

Music and its therapeutic value, the influence of, Wernnier. N. Y. Med. Journal, September 1, 1889.

Medicine and medical education, a cursory review of the progress of, Wheelhouse. Med. Press and Circular, August 21, 1889.

Nervous System, on the comparative study of diseases of the, Jackson. Medical Record, August 31, 1889.

On placenta prævia, J. Braxton Hicks, M.D., F.R.S., F.R.C.P., etc. Medical Press and Circular, August 28, 1889.

On the treatment of cancer of the rectum, T. R. Jessop, F.R.C.S. *Ibid.*

Ornells est la Meilleure Methode d'Extraction de la Cataracte, Aguilar Blanch. Recueil d'Ophthalmologie, Aout, 1889.

Olfactory nerve, the; its quantitative and qualitative tests, and its physiological importance, its intracranial course and diseases, Dana. N. Y. Med. Journal, Sept. 7, 1889.

Physiological value of meat food for invalids, and waste in methods of prepa ation, Chas. Moore Jessop, M.R.C.P., Lond. British Med Journal, August 31, 1889.

President's address delivered at the fifty-seventh annual meeting of the British Medical Association, Wheelhouse. British Medical Journal, August 17, 1889.

Pathologie de la tuberculose, Germain Sée. La France Médicale Jeudi, Aout 22, 1889.

Progress in education, signs of, Cincinnati Lancet-Clinic, August 31, 1889.

Pharmaceutic instruction in different countries. Pacific Record of Medicine and Surgery, August 15, 1889.

Recent advances in the treatment of diseases of the skin, L. Duncan Bulkley, M.D., New York. Jour. Amer. Med. Asso., September 7, 1889.

Railway surgery, L. E. Russel, M.D. Journal of the Nat. Asso. of Railway Surgeons, August, 1889.

Salines in peritonitis, G. W. Miltenberger, M.D. Maryland Medical Journal, September 7, 1889.

Sur l'Hygrométricite de la Substance Solide du Corps Vitré, E. Haghe. Recueil d'Ophthalmologie, Aout, 1889.

Vaginal hysterectomy with abdomina ovariotomy, A. Groves, M.D. Canada Lancet, September, 1889.

Wider die Lehre von der Selbstinfektion, Wilhelm Thorn, Magdeburg. Berliner Klinische Wochenschrift, August 19, 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 576. NEW YORK AND PHILADELPHIA, SEPTEMBER 21, 1889. The Medical Register. Vol. VI, No. 142.

PAGE

ORIGINAL ARTICLES.

SURGICAL DRESSINGS. By Chas. W. Brown, M.D., Elmira, N. Y. - - - - - - - - - - 481
THE CURSE OF SCHOOLS. By Walter D. Bidwell, A.M., M.D. (Harvard), Leavenworth, Kansas - - - - - - - - - - - - 484
DIPHTHERIA. By G. Herbert Davis, M.D., Black River, N. C. - - - - - - - - - - 488

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:
Indigestion. *Anders* - - - - - - - - - 489
Chorea. *Anders* - - - - - - - - - - - 489
Mitral Regurgitation. *Anders* - - - - - 490
Operation upon the Ears. *Keen* - - - - - 491

EDITORIAL.

THE USE AND ABUSE OF ANTIPYRETICS IN SEPTIC FEVERS - - - - - - - - - - 492
THE STUDY OF MEDICINE - - - - - - - - 493

ANNOTATIONS.

Russia's Working Classes - - - - - - - - 495

PAGE

LETTERS TO THE EDITOR.

A Case of Senile Gangrene. *Davidson* - - 496
School Hygiene. *Atkinson* - - - - - - - 496
Sulpho-carbolate of Zinc in Diarrhœa. *Rively* 497

CINCINNATI LETTER - - - - - - - - 498

BOOK REVIEWS.

The Nervo-vascular System. *Price and Eagleton* - - - - - - - - - - - - - - 498
The Federal Government of Switzerland. *Moses* - - - - - - - - - - - - - - 498
Fibromes Uterins. *La Torre* - - - - - - 499
Du Traitment des Fibromes Uterins. *Delétang* - - - - - - - - - - - - - - 499
Syphilis of the Nervous System. *Wood* - - 499

THE MEDICAL DIGEST.

Treatment of Leprosy. *Donnet* - - - - - 491
Apostoli's Method. *Smith* - - - - - - - 491
Success of M. Pasteur's System - - - - - 491
Uncomplicated Pertussis. *Irwin* - - - - 491

PAGE

A Singular Error in Diagnosticating a Breech Presentation. *Koviot* - - - - - 497
Chloride of Ammonium - - - - - - - - - 499
Arsenical Wall Paper - - - - - - - - - 499
Remedy in Early Quinsy - - - - - - - - 499
Jugulating Pneumonia. *Petrescü* - - - - 499
Cardiac Failure. *Bowie* - - - - - - - - 499
A Bacteriological Prize - - - - - - - - 499
Tuberculous Infection through Ear-rings - 499
Ergot in Childbed. *Pinzoni* - - - - - - 500
Modifications of Egg-Albumen - - - - - 500
A Case of Re-section of the Rib and Pleura, for an Osteochondroma of the Rib. *Riesenfeld* - - - - - - - - - - - - - - - 500

MEDICAL NEWS AND MISCELLANY, 501

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - - 503

MEDICAL INDEX - - - - - - - - - - 504

NOTES AND ITEMS - - - - - - - iv, xiv

Original Articles.

SURGICAL DRESSINGS.

(Read at the annual meeting of the New York State Medical Association, Third District Branch.)

BY CHAS. W. BROWN, M.D.,
ELMIRA, N. Y.

THE materials used in the performance of a surgical operation and its after-treatment, form such an important part of the surgeon's outfit, that it may be of interest to give a little time to the apparatus needed, and methods of dressing wounds, in the practice of to-day. I shall not attempt to speak of dressings as applied to all forms of surgical procedures, but will confine my remarks principally to the discussion of practical methods of dressing recent wounds, and the after-treatment of amputations.

Surgical dressings should be applied for the purpose, first, to restore injured parts as nearly as possible to their normal position, with as near perfect coaptation as possible; second, to maintain such coaptation with as little injury to the tissues as the circumstances in each individual case will allow; with dressings and appliances that are not more bulky and cumbersome than are necessary to fulfil the foregoing requirements; they should be left in place as long as they answer the purpose for which they were applied.

I shall not undertake to enumerate the thousands of applications and dressings that have been, and are now, recommended, but simply give those which I prefer, and also speak of some in common use to condemn them.

The so-called antiseptic practice embodies the great principles of cleanliness and carefulness in surgery, and is now so well established among the best surgeons, that it requires no argument in its favor, as compared with the methods of a few years ago.

Ligatures and sutures of the following material: Silkworm gut, catgut, horse-hair, and silver wire, meet every requirement in ligating vessels and closing wounds. I prefer the silkworm gut, for all cases where considerable strength is required, for ligating arteries, and for deep sutures. Horse-hair answers as well for superficial sutures, and is very easy to adjust, and can be obtained without difficulty; it can be left in place for an indefinite period without producing the least irritation.

I have had trouble in getting catgut that was of sufficient strength to tie important vessels, so of late have used the silkworm gut, and it has proved perfectly satisfactory. The ligatures are all preserved in oil of juniper; and are preferred to those prepared in glycerin and carbolic acid, as when ligating an artery those in oil of juniper will not slip through the hand in tying, and the knot can be made more secure, and is less liable to slip.

Sponges should be dipped in 1 to 3000 sublimate solution, and squeezed as dry as possible; and under no circumstances should they be used for a second operation.

In a large majority of operations it is much better not to touch a sponge or anything to the cut surfaces, as the parts can be cleansed more satisfactorily by irrigating than with the sponge. Now it may be said that this is not practical in every day work outside of the hospital and office; but there are very few places where we are to operate, in which this plan cannot be carried out satisfactorily. It is my custom to have in the case with other dressings, which I have for immediate use, a piece of one-quarter inch rubber hose, twelve feet long; this can be coiled up and occupies but little space, and with an ordinary wooden pail, which can be obtained at almost any house, if cleaned with scalding water and bichloride,

is fit for use; by placing one end of the tubing in the bottom of the pail, and tying the tube to the bale; then hang the pail to a hook or nail, or set it on a shelf, above the operating table or couch, and the tubing makes a syphon, which can be used to keep a hot bichloride solution constantly running over the parts operated upon, and a tub or pail on the floor to catch the water; comprises the apparatus required for irrigation in any operation.

When operating for railway injuries, I have found it convenient to use one of the new large wooden pails which are used for water in cabooses; and draw water for the sublimate solution from the boiler of a locomotive that is fired up, so we can be quite certain it contains no septic germs.

For convenience in preparing the bichloride solution, the antiseptic tablets, manufactured by Wyeth, answer the purpose very well, and a given number of parts to the thousand of water can always be made at a moment's notice.

To produce anæsthesia, I use only Squibbs' ether, in one-quarter pound cans, and open a new can for every case. Whiskey is given previous to etherization, and the ether administered by pouring it upon two or three folded towels, which are held in place across the nose and mouth, and, in my opinion, are preferable to any inhaler, as this method is clean and effectual, and in my hands has never failed to produce complete anæsthesia in as short a time as is desirable, and without difficulty. I believe that the principal difficulty in producing anæsthesia with ether is on account of the quality used, and trusting to that which has been uncorked for some time and exposed to the air. Before adopting the plan of purchasing ether in small cans and opening a new one for every case, I noticed that when using the last half of a pound can, which had been opened for some few days, I had trouble in getting the patients under control, but when a new can was opened it took but a few moments.

Before beginning any operation the part should be shaved and thoroughly cleansed with bichloride solution; the hands of the operator and assistants should be washed with hot water and soap, and then immersed in the mercury solution. The instruments should always be immersed in boiling water, and then placed in a tray containing a solution of carbolic acid and oil eucalyptus; and if the operation is one which requires the use of several instruments, or the same one several times, it is well to have a carbolic solution in a separate dish to rinse them in before returning them to the tray.

"Good drainage to a wound is as potent to its cleanliness as is the good drainage of a dwelling to the healthfulness of its occupants" (Bryant). Various devices for draining wounds are in use, such as soft rubber tubing, of several sizes, with apertures through its walls; Neuber's bone drains, or what is better in a majority of cases, several horse-hairs, a few strands of silkworm-gut, or cat-gut, which can be placed beneath the flaps, at the most dependent portion of the wound, or where accumulations of fluid are most likely to occur; the strands can be removed one by one without producing pain or irritation; but, of course, where the amount of fluid is necessarily large, the bone drains or rubber tubing should be used; however, in a large majority of wounds and amputations the drainage apparatus is not necessary. If proper antiseptic precautions are taken, and the wound completely closed, it will unite without suppuration, when if there was a drainage-tube placed in the same wound, its presence would act as a foreign body and cause suppuration. So I say that in a vast majority of clean operations, it is not necessary to make provision for drainage, as there will be nothing to drain. If an amputation is made properly there is no need for drainage-tubes, if the flaps are made to come perfectly together without stretching, and the edges of the skin made to meet throughout the whole line of incision, and covered with plenty of iodoform and absorbent lint, there will be no discharge whatever, and if there is not more than one or two degrees rise in the temperature, which should be taken every day, with absence of pain, redness, and swelling, we may be certain there is no accumulation of fluid, or pus, that should be drained off. However, if any of these symptoms should arise, indicating the formation of pus, it is an easy matter to remove the dressings and determine the seat of the fluid, and remove a suture, and allow it to escape. If this rule is adopted much more satisfactory results will be obtained without the use of the drainage-tubes than with them; though there are occasionally cases where it is quite certain that fluids must necessarily accumulate unless provision is made for drainage.

Oil silk and rubber tissue are used by many to seal wounds and make the dressings air-tight. It is the opinion of the writer that wounds dressed in this manner are more liable to suppurate, as moisture in a part aids in bringing about just what we should try to overcome, the air-tight dressings prevent the exhalations and perspiration from escaping, which has a tendency to soften the wounded part, and lessen its vitality, and aid in producing a slough, which would not likely occur if the dressings were light and porous.

It is the practice of many surgeons to apply absorbent cotton directly to crushed and cut surfaces. Why this is done I cannot conceive, for all who have undertaken to remove such dressings after they have been applied from a few hours to a few days well know what a task they have before them, as it is nearly impossible to remove all the cotton without considerable injury to the already wounded tissues, and if it is allowed to remain, will act as a foreign body and produce suppuration, which would not occur if at first properly dressed. I have cases coming to me nearly every week which have had wounds dressed by applying absorbent cotton, and sometimes ordinary cotton batting pressed directly into a gaping wound. Pads, or bags of peat, sawdust, jute, wood-wool, etc., are worse than useless. I have had several cases sent to me for after-treatment with the wounds filled with fine sawdust. One was a case where two fingers had been amputated the night before, the third and fourth fingers near the hand; the flaps were not half closed, and the

cavities between the flaps filled with sawdust; the hand was in a bag containing about a quart of the stuff. The flaps were not sufficient to cover the bones, so they were reamputated twenty hours after the first operation, irrigated with hot bichloride solution, and dressed with absorbent lint and iodoform. The stumps healed without the slightest discharge, and required dressing but once after the amputations.

The immediate dressing of wounds is very important, as the whole future progress of the case depends upon the first dressing.

So-called temporary dressings of wounds are worse than useless; it would be much better if no attempt at dressing a wound were made until proper cleansing, closing of wound, and permanent dressings could be applied.

Every physician who treats injured persons can easily have a case, which should always contain necessary materials for dressing all cases of injury to the soft parts at a moment's notice, and I consider this of the greatest importance; as I said before, the first dressing should be made as soon as possible after the receipt of the injury, and if all the requirements of clean and proper dressings are not fulfilled at first, they will not be of much avail afterwards; so it is always best to be prompt and thorough, paying strict attention to every detail.

Iodoform, in my opinion, has served its best purpose when suppuration in the wound has commenced, and should then be discontinued, and the parts cleansed with hot bichloride solution, the frequency of such cleansing depending upon the amount of discharge from the wound, and other dressings applied. The dressing which I prefer, after suppuration is established, is composed of linseed oil, 1 pt., crystals carbolic acid, 1 dr., oil eucalyptus, 2 dr. Mix and apply several layers of absorbent lint, saturated with the oil, at each dressing; this dressing is also used on all suppurating and granulating wounds and burns, taking care not to remove the dressings on large granulating surfaces too often, as, if removed too frequently, the granulations will be wounded and bleed when the lint is pulled off; on the other hand, if left two days or more, a sufficient quantity of creamy pus will form under the dressings and allow it to come off easily, and without irritating the delicate new formation of integument. This dressing has been applied to granulating surfaces where skin grafts were used with good results.

Some authors advise being cautious about the use of iodoform on extensive wounds, especially of the scalp, on account of its effect upon the nervous system. I have never seen any bad results from the free use of this drug, and have used it in very large quantities; but, of course, always close the wound as perfectly as possible, then literally cover the whole tract of the injury with it, and then with lint, which is left in place until the wound is healed.

In January last I was called to dress a scalp wound for a man forty-five years of age; it was through the scalp, partly lacerated and partly incised, and produced by falling on an old shovel. The wound extended from a point midway between the left eye and ear, diagonally over the top of the head, nearly to the occipital protuberance, and measured thirteen inches in length. The hemorrhage was profuse. Three arteries required ligating; the hair was cut away from the scalp along the track of the wound, and the parts thoroughly cleansed with hot water, containing bichloride mercury, 1 to 3000. The arteries were tied with silkworm gut, and the wound completely closed by sutures of the same, set every three-fourths of an inch; then the whole line of wound was thickly covered with iodoform, and four layers of absorbent lint over this, held in place by roller bandage and adhesive strips. The patient was kept quiet in bed for a few days, and suffered no pain or inconvenience whatever; the dressings were removed on the tenth day, and the wound was found healed completely without any discharge whatever. The sutures were left in place for six weeks, and did not produce the slightest irritation; on removing them, it was found that the portion passing through the scalp had nearly all been absorbed. (The sutures were left with a view to ascertaining the length of time it would take for them to become absorbed.) I have used silkworm gut for ligatures, and cut the ends short, in four cases of amputation of the forearm, and all have healed without suppuration, so I was unable to ascertain whether the ligatures were absorbed, or merely became encysted, though I am inclined to believe, from the result of the experiment with the sutures, that they are absorbed the same as the catgut, but not as rapidly. I think when the silkworm gut is used to ligate arteries, that it would likely be absorbed sooner than when used as a suture in the skin.

Adhesive strips should never be applied directly to the flaps after amputations, as they always do more harm than good by increasing the liability to sloughing, by obstructing the already feeble circulation. Neither should they be placed across a wound without first applying absorbent lint over the wound, which should extend a considerable distance beyond the injury.

Dressings can be made to stay in place smoothly for a long time by putting on narrow strips of adhesive plaster, which should cover the edges of the outer layer of roller bandage, having previously applied a few strips lengthwise the limb, or across the turns of the bandage.

This kind of plaster can be torn in strips of the required width as fast as they can be applied, and is much more convenient than plaster that requires to be cut in strips.

Dressings applied to stumps after amputations should be put on smoothly and uniformly, so as not to press the flaps against the sawed end of the bone, and when the amputation is through the leg the flaps can be well supported by the apparatus illustrated and described in my paper on Railway Injuries.

It may be of interest to some present to see the contents of the dressing-case which I at all times keep stocked for immediate use, besides a much larger one kept at the railroad yard office in case additional supplies are required.

This case contains: Absorbent lint; absorbent cotton; rubber adhesive plaster; silkworm gut; catgut;

horsehair; antiseptic tablets; whiskey; ether; crystals carbolic acid, and oil eucalyptus; Esmarch's bandage; cotton roller bandage; rubber tubing for syphon; sponges; drainage tubes.

THE CURSE OF SCHOOLS.

By WALTER D. BIDWELL, A.M., M.D. (HARVARD),
LEAVENWORTH, KANSAS.

UNDER this title I wish to present the views of some of the wisest physicians of this century, as well as my own, in relation to schools of medicine.

A part of this article appeared under a different caption in a western journal two and a half years ago.

Its appearance at this time is provoked by an editorial in the *Medical Register* of March 9, regarding a communication from Dr. Mickle, of Baltimore.

As will be seen further on, I not only endorse what is stated editorially, viz., that we are "warranted," but I claim that we are *morally bound* to use all the weapons we may be able to control for the accomplishment of our purpose, the healing of the sick. And if Dr. Mickle and his numerous fellowship of hobby riding, narrow-minded "paths" of every description would read up the matter a little so that they really knew what they claim to believe, common sense would lead them to disclaim the monopoly of any one method of curing disease.

There are many men whose ideas are so limited, whose minds are so narrow, that one wishes they could be transported to mid-ocean to extend and broaden their views.

This is a wide world, and the true man is interested in affairs outside his petty burg, and is able to grasp the fact that there are other and larger towns than his own. Of these he desires to know something, and when he finds more enlightened modes of living, adopts them in his own home.

This is what is needed in the medical world, that its occupants shall step outside the ruts wherein they were educated and not be content to live as their fathers did.

In unity there is strength, and whilst we must have divisions and sections owing to our locations and personal preferences in investigating special branches, there is no need of the divisions into so-called homœopaths, allopaths, etc.

I feel sure that if every eclectic, every homœopath, every allopath knew what these designations meant, if he had been taught the reasons for these names with his anatomy, he would discard them instantly, and in the hope that some may learn what they mean this article has been written.

To make the matter as clear as possible, we shall consider:

1. What is medicine?
2. What is a physician?
3. What are the different schools of medicine?
4. Wherein do they differ from true medicine?
5. What have they contributed to the science of medicine?
6. What line of conduct should we pursue in our intercourse with those who practise medicine according to these beliefs?

(1) The first question is answered comprehensively by the definition: "Medicine is a science which aims at the preservation of health, the cure of diseases, and the physical perfection of man." In this discussion, that portion of medicine embraced by the clause "the cure of diseases," or, to speak more exactly, the methods of administering drugs in their cure, will occupy our attention principally.

(2) According to the derivation of the word, a physician is a follower of nature; but, in the common acceptation of the term, he is a practitioner of medicine, one who devotes his life to the art of healing; and, if he be a true, broad-minded, philanthropic physician, one who uses every available agent to cure his patient.

(3) What are the different schools of medicine? Unfortunately, their name is legion. Suffice it to mention a few:

Hydropathy, which treats all diseases by water, internally or externally, hot or cold, or all combined.

Antipathy, which professes to cure diseases by using drugs that are *opposites*, as if a drug and a disease were opposites, like heat and cold. Its watchword is *contraria contrariis curantur*.

Alleopathy, or *allopathy*, which professes to remove all ills that flesh is heir to, by drugs producing effects *different* from the symptoms manifest in the patient.

Homœopathy, which claims that every medicine in the universe, when administered internally in a healthy state of the system, is capable of producing a certain chain of effects, and that when symptoms similar to these effects appear in disease, these substances will remove them. This is the essential doctrine of homœopathy; but, as this is by far the most important school of to-day, I will speak more at length of it after mentioning one or two others; and first the school of

Eclecticism, whose members are supposed to select from all other schools those ideas which please them. It is based upon Thompsonianism or botanic medicine and was changed to admit the use of minerals. This name is less objectionable than others, but even this implies restrictions. It implies that there are schools of medicine and that eclectics select certain methods according to a fixed rule. There is, however, no such rule, and there can be no school where there is no similarity, except in that each one follows his individual bent.

Isopathic treatment consists in using the identical cause of the disease to cure it, and, apart from the doubtful results which would be likely to follow in many instances, it is manifestly impracticable as a system of medicine.

It is useless to mention *rationalism*, *animism*, *iatrochymia*, etc., as they are too abstruse or too absurd for us to endeavor to comprehend them.

If any one wished to give a name to the regular practice of medicine as it is to day, it might be called *empiri-methodism*, whose doctrine is that a treatment which has procured the cure of any disease whatever, will cure, also, all diseases identical, or rather homogeneous, with the first.

Turning again to homœopathy, as the only school deserving of consideration in connection with the

regular practice of medicine, we find its followers holding strongly to other beliefs besides those of similars; for example, that the power or virtue of the drug used increases in an inverse ratio with the size of the dose. This is an article of faith which many follow religiously in their practice. They also claim that the action of a drug can never be learned by watching its effect on a sick person, but only by studying the effect it produces on the healthy organism, or, as they call it, by proving. Of necessity, then, the homœopath treats symptoms and diseases.

(4) For a proper conception of the value of any method of treatment we should bear in mind that the physician called to a patient is requested to cure his disease; but he has not the simple task which a laborer summoned to remove a rock has, he does not remove the disease by simply using his muscles or giving some drug which banishes it, leaving the body as it was before, as water poured on a piece of soiled glass removes the dirt; but having correctly diagnosed the case he sees that some of nature's laws have been violated, and he enjoins such methods of eating, drinking, sleeping and exercising, as are in conformity with nature's laws, and, perhaps, supplements this with the administration of some drug. This drug may be a specific, *i. e.*, like quinine or mercury, it may be a direct antagonist to some poison, or it may restore the free action of the skin, as in the case of aconite given for febricula; but in any case it is secondary and an adjuvant to the vis medicatrix naturæ. Nature tends to preserve a *mens sana in corpore sano*, to throw off disease herself, and all that is asked of the physician is that he remove such obstacles as stand in her way. The more this idea is emphasized the less danger there is of overdosing or of errors in medication generally.

Now, wherein do these systems differ from the regular practice? I answer, regular medicine comprehends that which is beneficial in the treatment of disease in *all* of them, and includes much, much more that falls outside the limits of their narrow-minded theories. Hydropathic treatment at certain times and in given cases contributes to a cure; to that extent it is a part of regular medicine. But hydropathic treatment will not cure *all* diseases, and other methods of treatment will cure *some*. Therefore, hydropathy is not a complete system of medicine by itself. Likewise, antipathy, allopathy, homœopathy, all have certain applications in medicine, certain drugs and diseases will prove each doctrine, certain others will as surely disprove each. But the spirit of man is inclined to generalize even the most exceptionable facts, hence so many systems. Both *contraria contrariis curantur* and *similia similibus curantur*, and all other preconceived theories must be erased from therapeutics, at least as general axioms, if we wish to rest this science on a solid basis, whose stability no one can shake. For, as in all other sciences advances are to be made only by seeking for truth with unbiased judgment, so in medicine truth can never be reached if the investigator starts with preconceived theories and makes his discoveries fit them. No theory yet discovered explains *how* drugs cure diseases, neither do we know *how* soul and body are united, and it is not necessary that we should know. But all we can know certainly, all that assiduous observation can teach us is, that the cure of such a disease succeeds more or less constantly the administration of such a remedy. When our treatment of disease is based upon this foundation, then, and only then, shall we have a reliable system of therapeutics, and be fitted to practice the art of healing; provided, of course, we have sufficient knowledge of anatomy, physiology, pathology and chemistry to determine homogeneous cases of disease.

At a meeting of homœopaths at Kansas City three years ago, one of the essayists made a most uncalled-for and scurrilous attack upon non-homœopathic practitioners, and his remarks were published in the daily papers. Those who read the article will doubtless agree with me when I say that homœopaths in arguing against regulars have adopted a very specious method; and it is necessary, in refuting their arguments, to bear in mind the following facts, viz.: a regular physician is not an allopath, nor an old school man. When Hahnemann and his followers took the name homœopaths, they assumed that all non-homœopathists were as narrow minded as themselves in another direction, and classed them as allopaths. But for this mistake of claiming to found a new school, Hahnemann would have been honored to-day by *all* physicians, for instituting much needed reforms in one department of medicine, for this is the proper place aud rank of homœopathy, and all that it amounts to. The reforms I refer to are: First, a reduction in the size of doses, for, undoubtedly, too large doses were common at the beginning of this century; but this reduction must not be carried too far. There is a limit to the subdivisions of a drug, each one of which shall be as efficacious as the preceding, to say nothing of its being more powerful, as Hahnemann claims.

The only valid argument in favor of the use of minute doses is based upon a comparison of the results obtained by using them and larger doses in precisely similar cases. Such a comparison may give results that will weigh strongly in favor of minute doses, and, when this is proven to me, I am ready to accept them as more efficacious than those I now employ.

Who does not object to excess of dosage? It has been and is practised by many, but no one is compelled to follow the example of such, and the best practitioners are not guilty of such mistakes, any more than do the best homœopaths believe in the indefinite divisibility of matter. The minute doses now common with many regulars would satisfy any *reasonable* man.

Again, polypharmacy was carried to the extent of mixing fifty or sixty drugs in one prescription, and to Hahnemann is largely due the credit of the growing tendency towards the use of single remedies, and at the same time to diminish the amount of dosing; though this still varies greatly with different physicians. But this could have been accomplished as surely without attempting to form a new school, or if it could not at that time, now that the reform has been introduced, such school is no longer needed,

but its very existence prevents other equally desirable reforms.

However, the fact remains that Hahnemann did found such a school, and it has existed ever since, and the easiest solution of the problem now is to accept what wise suggestions he made, to ignore those absurd ideas which led Dr. Holmes to make his severe criticism on homœopathic physicians, and to drop the distinctive name.

Dr. Wesselhœft says, "No school can, in justice, call itself 'regular' while it excludes from among its methods and principles this one practical element, viz.: *similia similibus curantur.*" Well, I believe he is right. This fact is well established regarding certain drugs, and, so far as I know, no one wants to deny it. This peculiar action regarding such a drug as ipecacuanha, which had been used by regulars centuries before Hahnemann was born, is an undoubted fact, and no one but the homœopathists have suggested its exclusion as a drug which the regular physician cannot conscientiously use. But the regular physician does claim that there are drugs concerning which this has not been proven, drugs that benefit the sick, and, therefore, are medicines which no man who practises homœopathy conscientiously can use, and he claims that the homœopathist is doing an injury to his patient in refusing to use those agencies which would hasten his recovery. True, medicine is too broad to be assailed, and asks no one to abate one whit of his powers for relieving suffering, asking only that things be called by their right names, that distinctive appellations which work no benefit, but merely interfere with the onward march of true knowledge, shall be done away with, and that the physician decline no aid, which shall benefit his patient, merely to live according to an ancient dogma.

The essential doctrines of homœopathy, the formula of similars, the proving of drugs, and the use of single simple remedies in small doses, are confessedly insufficient, and no homœopath will rely upon his similars and small doses in treating a person who has been poisoned by morphine or strychnine. Who ever heard of one giving morphine to a man who had swallowed an overdose of the drug?

Statistics are sometimes quoted to show how much lower death-rates are found in homœopathic hospitals than in the non-homœopathic. In these are two principal sources of error. First, there is an almost universal belief in this country, and, without doubt, to a certain extent in foreign countries, that homœopathy is good for slight ailments, but that serious sickness requires the presence of regular physicians. Such being the case, the number of deaths per one thousand will, of course, be greater in the wards of non-homœopathic hospitals, where the majority of severe cases of disease is taken. A second source of error was pointed out to me by a druggist, who said that in one year he sold a moderate sized homœopathic hospital over $400 worth of morphine. How many similar doses do you imagine were in this wholesale quantity? The dosing that took place there must have resembled that cotemporaneous with Hahnemann. In fact, a hospital was founded in Pennsylvania to test homœopathy; after some time it was ascertained that some of the physicians were transgressing the essential doctrines, and they were ordered to observe them strictly. What followed? The whole staff resigned, giving as their reason that in justice to their patients they must use agencies which were not in accord with those doctrines. There is the whole matter in a nutshell. Homœopathy is not broad enough, but its followers cling to their tattered standards, believing that they must enlist under the banner of some school and follow some pathy, whereas their energies could be much more profitably employed in healing the sick by the use of any and all agencies known, than in trying to conform to a single theory, or trying to make the people believe that they do.

And now, finally, what should be our action towards those who claim to practise medicine under such restrictions and limitations as any one of these 'pathies implies?

Our code says: "No one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

It does not say "any homœopathist," and if a man calls himself a homœopath merely because he uses small doses of so-called homœopathic drugs which he has found to produce the best results in healing; if he makes use of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry, in forming a diagnosis and determining proper treatment, he is in reality a regular, and entitled to be met in consultation, though mistaken, and, perhaps, innocently so, in styling himself a homœopathic physician.

Since the foregoing was written, I have seen a similar statement of the celebrated Dr. James Jackson, which is as follows: "Some of the homœopaths undoubtedly do not confine themselves to the practice of Hahnemann; they do not profess to do so. They say that disease can be relieved and removed in different modes, and that they choose in each case that which they think best adapted to the case. To you and to me there seems to be an inconsistency in this. If the principles of homœopathy are true and well founded, all other principles as to therapeutics must be false, and evil must follow if these be regarded in practice. But if another man fails to see this inconsistency, or asserts that he does, I do not see that we should refuse to deal with him more than with any other man who differs with us on important points."

Homœopaths say that their school is nothing if not practical; they are governed by that alone which they can know or discover positively; that in daily practice they think it unpractical to make the positively observed and easily observable facts subordinate to theoretical or even hypothetical data. Yet because some drugs are known to cure diseases manifesting symptoms similar to those produced by that drug in the healthy organism, they reason that this s true of all drugs. This appears to me to be the

height of unreason, and exactly what they condemn as unpractical. As well claim that because all the men you meet in one hour's walk are white, therefore all you meet in the succeeding ten minutes will be white. The true homœopath swallows some very specious reasoning, and must have faith. It is admitted that provings are of most value when verified chemically, and that other drugs not proved, but chemically shown to be satisfactory, are also used. This is rational, but the absurd part of homœopathy comes to the front in the exclusion of the latter from the materia medica pura, which is the simon pure homœopathist's Bible.

If, however, a man is living up to the Hahnemannian doctrines and neglecting the aids mentioned above, he is certainly not sufficiently educated to be met in consultation, and if you inquire into the matter you will find the majority of so-called homœopaths join you in calling him a fool. The same reasoning applies to all other 'pathies, and if we were, as homœopaths style us, allopaths, we should be equally excluded, by the letter and spirit of the code, as the most intense high dilutionists on record.

The code wisely mentions no "paths," but some years ago the Massachusetts Medical Society went beyond the code and excluded homœopaths from the Society. This was a great mistake, as it made the homœopathic physician appear in the rôle of a martyr, and public sympathy went with him; and this action of the Society, intended to stamp out homœopathy, is regarded by many physicians as one of the main causes of its present strength in that State.

The remedy for this curse of division is the promotion of knowledge. Let every medical school in the country devote one or two hours a year, at least, to giving the students a clear understanding of what these old divisions imply, encouraging them to be honest physicians, and to labor for the good of their fellow-men. A physician should be broad-minded and above petty strifes. His profession is of itself most honorable, and there can be no nobler title than that of true physician. The dispersion of the clouds of ignorance will assuredly bring about the result desired.

My reason for the ground I take can be summed up in a few words. I object, as strongly as any member of the profession, to the existence of schools of medicine, such as homœopathic, allopathic, eclectic, etc.; but they cannot be gotten rid of by excluding practitioners from societies and associations; for the method has been tried, and only added fuel to the fire it was intended to quench. They form societies and associations of their own, and gain popular sympathy by posing as martyrs.

We must meet them as gentlemen, and by argument and reasoning show on what false ground they stand. We must convince them by sound reasoning that medicine is a much broader field than homœopathy, for it covers *every* pathy; and, avoiding the vituperative style of many of Hahnemann's followers, we should prove the narrow-mindedness of his system.

It is most true, as a translator of the works of Hahnemann remarks, that "the time has gone by when the pleasantries relative to the infinitesimal doses can be regarded as good arguments against homœopathy," and no one clothed with the medical priesthood and comprehending the dignity and importance of his ministry can remain indifferent. We must give the matter a searching examination, and then take part for or against it.

There are some who can find no good thing in Christian scientists or metaphysicians. Now, I must confess that the mass of their so-called science would be more appropriately named after the arch fiend, and I know that they do much harm in the world by their extravagant and nonsensical pretentions. A better description of this so-called science than that of the Rev. Mr. Trusdell, of Chicago, can hardly be given: "A strange hodge-podge or conglomeration of Bible, Koran, Buddha, Shakespeare, the Book of Mormon, Socrates, Carlyle, Browning, Cora Hatch and Colonel Ingersoll; a mixture of orthodox Christianity, heathen mythology, oriental philosophy, and Poor Richard. It is simply a string of proverbs, maxims, moral precepts, recipes, and scientific allusions, with quotations from proverbial philosophy, calculated to bewilder and mystify the ignorant and the credulous, while it can hardly fail to disgust the candid and practical mind." But the power used—viz., belief in some persons' ability to effect a cure, is sufficient of itself to heal many diseases, and is and always has been the most potent agency in the true physician's armamentarium. These facts must be borne in mind and allowance made for the grain of truth, while we do away with the bushels of falsehood which these false saints try to conceal under their high and sacred names.

Just here I would like to read a letter from Dr. V. Y. Bowditch, of Boston, in reply to the question, "What stand does the Massachusetts Society take as regards members who consult with irregulars?" and "Do you think there is any chance of the distinction between the different schools being done away with?" He says:

"I do not doubt some question would arise in the councils of the Massachusetts Medical Society as to the admission of one who was honest enough to confess at the outset that he did consult with homœopaths when occasion offered, but I think the feeling among the *younger* members of the profession certainly, and also among many of the older ones, would be, that such questions should be a thing of the past, and that the chief question should be, "Is this an educated physician, and is he an honest man?" I know of no case of expulsion for consulting with homœopaths or eclectics, and I should doubt very strongly if it would now take place, although the rules of the Society still forbid it. I am sure it is more frequently done than is known, and in my opinion such clauses should not exist in our laws.

"I sincerely hope, and have reason to believe, that the day will come when the distinctions between the 'schools' will be a thing of the past among properly educated physicians. As long as hope is in us human beings, however, there will always be 'isms' and 'pathies' of some sort or other, and my belief is that

we can often find a grain of truth in the bushels of chaff which are brought to our notice, and that persecution of the originators of such ideas is folly. It only makes martyrs of them in the eyes of the public generally."

During the past year the Massachusetts Medical Society has made other changes in its regulations tending in the direction prophesied by Dr. Bowditch, but I cannot lay my hands on the paper containing the report of them.

In closing this paper, I will state what has already been done towards securing that harmony in the ranks of physicians, the lack of which has been continually lowering us in the eyes of the public. In 1885, the Boylston Medical Society of Harvard, of which I was at that time a member, invited Dr. Wesselhœft, a prominent homœopathic physician, of Boston, to lecture before it on homœopathy. At his request, a series of questions was proposed by the members, and, after he had answered them, a free discussion of the subject followed with the result of enlightening the members, if it did not convert the lecturer. Again, the following summer, the Hahnemann Society of Boston University invited Dr. V. Y. Bowditch, who had been President of the Boylston Society in 1885, to lecture before it on homœopathy and the regular practice; which he did, and the lecture has been published in an Eastern journal.

I quote from the *Medical Record:* "A good man struggling with adversity is a sight which ought to awaken lively and sympathetic interest. Such a sight is presented by the New York *Medical Times*, which, for some years, has been manfully endeavoring to rid homœopathy of its sectarianism and distinctive name, while still claiming that it represents one of the most important therapeutical principles. In consequence of its course it is receiving severe criticism from many of its quondam brethren, while it gets a very unappreciative hearing from the regular school. For example, one of our contemporaries prints the following, apparently unaware that the *Times* has been saying this same thing for several years:

"*Homœopathists Getting their Eyes Open.*—The following remarkable passage appears in the (homœopathic) New York *Medical Times:* 'Go on in your sectarian course ultra-devotees of Hahnemann, if you will, be loyal to the teachings of your master, but shut your eyes to the fact that science has rendered obsolete many tenets of his system, and removed the last vestige of an excuse for maintaining an organization of physicians under an exclusive title, distinct and separate from the medical profession at large. The ultra school of medicine has fulfilled the complete measure of its usefulness as a separate organization. Loyalty to truth and progress now demands that it shall drop its narrow, sectarian name, and no longer seek to keep its members in leading-strings. In the nature of things, there can be but one system of medicine recognized by science. Either homœopathy must absorb the old school or be absorbed by it.'

"It would be better, we think, to give to such sentiments our hearty endorsement, with success to those who utter them."

Such meetings as those just mentioned, with the full reports of them in our medical journals, and the persevering efforts of such men as the editor of the New York *Medical Times*, will contribute materially to that clear understanding of our relative positions necessary to unite all physicians under one standard. We are public servants, but our service is high and important; and we should jealously guard the reputation to which our profession is entitled.

DIPHTHERIA.

(Read before the Jefferson County Medical Society.)

By G. HERBERT DAVIS, M.D.,
BLACK RIVER, N. C.

IN consideration of the fact that this disease has spread its baneful effects throughout the world, and received the attention of the greatest minds of the profession, without any specific or preventive treatment being found, it seems to me that instead of entering into the various theories in regard to etiology, we should treat of it in its practical aspects.

It is generally conceded that the disease is an associate of filth and bad hygienic surroundings; bnt this is not always the case, as epidemics are well known to occur in families and localities where the best sanitary regulations prevail.

It spreads its baneful influence alike in cities where good systems of sewerage are the rule, and in the country where slops and excreta are thrown upon the ground, or run into the vaults of privies which are not emptied until full.

It destroys alike the rich and poor, but seems more fatal to children than adults, though many of the latter are numbered among its victims.

The appearance of diphtheria in a community today is more dreadful than was smallpox in the days when the older ones among you were beginning the practice of medicine.

And well it *may* be dreaded; for, when epidemic, whole villages and towns are put in mourning for their little ones. I have myself seen five members of one family die within twenty-four hours from this dreaded disease.

It remains a source of the most profound regret to the profession at large that, as yet, no specific cure, or preventive means, has been discovered to render the spread of so fatal a malady an impossibility; and a fame far in excess of that of Jenner, Pasteur, or Koch awaits the first discoverer of a sure preventive or specific cure for diphtheria.

I consider myself exceedingly fortunate, that, in a practice extending over a period of five years, I have been called upon to treat but few cases of diphtheria, the whole number of cases treated being twenty, and the number of deaths two.

I consider the disease to be a constitutional one at first, with local manifestations, and that the re-formation of membrane after its extensive destruction, as practised in the past, goes to prove this fact.

Were this not so, many cases seen early in the disease, when the membrane is confined to one or more small patches upon the tonsils, could be rapidly cured by caustics or cauterization. Whereas, I know, by

my own experience and that of others, that this is not the case. Instead, the patches thus destroyed rapidly recur.

Early in the course of the disease important blood changes take place, such as softening of the spleen, congestion of the liver, and disturbances of the stomach. The symptoms are both constitutional and local, and both may be mild or severe, but there is not always a uniformity of severity between them. When ushered in by a severe chill the disease usually terminates rapidly.

There is often paralysis of the pharyngeal muscles, and difficult deglutition. When the disease descends into the larynx the voice becomes hoarse, and finally is reduced to a whisper. There is at first difficulty of inspiration, then, as it advances, difficulty of ex piration, and, finally, unless we resort to intubation or tracheotomy, the patient dies from asphyxia.

In diphtheria the temperature is not as reliable a guide as the pulse. There are no stages and no critical days as in other diseases. It follows no regular laws. Some cases live but a few hours, others live weeks, and, after apparently recovering, may die from paralysis of the heart.

A rapid pulse does not render the prognosis more grave, unless it is also irregular. Vomiting at the outset is not dangerous, but toward the termination is more serious. Delirium, late in the disease, accompanied by a typhoid condition, or stupor, heralds approaching death.

The prognosis is *always* grave. In epidemics nearly 50 per cent. of the cases are fatal. The cases at the beginning of an epidemic are more serious than towards the last.

As regards treatment, too many methods are in vogue for me to enumerate them. Therefore, I will only outline the treatment used by myself, in recent cases, and which has proved more satisfactory than any previously employed.

If called early in the disease, I give a laxative dose of calomel, cause the patient to be isolated, and allow only necessary attendants in the room. I evaporate turpentine or bromine and generate steam in the room, keeping the patient as quiet as possible.

For local treatment I use insufflations of boracic acid, iodoform or sulphur, and spray the throat with a solution of sulpho-carbolate of soda, allowing the same for a gargle.

I usually allow them to wear a piece of fat pork sprinkled with salt and pepper, around the throat, and make no efforts to remove membrane, unless it is partially detached and hanging in shreds. so as to interfere with respiration.

I have more confidence in constitutional treatment, and aim in that to support the strength, and recuperate the failing powers of the patient, combating the septicæmic condition with tonics and stimulants; such as tincture of iron, from ten to forty drops, suspended in glycerin and water, once in three or four hours; alcohol in some form given in milk and lime water in large doses, sulpho-carbolate or sulphite of sodium as a germicide. Quinine or antipyrin for excessive pyrexia. Digitalis, ammonia, or tincture strophanthus, as a support to a flagging heart, and as much nourishment in the form of milk, beef tea, gruel, etc., as I can induce the patient to take without stomach disturbance.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

Clinic of PROF. J. M. ANDERS.

INDIGESTION.

THE first case that I have to show you to-day, gentlemen, is one of indigestion, in a little boy, F. G., aged six years, who first complained of his present trouble about three weeks ago. This affection is a frequent one in children, and the reason for it is evident, when we remember that the cause is, as a rule, improper feeding. Immediately after eating the patient feels uncomfortable, with a sense of weight and fulness about the gastric region; there may be some nausea, rarely vomiting, and slight diarrhœa, or, at least, an occasional soft stool with small masses of hard, undigested food commingled, often follows. Palpation determines usually a distended stomach, which is tender on pressure. The prognosis is always favorable, the local pathological condition seldom exceeding a slight gastric catarrh, perhaps; although, if left untreated, the patient suffers from an impairment of general health and strength, that may become seriously intractable.

The treatment of indigestion naturally divides itself into two heads, namely, the hygienic and the medicinal. Careful regard must be paid to regularity of eating, kind and quantity of food. Generally speaking, milk, light soups, eggs, bread and jelly, and the like, are well taken and easily digested. When, however, the digestive function is feeble on account of an insufficient supply of the gastric juice, recourse must be had to medicines, the essential remedies being pepsin and dilute hydrochloric acid. Two grains of the former with three minims of the latter, as a dose, taken well diluted, after meals, will ordinarily meet the indications, in a child six years of age.

CHOREA.

This little girl, also aged six, the mother says, complains of a peculiar twitching of the left arm, which is at once noticeable. We recognize this as an undoubted case of chorea, involving principally the muscles of the left shoulder, hence unilateral. We have the history of this malady dating back one year, apparently because of the resisting nature of the affection to drugs, and the fact that implication of one or two groups of muscles seems to be more difficult to cure than do the general choreic movements. The predisposing causes of chorea, age and sex, are admitted to be important in the etiology of this disease; whilst fright is denominated an exciting cause. This affection is, as you may all know, common to the young almost exclusively, especially at the period of approaching puberty. In the aged, the pathological condition is supposed by most authorities to be entirely different from that of childhood; and senile chorea—only thirteen distinct cases of

which have thus far been acknowledged as properly recorded—certainly is much less amenable to treatment. As to sex, it may be remarked that chorea is more frequent in girls, in the ratio of about two to one, compared with boys. Again, specific disease and overwork may play no inconsiderable part in predisposing to choreic attacks. Rhematism often bears a peculiar relation to chorea; and in the case before us there is a family history of rheumatic trouble—in the father we are told. Chorea may be, and rarely is succeeded, even years after the first attack, by rheumatism; hence, we should make it a point invariably to auscult the heart in all of our patients who are afflicted with this nervous derangement. However, in this little girl we can discover no murmur, but, what is rare, a reduplication of the first heart sound.

Before an actual attack of chorea, premonitory symptoms of restlessness and peevishness on the one hand, or excitation and abnormal buoyancy on the other hand, manifest themselves. Then, the involuntary twitching of one group of the skeletal muscles, steadily advancing until the whole system of voluntary muscles are involved. To develop an attack fully, a week or ten days after the signs before mentioned first appear is required. The twitchings may become so violent as to throw the patient from a chair, or out of bed. We observe now that the left leg twitches slightly in our little patient, thus justifying the appellation of hemi-chorea to this case.

The pathology of this affection has been ably studied by Dickinson, who has shown that hyperæmia of the brain and spinal cord exist, and, in severe cases, extrusion of the contents of the blood-vessels into the adjacent tissues is evident. In treating chorea, no great beneficial result is to be expected in the first week of medication, as, by using the best remedy we have, namely, arsenic, the symptoms may be aggravated. This drug is administered best in the form of Fowler's solution, giving gtt. iij after each meal, and increasing the dose by a drop every two days to the point of toxicity, watching the effects carefully. When given internally without benefit, arsenic may be tried hypodermatically, injecting three minims of the solution once daily, and augmenting the dose one minim every second day. The next remedy in point of service is cimicifuga, while Ross claims good results from the use of the sulphate of zinc. The fluid extract of cimicifuga in ten-minim doses to begin with, increased gradually to fʒss, may be given; or, bromides in combination with a simple bitter tonic, as gentian and iron, may prove to be efficient remedies. The vegetable salts of iron are to be preferred for children, as they are more easily assimilated.

MITRAL REGURGITATION.

Wm. B., aged ten, suffers from a cardiac affection of one year's standing. Family history good. Oppression, with slight pain about the region of the heart and in a few of the joints are complained of. It is worthy of attention and emphasis to note here that, no matter how significant or severe the general heart symptoms may seem, no diagnosis can be truly established except by the aid of physical exploration. We know this case to be one of mitral regurgitation; but we shall now reëxamine the patient before you, detailing the physical signs which form the basis of our diagnosis.

On inspection we observe that the area of impulse is almost twice as large as it should be, and that a heaving of the left chest takes place with every beat of the heart. Palpation confirms this view, for by placing our hand over the disturbed area an exaggerated impulse is appreciated. On percussing the chest, the cardiac dulness is found to extend fully half an inch to the right of the normal external line, nearly as high as the second costal cartilage in the left infra-clavicular space, and about half an inch to the left of the anterior axillary line of the same side. Hence, we have here undoubtedly a case of enlargement of the heart. Is it a simple hypertrophy merely, or is there valvular disease as well? Now, to ascertain this, by auscultation we hear a distinct murmur at the base of the heart, which increases in intensity as we approach the apex, which is further transmitted to the infra-axillary space and as far as the angle of the left scapula.

Here, then, is a defect of the mitral valves, which, closing improperly, permit a reflow of blood into the left auricle with every cardiac contraction; while the hypertrophy is compensatory, on account of the heart's effort to overcome the loss of blood to the systemic circulation which entails upon the regurgitation. But, by and by, this cardiac hypertrophy, this overstimulated heart muscle, loses its tone, degenerative changes set in, and a tendency to gradual dilatation follows; the heart's action, as in the case before us, becoming somewhat feeble and irregular. Mitral insufficiency or regurgitation must not be confounded with mitral stenosis. It may be well to note the following points of difference: First, as to time, the murmur in stenosis of the mitral valves usually precedes and runs up to the first sound; while in regurgitation it is synchronous with and fades away from that sound. Secondly, in mitral stenosis the area of greatest intensity of the murmur is localized within a few inches of the apex beat, and is never transmitted. Thirdly, the character of the stenotic murmur is usually described as being "long and churning," and accompanied by a perceptible thrill; that of the regurgitant murmur, as "blowing."

Mitral regurgitation in children has its origin commonly in a previous endocarditis, due to rheumatic diathesis or to a transient attack of rheumatism that the parents may have overlooked; yet by some it is claimed to originate spontaneously and insidiously. The affection may also follow exposure, or perhaps any one of the exanthematous diseases; but in the majority of instances, although no clear history of rheumatism can be obtained, to it must be attributed these endocardial lesions. They consist in thickened, incrusted valves, agglutinated sometimes to the chordæ tendineæ, and often with deposits of fringe-like vegetations—all due to the precedent inflammatory affection.

The prognosis depends on the most marked feature of the case. Here there is no œdema, but difficulty

in breathing, and the rapid development of the trouble must modify a favorable outlook to a guarded opinion, especially as emaciation has supervened to a marked degree. With care, however, the case may improve as the child grows. In treating this boy, close and rigid attention to proper nutrition and muscular hygiene are essential to invigoration and a possible cure. Light outdoor and gymnastic exercise, the daily bath with dry rubbing, highly nutritious and easily digestible diet are necessary to the end of making blood and muscle. As the indications may suggest, the physician should prescribe tonics, probably the bitter tonics and iron, and when the cardiac contractions are feeble or irregular, the tincture digitalis or strophanthus. Tr. gentianæ comp. fʒss., with ferri et potassa tartrat., gr. ij., will be given in this case, together with ɱ v tr. digitalis.

AT the Philadelphia County Medical Society, September 11, Prof. Keen described an operation which he had performed upon a youth whose ears were too prominent to suit his tastes. A spindle-shaped segment of skin was removed from the back of the concha, and a wedge-shaped piece of the cartilage; care being taken not to cut through the integument in front, which would cause a scar, or to remove any of the anterior surface of the cartilage, which would cause puckering of the skin in front. The ear was then bent back until the surfaces of the cut in the cartilage were brought together, and the skin was united by sutures. Photographs were shown representing the patient previous to and after the operation, and the improvement was manifest.

Prof. Keen also exhibited a case of Dupuytren's finger contraction, cured by excision of the contracting band. The patient, a physician, was present, and showed that he had very good use of the member.

TREATMENT OF LEPROSY.—In the treatment of this disease J. L. Donnet states that the hygienic, the dietetic, and the palliative had more influence than the therapeutic. Where the cleansing of the skin by baths could be effected; where soothing or stimulating applications were made to ulcerated surfaces and to the skin, to allay the distressing symptom of prurigo; where good and abundant food was given, fresh air obtained, and exercise without fatigue taken, with attention to full ventilation of inhabited rooms; where measures were adopted to afford recreation and gentle excitement, and thus divert the mind from the disease itself, a marked difference and a decided improvement were the consequence. Under these influences the disease made little advance. But it is one that follows a determined course, rapid in some, more dilatory and seemingly stationary in others, but never retrogressing, always advancing.

Where drugs were administered internally, he remarked that only those possessed of dietetic properties—as for example, cod-liver oil—were of any value. Mercury, arsenic, iodide of potassium, assacú (obtained by incisions into the bark of the *hura brasiliensis*), ammonia, and other preparations, each acted on the system, *modo suo*, but not in the measure or way hoped or.—*British Medical Journal.*

APOSTOLI'S METHOD.—Dr. A. Lapthorn Smith, of Bishop's College, Montreal, gives, in an interesting and able article, the results of one year's experience with Apostoli's method. He urges the necessity for irrigation of the vaginal canal with a one to one thousand bichloride solution before and after each application, which should be made at least every second day. His experience has convinced him that while electrolysis should not be too highly regarded as a curative means in the gynecological field, it certainly demands earnest and judicious study, and is of undoubted value as a therapeutic agent. Especially is this true as regards fibroid growths of the uterus, which he believes are "primarily due to defective vitality of the uterus accompanied by slowing of the circulation."

The continuous current, he claims, by hastening the circulation, increases the nutrition of the part; the lymphatics take on a new impetus, facilitating the interchange of tissue and absorbing the exuded lymph and products of decomposition, the result of the electrolysis. The relief of ovarian neuralgia by galvanism is also due to this increased nutrition, together with the removal of all retracting plastic effusion. As a means of arresting hemorrhage in fibroids and endometritis, it is universally affirmed that Apostoli's treatment has never failed.

—*Amer. Jour. of Obstetrics*, August.

SUCCESS OF M. PASTEUR'S SYSTEM.—At the Academy of Sciences M. Pasteur recently presented a note of the results observed in the Pasteur Institute from May 1, 1888, to May 1, 1889 (*La France Medicale*, No. 73). During this period 1,673 persons bitten by rabid or presumably (*tres suspects de rage*) rabid dogs had been treated—1,487 French and 186 foreigners. Of this number—viz., 1,673—118 had been bitten in the head or face. Six persons (four bitten on the head and two on the limbs) had been attacked with rabies during treatment; four others were attacked within a fortnight after the close of the treatment. Three persons bitten on the head died after the treatment had been completely finished, and these, therefore, represent the total cases of failure—viz., in the ratio 1 in 557, Or if, 'which would be illogical," adds M. Pasteur, to these three cases were to be added the 10 above mentioned, there would still be a mortality of only 1 in 128.—*Scientific American.*

DR. GEO. C. IRWIN, of Sabetha, Kansas, reports a case of uncomplicated pertussis, with severe laryngeal spasms of hourly occurrence, in an infant aged three months, for which, after using atropia, antipyrin, quinine, and other remedies so often recommended for this disease, he gave phenacetin in one-half grain doses in ten drops of pure glycerin, which is a moderately good solvent, and was surprised to find that it immediately gave relief, so that the first night after using it every four hours the child obtained six and one-half hours' good rest, and there has been a steady and gradual improvement since.

—*Archives of Pædiatrics.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Sept. 21, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

J. D. S. DAVIS, Birmingham, Ala.
LEOPOLD, SERVAIS, Antwerp, Belgium,
FRANCIS L. HAYNES, Los Angelos, Cal.
W. B. GEIKIE, Toronto, Canada.
T. D. CROTHERS, Hartford, Conn.
WILLIAM A. HAMMOND, Washington, D. C.
J. A. S. GRANT BEY, Cairo, Egypt.
WILLIAM MURRELL, London, England.
THOMAS LINN, Paris, France.
DUJARDIN-BEAUMETZ, Paris, France.
GEORGES APOSTOLI, Paris, France.
AUGUST MARTIN, Berlin, Germany.
JOSEF KÖRÖSI, Buda-pesth. Hungary.
F. C. FERGUSON, Indianapolis, Ind.
JOSEPH JONES, New Orleans, La.
E. P. HURD, Newburyport, Mass.
J. J. MULHERON, Detroit, Mich.
LUTHER SEXTON, Wesson. Miss.
I. N. LOVE, St. Louis, Mo.
J. J. BERRY, Portsmouth, N. H.
A. VAN DE VEER, Albany, N. Y.
ROSWELL PARK, Buffalo, N, Y.
J. LEWIS SMITH, New York.
MORRIS H. HENRY, New York.
SIMON BARUCH, New York.
A. R. BAKER, Cleveland, Ohio.
W. S. CHRISTOPHER, Cincinnati, Ohio.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa
E. E. MONTGOMERY, Philadelphia, Pa.
W. H. PANCOAST, Philadelphia, Pa.
J. V. SHOEMAKER. Philadelphia, Pa.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
L. H. METTLER, Philadelphia, Pa.
HENRY LEFFMANN, Philadelphia, Pa,
LAWRENCE F. FLICK, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. M. ANDERS, Philadelphia, Pa.
W. B. ATKINSON, Philadelphia, Pa.
P. D. KEYSER, Philadelphia, Pa.
A. E ROUSSEL, Philadelphia, Pa.
ERNEST LAPLACE, Philadelphia.
W. F. HUTCHINSON, Providence, R. I.
GEORGES ASSAKY, Bucharest, Roumania.
R. A. KINLOCH, Charleston, S. C.
C. A. BRYCE, Richmond, Va
NICHOLAS SENN, Milwaukee, Wis.

THE USE AND ABUSE OF ANTIPYRETICS IN SEPTIC FEVERS.

IN former years when pathology as a science was still unknown, the treatment of disease was largely empirical and symptomatic. Long lists of recorded facts were employed, not as they should have been then, and are now, merely to prove the nature of certain chemical discoveries and therapeutical applications in relation to disease; but in a haphazard sort of a way. The lines of treatment themselves were based thereupon, ofttimes without reason or scientific deduction. If new diseases made their appearance the only thing that could have been done in those days was to combat the accompanying symptoms regardless of the original seat of the trouble. A fever had to be put down, whether it depended upon a peritonitis or a pneumonia; a headache had to be treated with anodynes, whether it were caused by eye-strain or disordered stomach; syncope was a condition that called for blood-letting, whether the cause were anæmia or hyperæmia of the brain. Occasionally excellent results were obtained by this uncertain, irrational method of treatment. Indeed, medicine is not yet sufficiently advanced as a science, perhaps never will be, for us to discard empiricism entirely.

Pathology is teaching new facts every day in regard to the unseen causes of the symptoms which the older practitioners had to combat thus blindly. Microbes, bacteria and ptomaines have put quite a new face upon many diseases, and instead of attacking the symptoms, we devote all our energies to destroying the noxious germs; the former we allow to take care of themselves. We have every reason to be justly proud of these later discoveries in medicine, but in our enthusiasm there is danger of our being too radical, particularly as we are in the dark still with regard to many of the diseases.

In no department of therapeutics are the conservative and radical methods so pronounced or so widely opposed to each other as in the treatment of the fevers. One class of men, following the lead of Semmola, would never give antipyretics in a case of typhoid. They believe that the high temperature is of no consequence whatever, so that the intestinal lesion with its bacteria receives the appropriate attention. Some even go so far as to assert that the fever is rather an advantage than otherwise, being nature's germicide or means of destroying the deleterious products in the alimentary canal. In some of the hospitals nothing but a tonic and stimulative treatment is administered. In others an intestinal antiseptic is given and the patient merely placed under the most comfortable and best hygienic conditions. These radical methods do not include such drugs as quinine, antipyrin, phenacetin, and the rest of the phenol group; yet most excellent results are attained.

On the other hand there are those who believe literally in the self-limitation of typhoid, and in the absolute uselessness of attempting to abort the affection itself. They teach that the fatality of the disease, irrespective of such accidents as perforation and hemorrhage, is dependent upon the extreme exhaustion caused by the intense fever. A high temperature, besides being an indication of rapid destruction of tissues, is itself a powerful cause of such distinctive changes. Hence, the appropriate treat-

ment would be to support the patient and keep down the temperature until the disease had run its course.

We believe that both of these views are extreme. In some cases the happiest results will be obtained by the application of either of these methods of treatment; but to limit oneself to either, in all cases, would be dangerous, unscientific and irrational. The disease is a germ disease; therefore, first of all, we must, if possible, destroy the parasites in the alimentary canal. Various antiseptics have been recommended for this purpose, such as the sulpho-carbolate of zinc and the iodine and carbolic acid mixture. In using the former we need rarely administer antipyretics as the action of the antiseptic as such produces an antipyretic effect itself.

By intestinal antisepsis we do not mean the destruction of the typhoid bacilli in the intestines, for it has been shown that at a very early period in the disease these organisms have penetrated beyond the alimentary tract and can be found in the blood. But it is probable that the symptoms which go to make up a typical case of typhoid fever depend upon a complexity of causes; of which the typhoid bacillus is only the first one, which opens the door to the others. Suppurations are due to the staphylococcus aureus, etc., which attack the Peyer's patches when weakened by the assaults of the typhoid bacteria. Part of the fever, all of the delirium, tympanites, diarrhœa, coma-vigil, and many other symptoms, are due to the absorption into the blood of ptomaines generated in the intestinal canal, by the action of, perhaps, a number of diverse bacteria; scarcely any of the characteristic symptoms of typhoid fever being really due to Klebs' bacillus, as they disappear when intestinal asepsis has been secured. In fact, if we wish to obtain a clinical picture of the effects produced by the typhoid bacillus pure and simple, we must eliminate the results of the operations of that malefic laboratory which is established in the alimentary canal, amid its dead and dying tissues and the decomposing secretions and substances given as food. This may be done most readily by giving the sulpho-carbolate of zinc until the stools become inodorous.

A high temperature is certainly a cause of extreme exhaustion, and in some cases, therefore, prompt and efficient antipyretics must be administered along with the special treatment. From this standpoint these antipyretics are really tonics, the same as the alcoholic stimulants when they are administered in extreme adynamic cases, to supply the material whereon the fever may feed, and thus allow the already vitiated tissues to remain untouched. Hence, in many cases a judicious use of the antipyretics together with the antiseptics is called for. The choice of the antipyretic seems to be largely a personal one among clinicians.

We have employed all of the more prominent ones and are emphatic in giving our preference generally to antifebrin, administered not so much by dose as by the effect produced. An unpleasant degree of cyanosis and depression is sometimes caused by antifebrin, but while these effects are not common, if the drug be administered merely in such amounts as to moderate the fever without pulling it down to the normal point, they are not of any very serious consequence. In certain cases where there are not marked counter-indications, especially in young people, we have found large doses of quinine with a small quantity of opium, given in suppository, an efficient means of lowering the temperature. We have had most unpleasant effects upon the nervous system from the use of antipyrin, and hence we rarely use it in typhoid cases. Phenacetin will sometimes accomplish most happily what none of the rest of the same group will.

It is our conclusion then that in the treatment of the septic fevers, while the main object should be to destroy the source of the disease, the germs, our next care should be to attend to the support and comfort of the patient, chief among the means of which will be the regulating of the temperature.

THE STUDY OF MEDICINE.

ACCORDING to all indications, the coming winter will see a larger number of men beginning the study of medicine than ever. In our own city the list of matriculants at all the colleges is far larger than that of previous years. Doubtless one of the causes for this is the coming three years course, which, though adopted already by some of the colleges, will not be compulsory until after 1890 in others. It is a general impression, even among the laity, that the profession is overcrowded; hence, it may be pertinently asked why do so many men seek to enter it? In making his selection of a profession, the student is probably more immediately influenced by the thought that it will be the most congenial method of earning a livelihood. He imagines that the life will be a leisurely one, the income abundant, and the chances for renown greater than in any other calling. A small minority may be altruistic enough to study medicine for the purpose of helping their suffering fellow-creatures.

A rapidly rising young surgeon of London once said to us that he thought no man ought ever to enter the medical profession who had not a fortune or other outside means of support. He believed that science, particularly the science of medicine, could be successfully pursued only by those who were perfectly free to follow their tastes, and who were unhampered by the cares of money getting. Doubtless our English cousin is right if the pursuit of pure science be the object and the student be the fortunate possessor of indominate energy. But when we gently remonstrated with him by pointing out that the Galileos, Davys, and Watts of science were all poor boys, and when we, furthermore, hinted that possibly poverty and humanity themselves were powerful stimulants to a capable and ambitious lad, he admitted that the latter view of the question was suf-

ficient to make him modify his first statement somewhat. There are young men of means and leisure continually entering upon the study of medicine that have not the least liking for any of the other occupations in life. Hence, there are other influences besides those already mentioned at work impelling them into the study of the medical sciences. As a mere accomplishment, the knowledge afforded by the medical curriculum has been sought after by some of the world's brightest intellects. Men who have never had a thought of practising have nevertheless attended medical courses of lectures, and men who have purposed devoting themselves to other arts and sciences have considered it necessary to take a preliminary course in medicine. Nothing is so interesting to man as man, and wherever the human intellect pries, whether in the world of matter or of spirit, it comes in contact with what has close relation to man. The very subject, therefore, that heads the list of medical studies, that which is of the very first importance, human anatomy, is of itself sufficient to attract the attention of those searching for an interesting subject of thought. Many love the science in the abstract, but have not the hardihood to study it in the dissecting-room or beside the operating-table. A physician used to be one who studied physics, including pretty nearly all the sciences. Botany, chemistry, mathematics, and even the allied sciences of biology and geology—altogether the most attractive group of studies—are more or less included in his investigations. In days gone by even a knowledge of astronomy, under the debased form of astrology, was demanded of him. As to the metaphysical sciences, no one can be perfect in them without a knowledge of medicine, and a physician who wishes to possess all the resources of his art will do well to be somewhat acquainted with them.

After the student has entered upon his medical course, the scientific turn of mind which is gradually developed in him stimulates him to a greater degree of study, and makes him fonder than ever of this most fascinating department of science. Thus, his intellect, like a shuttlecock, is made to vibrate between the two powerful influences, its own developing love for science itself, and the abundant food for thought and research in its chosen department. He becomes a skeptic in the best sense of the term, taking nothing upon authority that he can investigate for himself. As he advances in his researches, he acquires a feeling of reverence and awe for the "one temple in the universe, which is the body of man," and he imagines that he "touches heaven when he lays his hands upon a human body." The mystery of the *how*, *whence*, *whither*, and *why* of it all fascinates and goads him on to even more strenuous exertions. All departments of human thought and activity, art, literature, and science are grappled in the endeavor to solve the mystery. Sometimes becoming dissatisfied with the mere routine of a practitioner's life, or more often finding the powers of mind too small to compass all knowledge, the student turns to other neighboring fields and cultivates them. It is in this way that nearly all of our greatest scientists and thinkers of the world have at some time in the course of their lives, most frequently the beginning of it, been enrolled as students of medicine.

There is a tendency on the part of some, and we fear they are usually the unsuccessful, jealous rivals, to discourage young men entering upon the study of medicine. This is an error. If a lad shows the slightest disposition to enter the temple of science, medicine is the very best portal through which he can pass. If, however, after starting upon his course, he is determined still to practise the art of curing his fellow-beings, closer restrictions should be thrown about him; he should be examined as to his fitness in this special kind of work, and every precaution taken to protect the people against ignorance and incapability. So we are glad to see this influx of students to our great medical schools; at the same time, we have wished that a perfect and satisfactory examining board, free from prejudice and political influences, had been established, with full power to prevent any one practising medicine who is not by aptitude and training fit for it.

Annotations.

ONE of our Western contemporaries evidently believes that a journal cannot be practical and at the same time scientific.

The word "scientific" has a somewhat different meaning in the minds of different persons. To some, an article is not truly scientific unless it is emasculated by leaving out everything which can possibly be made useful, and in which every sentence can be fortified by quotations from German authorities. Why such a paper should be considered more worthy than a well-written record of clincal studies, or a well-founded deduction from experience in the therapeutics of a disease, we are unable to comprehend. Nor do we readily see why a journal should be considered worthy only when it caters to that very limited class which, having access to the great medical libraries and the city societies, has neither the need nor the desire for any journal. There are journals of physiology for those who are interested in physiological research; the specialist has his organs in great plenty; the bacteriologist has his *Centralblatt*; why, then, should the organ of the great mass of the profession, giving an epitome of the medical thought of the day, be looked down upon? Simply because this part of the profession is itself looked down upon, by these men whose little sum of medical art would go but a short distance in furnishing the stock of the family physician. We see about us men dying of curable disease; men who might be saved were their medical attendants better educated, better skilled, and more earnest in their duties. There is not one man living who holds in his head the sum of all human knowledge of the medical art. There are

thousands of workers who are earnest in their desire to be useful, who, through ignorance, are daily solving problems which have already been solved over and over again, for ages past. What a waste would be saved were each to know what his predecessors had done, what experiments they had made, and into what errors they had tumbled. In so much as we can assist in this work of disseminating knowledge and recording experiences, we are satisfied to be useful, and willingly leave our friends to the pursuit of what they denominate science, but which reminds us rather of the Byzantine Greeks, who discussed the question of how many angels could dance on the point of a needle, while the barbarians were dismembering their empire and closing in on their doomed capital.

RUSSIA'S WORKING CLASSES.

THE condition of a large part of the working class in our own country is bad enough—too bad, we all know—but compared with the lot of the same class in Russia, our working people's lives are enviable.

At the late International Congress of Hygiene, at Paris, Madame Tkatcheff read a highly interesting paper on the Condition of the Working Classes in Russia.

There are some 932,000 operatives employed in the various mills and factories of Russia. Many of these are agriculturists, who, being unable to make a living from the soil, work in a factory from September to February. These have no homes in the town or city they come to, but sleep in the factory. Men, women, and children are thrown together in crowded, ill-smelling rooms; the result being, as we may expect, a high death-rate and a shocking immorality. The migrations of villagers into towns for a short time each year brought back syphilis, and some of the villages were infected to such an extent that every single inhabitant had this disease.

The special death-rate of the working class is not known, but compare the general death-rate with that of other countries: Sweden, 17 per 1000; France, 24 per 1000; Russia, 36.8 per 1000.

Most of these laborers are not able to afford leather boots, but wrap their feet in paper and rags, and thrust them into wooden shoes. A shirt is an unknown luxury. To keep himself from freezing, the peasant wears a rough garment of sheepskin, with the wool inside. The hours of work vary from twelve to fourteen. We have not space for more details. They are all of wretchedness. What a field for philanthropic exertions.

HEARING and reading an author's remarks will ofttimes lead to different impressions. By one of these fatalities, the result of not an unnatural inference drawn from Brush's statements made before the Section of Pædiatrics, an incorrect annotation appeared in the DIETETIC GAZETTE of July 13. Dr. Brush did not intend to say that by breeding cattle the milk could be made to approach in composition that of the human female. He holds that milk may be divided into two distinct varieties, according as it is the product of the *cud-chewing* or the *non-cud-chewing* animals. This is an important limitation. The former variety afforded by the cow contains a kind of caseine, which coagulates into a hard mass under the action of the digestive ferment. The latter —that given by the non-cud-chewing animals, to which the human race belongs—does not, under the action of rennet or acids, coagulate into the hard mass we find in cow's milk, but into smaller, granular, or flocculent masses, easily digestible. In regard to the breeding of cows, no thought is taken of attempting to transform a cud-chewing into a non-cud-chewing animal, but they should be bred solely for health and not for commercial value in producing quantities of milk. If this is done the best of all foods for the infant will be obtained, aside from the mother's own milk.

WHAT nonsense is the talk of a medical journal sacrificing the interests of its readers to those of its advertisers. No journal could live which was managed upon such principles, and the first to desert it would be the advertisers themselves. We have found no body of men more keenly alive than they to the value of the professional standing of journals, placing it above that of circulation. Even the journals which are founded and supported by publishing or manufacturing houses find it necessary to be exceedingly careful in dealing with their proprietor's interests; anything like an effort to push them being disastrous. Even when such favoritism is limited simply to the benign view taken of the firm's own books, it is enough to constitute an obstacle to the success of the journal. Experience has repeatedly shown that when such journals have been withdrawn completely from the control of the publishers, they have quickly won a popularity which the best editing and the most lavish expenditure for material previously failed to secure.

It is the reader whose interests must be considered, first and last; and unless this is the ruling principle of a journal, it will never win the support of the profession, which constitutes its true value. If it sinks to be the mouthpiece of a publishing house or an advertising touter, a blackmailer, or a means for the dissemination of its editor's personal views, it fails to be an organ of the profession. The representative of one man is but a paltry affair; the representative of many men wears a dignity derived from the sum of all its constituents.

WE learn from the *Journal d' Hygiene* that cholera is assuming a threatening attitude in Mesopotamia. Confined to the southern part of the Province during the first days of August, in a triangular section between Bassorah and Rumlyta, the epidemic has ascended the Tigris rapidly and appeared at Bagdad, on August 14. By August 29, all the intervening territory was affected, and the disease had spread north to Hanejuine. The banks of the Euphrates from Rosma to Mussayeb are also attacked. Bagdad is in desolation, almost abandoned; the inhabitants camping in the environs. On August 25, there were registered one hundred deaths, of which ninety-three were from cholera.

Letters to the Editor.

A CASE OF SENILE GANGRENE.

RHODA IVEY, aged eighty-one, was attacked some time in March, 1889, with a severe pain in the toe next to the great toe on the left foot.

Pain, without swelling or fever, continued for several weeks, when the great toe, together with the other toes on the same foot, became involved, causing her unceasing and almost unbearable pain, notwithstanding the free use of anodynes.

About the time the other toes began to become involved, the toe first attacked gave evident signs of approaching death, by shriveling and turning a mouldy black.

The diagnosis of senile gangrene, which disease had all along been suspected, was now confirmed. Notwithstanding the great pain and much restlessness there was no fever; the temperature remaining a little subnormal; no redness; no swelling, and not much soreness upon pressure. The pulse, however, was very small, highly compressible, occasionally intermitting and quite frequent, varying from 110 to 120 per minute.

All along the woman retained a remarkably fine appetite. She would exclaim: "Yes, doctor, I can eat anything they will bring me."

Gangrene progressed slowly until about the first of August, when a line of demarcation was very irregularly but distinctly formed around the foot near the instep. Notwithstanding her great age and feeblenes, it was now deemed best to amputate.

This the writer, aided by one regular physician and a druggist, did, on August 10, cutting a little below the knee-joint, or about the union of the upper and middle third of the tibia.

So far the writer has reported nothing very unusual or remarkable in a case of senile gangrene. It was noticed, when the cutaneous and subcutaneous tissues were being divided, that only a very little, very black, thin, water-like blood escaped.

The writer finding it somewhat difficult to find the main arteries—the posterior tibial, and the peroneal—for ligation, had the tourniquet loosened, when to our surprise no blood flowed.

We removed the tourniquet entirely and rubbed the limb downward, but not a teaspoonful of blood could we make to flow, the flesh on the stump looking as bloodless as a piece of steak in the market. We decided not to cut above the knee; and completed the operation without applying a ligature!

The woman recovered promptly and fully from the influence of the anæsthetic, chloroform, and lived three days and thirteen hours, retaining all the while her mental faculties unimpaired until within six hours of her decease.

A little fever set in during the morning of the third day and ran very high just before death, the temperature rising a little above 106° F.

At no time during the three days was the dressing about the stump more than slightly stained with blood.

Can you explain the cause, Mr. Editor, of the exsanguineous condition of the limb?

Could there have been an obstruction within the popliteal or femoral somewhere along its course? Could a thrombus have caused it?

Could a hypertrophy or thickened condition of the walls of the artery somewhere along its track, or throughout its entirety, have occluded the free circulation?

If such a condition existed, how could the warmth and nutrition of the limb be sustained, above the line of demarcation?

Could a greatly enfeebled condition of the *heart* explain this bloodlessness of the leg?

We had no opportunity of examining the veins and arteries of the amputated part, nor were we allowed an autopsy.

There was no history of a traumatism involving any part of the limb. The urine was normal—at least, there existed no glycosuria. The right foot and leg seemed to be in a normal condition. The pulsation in its arteries could be distinctly felt as low down as the instep. This was not the case with the diseased limb. We could not discover any pulsation anywhere, even as high up as the beginning of the femoral.

Dr. C. S. Kendrick and Mr. Geo. W. Brown, druggist, both of Sharon, assisted the writer in the above operation.

ARTHUR C. DAVIDSON, M.D.

SHARON, GA.

[The artery was occluded above the point at which the amputation was performed; probably above the crural ring. The occlusion was probably due to embolism, as the history shows that the obstruction was not sudden or complete at first. An embolic mass has been washed into the arterial circulation, or, more probably, a deposit of fibrin took place at the bifurcation of the iliac; and as it grew larger by accretion, the obstruction to the circulation gave rise to the gangrene. In the upper part of the limb a collateral circulation was sufficiently established to preserve the vitality of the tissues; and this is itself singular, in a woman of such advanced age.]

SCHOOL HYGIENE.

YOUR editorial, entitled, The Care of the Children, comes not any too soon. While we have very many most worthy persons engaged in the work of teaching, unfortunately we encounter occasionally a specimen utterly unfit to have charge even of a brute, let alone a growing child, whose constitution is in process of formation, whose future may be made or marred according as it may please the person who is for the time being placed over it in *loco parentis*. So many times have I been called to prescribe for the results of the unthinking, even unfeeling, treatment to which children have been subjected by their teachers, that I have felt it my duty to do what I could to prevent a repetition of what in some is true barbarism, while in others it arises from carelessness or want of attention to the physical condition of the little ones under their orders.

I do not now propose to talk of ill ventilated school rooms, and the like crying evils, which our excellent Board of Health, in the person of the Medical In-

spector, is earnestly endeavoring to lessen. I desire to direct special attention to class-room discipline.

You say "a certain amount of leniency must be admitted." This is of vast importance. When we remember that many young persons are compelled to answer the calls of nature suddenly, in some cases almost without warning, what rule can be adopted by which all are to be governed? In fact, I now recall a case. A sensitive girl, just at puberty, suffering with the diarrhœa of incipient phthisis, not being permitted to retire at her urgent request, having soiled herself and clothing, was brutally placed on the platform, and the entire class informed why, and the suggestion made that she needed to return to the use of diapers. Can we wonder that she brooded over this outrageous insult to her budding womanhood, and could not be induced to risk another such scene?

Or, in reply to the anxious request for permission to retire, the reply is, "you shall take so many marks for going."

I might add many other examples which have been brought to my knowledge, where such a person seemed insensible to any remonstrance or mode of reasoning, although the parents have carefully explained the conditions surrounding their child, and begged for that leniency as an especial favor.

As I write, memory recalls the many instances where children have been compelled to submit rather than have the teacher "down on them." In my study of the diseases of children for the many years which I have devoted to these interesting members of society, I have frequently been led to admire how much nature can do to enable them to overcome the injuries inflicted upon them in early life, and to be glad to find the small amount of harm done by treatment the most brutal. You say, "Girls, for instance, are sometimes subject to weakness for which they must retire more frequently than usual. To disregard such a condition might lead to lifelong misery and ill health." Undoubtedly much of the troubles incident to the approach of puberty are, in a great degree, due to the proper care having been wanting at this crisis of their lives. Mothers need to guard against the evils thus likely to be induced, and to see that the calls of nature are properly heeded. I have often thought that a great good might be accomplished if we had a board of lady visitors for every school, composed wholly of "mothers," who would, from the care of their own darlings, know the wants of other people's children, and thus be ready to interpose at the proper time. In many cases it would seem as though children at the ordinary schools were like sailors on board ship, solely at the mercy of the captain, who is judge, jury, and executioner, and holds the lives of the sailors at his command, and when in port difficult to punish.

By all means let us have a jury of matrons, who shall decide when a teacher of girls shall change her treatment and make it in accordance with common sense and good hygiene.

Some day I shall endeavor to give you some clinical cases illustrative of the evils occurring from the causes alluded to.

Wm. B. Atkinson, M.D.
Philadelphia, Sept. 14, 1889.

SULPHO-CARBOLATE OF ZINC IN DIARRHŒA.

My experience with the sulpho-carbolate of zinc has been very limited, but, so far as it goes, exceedingly satisfactory. The first case in which I used it was that of a child, Robert T., aged eighteen months; who, for ten days, had been suffering from a severe attack of summer diarrhœa. The little fellow, when I first saw him, had fallen away to almost a shadow of his former self; his features were pinched, and he suffered severe pain with every movement from the bowels, which movements occurred once or twice every hour, day and night. The evacuations were of a very offensive odor, and at times contained a little blood. He was unable to retain anything on the stomach; not even milk and limewater, or any prepared food, of which latter his nurse had tried many varieties. He had been under the care of a so-called homœopath for a week before I saw him, from which fact I infer that we may exclude the possibility of any medicinal influence on the course of the disease up to that time. I immediately placed the little one on half-grain doses of the sulpho-carbolate in combination with one grain of the subnitrate of bismuth, every hour, until improvement should be manifest. This course was continued until eight powders were taken, when the improvement was so marked that we dropped down to one dose every two hours, and, in twenty-four hours more, the child seemed like a different being—diarrhœa thoroughly under control, no vomiting, and but slight pain. This rapid improvement continued, until, at the end of three days more, I dismissed the case. Of course, the feeding was carefully regulated, but it was also attended to with much intelligence by my predecessor.

My second case was that of a young lady whom I saw five days later (August 10), who was suffering from subacute ileo-colitis. Her I placed on three-grain doses of sulpho-carbolate of zinc in combination with an equal quantity of subnitrate of bismuth and one grain of bicarbonate of soda every two hours. The recovery was prompt and permanent. Since then I have had a few more cases, mostly young children of poor parents, whom I was happy to treat, rather as affording material for observing the action of the drug than as a matter of business, and I can heartily testify to its decided therapeutic value, when applied to the class of cases in which a powerful, yet harmless, agent is required to bring about a comparatively aseptic condition in the intestinal tract.

Martin Rively, M.D.
2300 Green Street.

A Singular Error in Diagnosticating a Breech Presentation.—Koviot describes a case of breech presentation in a primipara forty years old, in which the os uteri, but slightly dilated, was thought to be the child's anus, as it was smeared with meconium. Dilatation was thought complete when it had scarcely begun. The child was stillborn, after a tedious labor, during which the error became apparent to the obstetricians in attendance.

—*American Jour. of Med. Sci.*

Cincinnati Letter.

THE colleges, clinics, societies, and medical matters in general, are looking up. Many of the doctors who have been away during the summer have returned and again taken up the prescription blank. The poor doctor who staid at home seems to look as well as his brother who haunted health resorts. Cincinnati has been remarkably comfortable during the past summer.

A death from chloroform is again added to the list in Cincinnati. The unfortunate patient was a young man aged thirty-two, who was suffering from a crushed thumb. He applied to his physician, who readily told him that an amputation was necessary. To this the patient agreed. The doctor called in another physician to assist him, who gave the chloroform, which was done at the patient's house. Hardly a teaspoonful of the anæsthetic had been given when the patient was taken with convulsions and died almost instantly. Both physicians labored for more than an hour to resuscitate the man, but all to no purpose. Death was due to paralysis of the heart.

The Cincinnati Hospital, while one of the most careful, economical, and scientifically managed institutions of its kind in the country, is just now, and has been for the past few months, subjected to a series of persecutions which are abominable. The outs are howling for reform, and the truth is, they are only wanting a chance at the perquisites themselves. One of the daily papers has been fighting the recently appointed Superintendent ever since his appointment, although he had been an efficient and trusty officer of the institution for many years. Recently an expert bookkeeper has been engaged to unearth matters, and while he may be very expert as a bookkeeper, in many other things concerning hospital management he has proven himself rather pert than expert. While advising retrenchment, economy, and reform, he criticizes the fact that externes are required to attend the Hospital six months before becoming internes, and live outside of the Hospital at their own expense. He thinks this excludes poorer students and those residing at a distance from competing. How much economy is there in feeding, bedding, and lodging six wild medical students for six months? He criticizes the fact, that while the librarian was formerly paid out of the library fund, he is now paid from the general fund. Had he inquired further he would have learned that a former employé of the Hospital has added to his former duties that of librarian, which position is filled better than it has ever been done before. He thinks it improper that a library for the sole use of physicians should be placed in a building built by general taxation. He queries, why not place this library in the public library? The answer is that it would be far less accessible, as far as the books were concerned, and as to the journals, they would be placed in the periodical room, which is so crowded with tramps and vagabonds that no physician would be comfortable, and scarcely safe, to read them. He cites the fact that there were no patients in the branch hospital for contagious diseases during 1888, and but one during 1887, yet two persons were paid for attendance there. He also wants to know why this farm of fifty acres does not help produce the food used in the Hospital? Were he as good a farmer as bookkeeper, he would know that a farm of fifty acres left untenanted in the vicinity of Cincinnati would soon go to rack and ruin, and had he made inquiries, he would have found that this farm of fifty acres did contribute very substantially to the feeding of the inmates of the Hospital.

A certain preacher, who has his church arranged like a theatre, who appears in the pulpit in a dress suit and patent leather pumps, and who is strictly sensational in his style, is interesting himself very much in the starting of a new free hospital for women. This patent-leather preacher, who would be called a quack if he were a saver of bodies instead of souls, goes about telling admiring audiences of the terrible high per cent. of mortality in the Cincinnati Hospital in laparotomies. He, or his medical supply, runs the statistics back twenty-one years, to the time when abdominal section was made here by the general surgeon, in the surgical wards, with no fear of erysipelas or thought of antiseptics. The statistics of the Cincinnati Hospital for the few years past in this line are excellent, and it is very unfair to have a preacher and a lot of sympathetic women running about decrying the abdominal surgery of twenty-one years ago.

Book Reviews.

THE NERVO-VASCULAR SYSTEM. Three charts arranged by W. HENRY PRICE and S. POTTS EAGLETON, and examined and approved by JOHN B. DEAVER, M.D., Demonstrator of Anatomy, University of Pennsylvania. Part I, the Nerves; Part II, the Arteries; Part III, the Veins. Philadelphia: F. A. Davis, 1889.

We have examined these charts and find them very well arranged, but of what use they will be to anybody we fail to comprehend. Charts upon anatomical subjects are continually being published, and, perhaps, as a kind of remembrance, when hung upon the walls of the dissecting room, may have some infinitesimal value. In themselves, they are but a tiresome list of names. To the inquiring student, or to the referring physician, they will simply be a test of how good a memory he has for retaining names. As for information, they do not afford even so much as a compend, which usually offers little enough.

THE FEDERAL GOVERNMENT OF SWITZERLAND; an Essay on the Constitution. By BERNARD MOSES, Ph.D., Professor of History and Political Economy, University of California. Cloth, pp. 256. Price, $1.50. San Francisco: Pacific Publishing Co., 1889.

It is becoming quite a common thing for physicians to take their recreation in traveling through Europe, and even to spend weeks and months at some of the more popular foreign resorts. Among all the countries none can compare with Switzerland for magnificent scenery and general education of the people. The land of Tell and Zwingle will ever be dear to the people of the United States, as there dawned and flour-

ished, when all Europe was ground down by feudalism, that free and liberal form of government of which Plato and Sir Thomas More dreamed, and of which we, the citizens of the United States, enjoy the most happy realization. The volume whose title we give above is an excellent exposé of the development and present condition of the Swiss Government. We are sure that physicians who have traveled already, and those who anticipate traveling amongst this remarkable people, will find pleasure and instruction in reading of their form of government.

FIBROMES UTERINS, leur traitement par l'electrolyse (methode Apostoli) et leur élimination fréquente sous-muqueuse par l'action de l'électricité, par le docteur La Torre (de Rome). Extract, revu et augmenté, des *Archives de Tocologie*, Dec., 1888, Jan. Fev., 1889. Paris: O. Doin, 1889.

DU TRAITEMENT DES FIBROMES UTERINS, par la Methode d'Apostoli (l'electrolyse uterine) avec une lettre-préface du Dr. Apostoli, par le Dr. Delétang (de Nantes). Paris: O. Doin, 1889.

These two brochures are especially timely, now that the question of electrolysis in the treatment of uterine fibroids is being so vigorously agitated. Many of the Tait school of operators find no good in the treatment whatever; those of the opposite extreme frequently claim results that are entirely incredible. Like every new advance in medical treatment the happy mean is apt to be the most nearly correct. Before resorting to the more serious operation, it is well to test the effects of electrolysis; sometimes the results are only an amelioration of symptoms, and at other times there is a decided reduction in the size of the tumor. Without being over-enthusiastic, the authors cite cases and report favorably upon the use of electricity in fibroids. Both essays contain quite complete descriptions of the methods of application, *modus operandi*, and ultimate results of the treatment.

SYPHILIS OF THE NERVOUS SYSTEM. By H. C. WOOD, M.D., LL.D., Physicians' Leisure Library; paper 25 cents; cloth 50 cents; pp. 135, illustrated. Detroit: Geo. S. Davis, 1889.

In this brochure the author has handled in a very readable and practical manner a comparatively obscure department of neurology. When the syphilitic affections of the nerve-centers are at all amenable to treatment, the results obtained are usually most gratifying. The use of the mercurials and iodides usually gives complete and satisfactory relief when they make any impression whatever. Nevertheless, the subject is an obscure one, as evidenced by how little we know of its pathology, and by the large variety of nervous manifestations of a pathological character that are attributed to syphilitic infection. The major part of the present essay is devoted to syphilis of the brain, as comparatively nothing is known of the disease in connection with the spinal cord and peripheral nerves. The writer's remarks in regard to the hereditary character of these diseases are particularly interesting. The experience of foreign practitioners and his own are the basis of his ideas almost entirely, and though there is nothing particularly original about them, they are put in a manner that is both terse and convincing.

We must offer a word in regard to the appearance of the publication. We have often wondered why scientific books, particularly the smaller ones, should be doomed always to a plain, unattractive cover. The publishers of novels have learned that the outside appearance of a book induces one to purchase it, or if lying upon the table to pick it up to read. This may be considered a puerile matter in regard to scientific works, but we feel certain from what we have observed that to one of an artistic bent of mind an attractive, decorated cover is not a small item in the pleasure, and consequently more lasting instruction, derived from the work.

We have often desired an opportunity to make this suggestion to publishers of the smaller medical books, and we have taken this present volume with its prettily decorated, gilded, morocco cover and clean, open pages as the appropriate occasion.

The Medical Digest.

CHLORIDE of ammonium, a half drachm in water, is said to quickly dissipate drunkenness.

ARSENICAL wall paper is recommended as an application to the walls of houses in malarious districts.

THREE grains of chloral to an ounce of glycerin is recommended as an efficient remedy in early quinsy. It is probable that the glycerin is the efficient agent; and that guaiac is a better remedy.

JUGULATING PNEUMONIA.—At the recent Therapeutical Congress, in Paris, M. Petrescü, of Bukharest, claimed that pneumonia could be aborted in its early stages by giving large doses of digitalis, *e. g.*, four to eight grammes (ʒj to ʒij) of the leaves in infusion, daily.

DR. A. BOWIE reports two cases of cardiac failure in which death seemed imminent, that were speedily relieved by small doses of the tincture of nux vomica every half hour, for four doses, then every hour. He considers it the most valuable remedy that we have. —*London Lancet.*

A BACTERIOLOGICAL PRIZE.—The Vermont Microscopical Association offers a prize of two hundred and fifty dollars, on behalf of the Wells and Richardson Company, to the "first discoverer of a new disease germ." The conditions may be learnt by communicating with C. Smith Boynton, M.D., Secretary of the Association, Burlington, Vermont, U. S. A.

TUBERCULOUS INFECTION THROUGH EAR-RINGS. A case is related in the *Wiener medizinische Presse* of a young girl, fourteen years of age, of a perfectly healthy family, who wore ear-rings left to her by a friend who had died of pulmonary tuberculosis. Soon ulcers appeared on the lobes of both ears, the cervical lymph-nodules became swollen, and percussion revealed dulness at the apex of the left lung. Tubercle bacilli were found in the ulcers and in the sputa. It was presumed that the ear-rings were the agents of infection.—N. Y. *Med. Record.*

Ergot in Childbed.—Dr. Pinzoni, of Bologna, has made some interesting clinical experiments in order to determine with something like precision the value of ergot in childbed. He administered ergot systematically to ninety-one lying-in patients, generally in the form of about two grammes of the powder daily. Seventy-nine similar cases were treated without ergot. After comparing the series, he came to the following conclusions:—Ergot has little or no influence on the temperature, at the most a slight rise is occasionally observed. It hastens the pulse a little, yet has no marked influence on the physiological slackening of the pulse observed during the first days after delivery. The physiological increase in the secretion of urine during the first days is favored by ergot. The involution of the uterus, according to Dr. Pinzoni's researches, is either totally uninfluenced by ergot, or slightly retarded. The escape of the lochia remains normal when that drug is given; but clots, as universal experience has proved, are more readily expelled. The lochia seldom smell fœtid when the ergot is taken. Ergot delays the after-pains in primiparæ, and lessens them when they have already commenced. The secretion of milk is retarded and lessened by ergot, and sometimes completely suppressed. Ergot seems, in the belief of Dr. Pinzoni, to be a prophylactic against puerperal fever, an indirect antiseptic agent. When infection has already taken place, ergot appears, on the other hand, to hasten the entrance of the virus into the circulation. Dr. Pinzoni's researches appeared in the *Bollettino delle Scienze med. Bologna*, series VI, vol. XX.—*Brit. Med. Jour.*

Modifications of Egg-Albumen.—A Russian medical man discovered some time since that the eggs of various species of birds contained different kinds of albumen. For instance, the eggs of birds which are born naked, blind, and incapable of cöordinate movement, contain an albumen which remains transparent after coagulation by heat, and readily imbibes water, becoming swollen and very easily digestible. This transparent albumen is called *tata*, and is much used in some countries in feeding the sick. The eggs must be fresh, for in the course of a day, if left in contact with the yolk, the albumen is changed into ordinary albumen and becomes opaque on boiling. The most interesting and practical feature of these observations lies in the discovery that if fowls' eggs in their shells are treated with caustic-potash or soda the albumen is converted into this transparent variety. Thus modified, the product may be dried and powdered, and keeps good for years. It contains 13 per cent. of nitrogen, and in water swells up to twenty-five times its original volume. It is quite tasteless, and can, therefore, be mixed with chocolate, coffee, &c., without detriment to their quality, or may be made into gruel or added to beef tea. Moreover, the gelatinous mass which results can be readily made into jellies and suitably flavored. The powder has been tried extensively in Russia both on the healthy and the sick, and appears to have proved very satisfactory. As the mode of preparation is simple, *tata* would appear to constitute a valuable addition to the dietary of the sick and ailing.—*Medical Press and Circular.*

A Case of Resection of the Rib and Pleura, for an Osteochondroma of the Rib.—P. Riesenfeld, of Hamburg, reports the following interesting case which was operated on by Dr. Alsberg, in the Jewish Hospital of Hamburg, in July, 1888, when a portion of a rib and a piece of the pleura about the size of a silver dollar were removed on account of a new growth: The patient, a female, aged twenty-two years, was admitted to the hospital July 16, 1888. Previous history good. In April, 1888, patient noticed on the left side of chest a small swelling about the size of a walnut, which swelling steadily increased in size, but caused no pain or interference with the general health.

Examination shows a delicate woman. On the left side of the thorax, on the eighth rib between the anterior and middle axillary line, is a tumor which reaches above into the seventh and below into the eighth intercostal space. This tumor is about the size of a goose egg, and is hard and immovable; its surface is smooth in some parts and roughened in others. The skin over the tumor is freely movable and not painful on pressure.

The operation was performed on July 15. Flaps consisting of skin and muscular tissue were made, and the eighth and ninth ribs exposed. It was then seen that the tumor surrounded the eighth rib. The periosteum over the eighth rib was dissected away for a distance of five centimeters in front and behind the tumor, and the bone was then cut through. The tumor was found to be adherent to the pleura, and a portion of the latter had to be cut away, and air entered into the chest cavity.

The pleural sac was not washed out. The wound was closed by deep and superficial sutures, a strip of iodoform gauze having previously been inserted at its lower angle so as to insure drainage. An iodoform gauze and moss dressing was then applied. The pulse remained good throughout the operation.

The evening of the operation the patient complained of dyspnœa, which increased steadily, and was followed by a cough on the second day. The evening of the third day the temperature rose to 38.6° C., and the pulse to 140, but this rapidly subsided under proper therapeutic measures, and from the sixth day the pulse, temperature, and respiration were normal.

On the fourth day the dressing was changed and the strip of iodoform gauze replaced by a drainage-tube, which was removed on the tenth day.

In four weeks the patient left the hospital completely cured, the lung having completely expanded again.

Up to the time of writing, *i. e.*, six months later, there is no return of the disease.

Microscopical examination of the tumor showed it to be an osteochondroma, and in one place there was some mucous tissue.

The author has only been able to collect in literature sixteen cases where the rib and pleura were resected on account of new growths. Five of these cases terminated fatally. *Deutsche Medicinische Wochenschrift—Annals of Surgery.*

Medical News and Miscellany.

It is said that tar will effectually deodorize iodoform.

A number of cases of cholera are reported in Athens.

Pasteur has been created a baron by the Emperor of Austria.

In a late issue the word chloralamid was made chloralanoid.

There are forty cases of typhoid fever in the Episcopal Hospital.

Edison says that 1000 volts of electricity will surely cause death.

Dr. Geo. W. Cox has located at 4108 Germantown Avenue, Philadelphia.

M. Walter J. Coulson, a well-known English surgeon, died August 30.

A death has just occurred in Reading from accidentally swallowing a set of false teeth.

The movement in aid of a hospital and dispensary at Norristown is taking new life.—*Record.*

The drainage question is receiving considerable discussion in connection with Spring Lake, N. J.

"It is laughing, not worriment, that causes wrinkles," said a doctor who is well up on the subject.

Drs. B. H. Detwiler and J. L. A. Burrell recently visited Altoona and Johnstown inspecting the hospitals.

Dr. Cornet states that tuberculosis is nine times more frequent among nurses than any other class of persons.

The sanitarians in England are making ready for the Seventh International Congress of Hygiene, to be held in 1891.

Dr. Dowling Benjamin supported the Brown-Séquard elixir theory before the Camden City Medical Society recently.

Bucks County farmers complain of diphtheria, which is killing their horses, and Texas fever, which has appeared among the cattle.

The University of the Pacific at San Jose, Cal., will hereafter prohibit the entrance of any student who indulges in tobacco in any form.

After an inspection, the proper authorities have declared that the condition of the Almshouse buildings is perfectly safe and tenable.

M. Theodore Weicker, hitherto business manager for E. Merck, manufacturing chemist of New York, has now become a member of the firm.

Correction.—In the last issue of The Times and Register the dose of ergot in the reported case of obstinate epistaxis, page 466, was, of course, ʒjss instead of ℥jss, as an error in the types made it.

Dr. T. G. Pagenheimer has resigned his position as Resident Physician of the Jewish Hospital, and Dr. W. B. Teller has been elected in his place.

It is proposed to move the headquarters of the Hay Fever Association from Bethlehem, N. H., because of the treatment of the citizens of the place.

Dr. Joseph K. Young has been elected Assistant Demonstrator of Surgery and Instructor in Orthopædic Surgery at the University of Pennsylvania.

We are glad to hear that the Columbus *Medical Journal* will not disappear from our exchange table. It is being reorganized, and will be placed on a firm footing.

The new ambulance house and stables at the Presbyterian Hospital has been completed and is now occupied. It is said to be perfect in its fittings and arrangements.

The principal medical periodicals of the world are about two hundred and sixty-six in number, of which 174 are published in the United States, and ninety-two in all other countries.

The *Quarterly Compendium* has gone to that bourne whence no journal ever returns. Its gentlemanly and talented editor will devote his entire attention to the *Medical and Surgical Reporter.*

The Emperor of Austria is establishing sterilizing apparatus on a large scale for the gratuitous preparation of milk for the children of the poor.

—*Jour. of Amer. Med. Association.*

Mrs. Rachel Lloyd. Ph.D., formerly of this city, now Professor of Analytical Chemistry in the University of Nebraska, has been elected a Fellow of the American Association for the Advancement of Science.

The student's numbers of the *Lancet* and *British Medical Journal* are enormous in size for weekly periodicals, and are full of valuable and instructive information about the English colleges and medical courses.

Another martyr to duty was Mr. Charles Brown, M.R.C.S. and L.R.C.P., Lond., one of the surgeons of St. Thomas Hospital, who contracted diphtheria and died of it while assisting in the operation of tracheotomy.

In a Vienna clinic sozoidol-potash was employed as a permanent dressing in a case of amputation of a leg. The dressing remained in place sixteen days, and on removal disclosed a healed surface.

—*Notes on New Remedies.*

The following changes have recently been made in the Faculty of the University of Pennsylvania: Dr. Barton C. Hirst will occupy the Chair of Obstetrics alone. Dr. De Forest Willard will be Professor of Orthopædic Surgery. Dr. Tyson, having succeeded to the Chair formerly held by Dr. Osler, who has gone to Johns Hopkins, will in turn be followed by Dr. Guiteras as Professor of Pathology and Morbid Anatomy.

THE death of a child is reported from the use of chewing-gum. A number of small, round particles of the gum so hard as to cause perforation of the bowels in several places was found at the post mortem.

MR. GOSCHEN, the British chancellor of the exchequer, said in his last budget that in his opinion the increased toying with the cigarette after dinner was partially accountable for the decreased consumption of wine. Men smoked more and drank less.

DR. DAVID S. GLONINGER, a well-known obstetrician of this city, has just died. The doctor was sixty-one years of age, was a son of Dr. John W. Gloninger, of Lebanon County, and was a graduate of the University of Pennsylvania. He leaves among other children a son, who is also a physician.

THE DECREASE OF HOMŒOPATHY IN EUROPE.—In Austria there are only 218 homœopathists, out of the whole number of medical men, which is 7183; and only 44 of these profess to practise homœopathy exclusively — and the number also is said to be steadily decreasing.

DR. T. LAUDER BRUNTON says, in the *Lancet*, that sulphonal appears to be one of the most effective of all the newly introduced hypnotics, and although it does not, like morphine, compel sleep, it induces sleep in a pleasant manner, and has few disagreeble effects and little or no danger.

THE following subjects are announced for the meeting of the Fifth International Congress of Otology, to be held in Florence in 1892: 1. The Pathological Anatomy of Inflammation of the Middle Ear. 2. The Diagnosis of Cerebral Abscess caused by Ear Disease. 3. General Therapeutics of Ear Diseases.

A NEW SWISS PHARMACOPŒIA is shortly to be published. A request has been sent, by the collaborators, to Swiss medical societies and practitioners, requesting suggestions as to the introduction of new remedies and the retention of old ones.

—*Jour. of Amer. Med. Association.*

DR. BRIAND, a young French physician attached to the hospital at Villejufi, attempted to cure consumption by gradual exposure to cold air. It is said the results were such that several of the patients on whom the "elixir" treatment was tried now sleep on the open ground in all weathers, and with never a complaint.

A LAY contemporary has learned "what killed Maybrick," and answers the question by copying from "an English medical journal" the list of the drugs which were administered to Mr. Maybrick during his illness. This list is as follows:

Morphia suppositories; ipecacuanha wine; papain and iridin solution; cascara sagrada; nitro-hydrochloric acid; tincture of nux vomica; Fowler's solution; Plummer's pill; dilute hydrocyanic acid; tincture of henbane; bromide of potassium; antipyrin; tincture of jaborandi; bismuth; cocaine; nitroglycerin; dilute phosphoric acid; solution of chlorine, Sanitas, glycerin and Condy's fluid, as mouth washes.

—Boston *Med. and Surg. Jour.*

DR. SUDDUTH is showing the dentists the value of a journal which is free from the trammels of business interests. The appearance of the *International Dental Journal*, published by a dentist and backed by an association of leading dentists, was sure to be followed by the fall of the trade journals from the position they had previously occupied.

MENTHOL, according to the *Prager Med. Wochenschr.*, acts as a good anodyne, and is valuable in the local treatment of laryngeal tuberculosis. A ten per cent. solution should be used in the beginning, to be gradually increased in strength; a forty to fifty per cent. solution, however, causes severe irritation.

Notes on New Remedies.

DR. WILLIAM F. WAUGH has just been elected a member of the Continental Anglo-American Medical Society, which will meet in Paris, September 30, 1889. The following are the honorary presidents of the Society, one of whom will occupy the chair: Sir Spencer Wells, Sir Joseph Lister, Prof. Ball, Prof. Brown-Séquard, Drs. Richard Quain, Ricord, J. S. Billings, Fordyce Barker, and Weir Mitchell.

HOW BEEF EXTRACT IS MADE.—A man at Colchester this week has been fined forty shillings for driving a dying horse with cruelty. He was taken into port for transhipment to Antwerp, where it seems they boil down old screws and send the results back to English invalids for beef tea. The newspapers have fully explained the process, and now compressed beef, extract of beef, and beef tea with an Antwerp brand are a drug in the market.—*Press.*

DR. ADDINELL HEWSON died at his residence, 1434 Spruce Street.

Dr. Hewson was born in this city on November 22, 1828, his parents being Dr. Thomas T. and Emily (Banks) Hewson, making the fourth generation of physicians in the family. Dr. Hewson received his preliminary education at the University of Pennsylvania, both in the academic and art departments, and his early professional education at the Jefferson Medical College, from which he graduated in 1850.

He subsequently pursued his medical studies in Dublin and Paris. While in Dublin he was notified of his election as Resident Physician at the Pennsylvania Hospital, and returned to this city to assume the duties of that position. Since that time he has been a resident of this city, making a specialty of surgery.

Dr. Hewson was well known both as an author and an editor. In the latter capacity, he, in 1853, edited Wilde's "Aural Surgery," at the request of the author. He was also editor of the American edition of Mackenzie's "Diseases of the Eye." Among his own works was "The Use of Earth in Surgery," that attracted much attention, as well as a paper on "The Influence of the Weather Over the Results of Surgical Operations."

Dr. Hewson was a member of the State and County Medical Societies, of the College of Physicians, the Pathological Society, the St. George's Society, and the Academy of Natural Sciences.

A Miss Chauncy, of Columbus, Ohio, has had a fright that will doubtless teach her a lesson. She used for her complexion a mixture of arsenic and nitrate of silver. Then she went to the White Sulphur Springs and took the baths. The sulphur decomposed the silver salts in her skin and turned her so black that she has gone into retirement and will not be seen again for a year.—*Times.*

The International Tooth Crown Company has brought a civil suit for $60,000 and six months' imprisonment against Dr. J. W. Crouse, of Chicago, for interfering with their business. The American Dental Association has voted $1000 for Dr. Crouse's defence, and the members added $2000 by private subscription. The dentists seem to be awakening to the necessity of opposing the monopolists.

The late reports in regard to the disastrous financial condition of Johns Hopkins University seem to have been without foundation. President Gilman authorizes the statement that the University will begin its new year on the first of October with unimpaired efficiency. A lectureship in literature has been endowed by a gift of $20,000. By the bequest of John W. McCoy the University inherits 8,000 volumes, and is the residuary legatee of his estate, estimated at above $100,000, exclusive of the library. Within six months $300,000 have been received, and other gifts are expected.

Dr. Thomas S. Reed, of this city, died suddenly from angina pectoris, in his cottage on Lafayette Street, Cape May. His health has been failing for two years, and he has been frequently subject to acute attacks of the ailment which proved fatal. His death was brought on by over-exertion.

Dr. Reed was born in Millville, April 1, 1822, and was a self-made man. At odd hours he spent his time in educating himself. He subsequently taught school for several years, and saved enough money to study medicine, and graduated from the Jefferson Medical College in 1846. When he retired, in 1871, he had the largest practice in Southwark, and was ranked among the foremost of Philadelphia's physicians.

For some time past physicians in Nicetown, Tioga, and the lower end of Germantown have been expressing their belief in the necessity for a new hospital to cover the field between Falls of Schuylkill and the North Pennsylvania Railroad, the lower end of Germantown and Lehigh Avenue, accident and other cases now having to be taken either to the Germantown, Jewish, or Episcopal Hospitals, which are in most instances long distances away.

In order that the matter should take tangible shape sooner, several physicians in the localities named have formed a medical society called the North Philadelphia Medical Club, and have elected Dr. J. K. Cassel, of Nicetown, President, and Dr. W. G. Howell, of Tioga, Secretary and Treasurer.

The Club proposes to establish the hospital and dispensary as soon as it can secure suitable quarters. Negotiations are now in progress for a property in the neighborhood of Germantown Avenue and Butler Street.

Mayor Fitler has appointed Drs. William F. Waugh, H. C. Chapman and R. G. Curtin the Board of Civil Service Examiners. All candidates for positions under the city government which are occupied by physicians, must come before this Board.

A man from Washington was taken with fits on the corner of Thirteenth and Chestnut Streets and conveyed to the Jefferson Hospital, where he caused quite an excitement among the attachees by rushing on them with an open knife. He was finally restrained and sent to the almshouse. He is considered to be insane.

A Remedy for Insomnia.—A writer in the St. Louis *Globe-Democrat* says: "The abuse of the eye is the crime of the age. I am prepared to demonstrate that at least nine-tenths of the prevailing sleeplessness of which we hear so much is due to nervousness directly traceable to the optic nerve. We are wearing our eyes out over books and desks and types, and the effect shows itself not only in the appearance of the organ itself, but in its retrospective effect on nerve and brain. I have discovered a remedy for sleeplessness, and for the reason I have never known it to fail, I am fortified in my opinion that the whole trouble arises from the overstrain of the eyes. Take a soft cloth—say a piece of napped towel—and fold in it two small pieces of ice at a distance apart to exactly cover the eyes when the cloth is laid across them. Then lie down, adjust the cloth with the ice over the closed eyes, and you will be asleep in a very short while.

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from September 10, 1889, to September 16, 1889.

Walter, Freeman V., First Lieutenant and Assistant-Surgeon. The leave of absence granted on surgeon's certificate of disability, by direction of the Acting Secretary of War, in S. O. 92, April 20, 1889, from this office, is extended one month. S. O. 211, A. G. O., September 11, 1889.

Walker, Freeman V., First Lieutenant and Assistant-Surgeon. Is relieved from duty in the Department of Texas, by direction of the Acting Secretary of War, and will, upon the expiration of his present leave of absence, report in person to the commanding officer Jackson Barracks, La., for duty at that station and by letter to the commanding general Division of the Atlantic. Par. 2, S. O. 212, A. G. O., September 22, 1889.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Case of rupture of the uterus and a case of Cæsarean section, illustrated, William T. Lusk, M.D. N. Y. Medical Journal, September 14, 1889.

Catha eduls, La Egasse. Bulletin Général de Thérapeutique, 30 Aout, 1889.

Contribution to the study of measles, J. D. Smith, M.D., and W. C. Dabney, M.D. Archives of Pediatrics, August, 1889.

Congenital malformations and contractions of the hand and fingers, arising from various causes, illustrated, William A. Elliot. Dublin Journal, September, 1889.

Cholecystotomy, Neil Macphatter, M.D. New York Medical Record, September 14, 1889.

Climate of southern Alberta and its relation to health and disease, G. A. Kennedy, M.D. Journal of Amer. Med. Asso., September 14, 1889.

Climatic treatment of bronchial asthma, the, Knight. *Ibid.*

Cyst of the pharyngeal bursa, Wright. *Ibid.*

Die Lehre vom Stogwechsel und von der Ernärung und die hygienische Behandlung der Kranken, Sée. Deutsche Medizinal-Zeitung, September 5, 1889.

Die Therapie der Acne disseminata, Heitzmann. Medicinische Monatsschrift, September, 1889.

Das phenacetin, Cattani. *Ibid.*

Die akute gut artige Milzschwellung, Tichtner. *Ibid.*

Du traitement de la coxo-tuberculose par l'extension continue, Conners. Annales d'Orthopèdiè et de Chirurgie Pratiques, Sept. 1889.

Ein fall von Diabetes insipidus, Westphal. Berliner klinische Wochenschrift, Sept. 2, 1889.

Empyema, Conkey. Northwestern Lancet, Sept. 1, 1889.

Hémorragie post partum secondaire Traitement de le, par le raclage et l'écou villonage de l'utérus, Misrachi. Bulletin Général de Thérapeutique, 30 Aout, 1889.

Intestinal diseases of children during hot weather, Peter Hooper, M.D. Archives of Pediatrics, August, 1889.

Ist die Knochentuberkulose angeerbt, Dollinger. Centralblatt für Chirurgie, August 31, 1889.

Institutions for the treatment of pulmonary consumption in the United States, Kretzschmar. Med. News, September 7, 1889.

Lenticular regular astigmatism, Swan M. Burnett, M.D. Medical News, September 4. 1889.

Lupus of the throat and nose, Hunt. The Journal of Laryngology and R inology.

Mineral springs of Colorado, Chas. Denison, M.D. Medical News, September 4, 1889.

Massachusetts lunacy law, T. W. Fisher, M.D. Journal of Amer. Med. Asso., Sept. 14, 1889.

Notes on éxalgine, Frederick Peterson, M.D. New York Medical Record, September 14, 1889.

On child mortality and the influence of age distribution as affecting the death rate in Dublin, Sir Chas. A. Cameron. Dublin Journal, September, 1889.

Orthopedic surgery, Moore. Northwestern Lancet, Sept. 1, 1889.

Origin of pus, Wm. Atkinson, M.D., of N. Y. Journal of Amer. Med. Asso., Sept. 14, 1889.

Pathology and treatment of chronic sciatica, J. G. Carpenter, M.D. Journal of Amer. Med. Asso., Sept. 14, 1889.

Partial tenotomies in cases of neurasthenia, with insufficiencies of the ocular muscles, Myles Standish, M.D. Boston Med. and Surg. Journal, September 12, 1889.

Papillomes des Fosses Nasales, contribution à l'étude des, Lacoarret. Re ue de Laryngologie d'Otologie et de Phinologie, September 1, 1889.

Pelvic abscess, Root. Toledo Med. and Surg. Reporter, Sep'ember, 1889.

Pits and Fissures of the enamel, Andrews. The International Dental Journal, September, 1889.

Recent advancement in the treatment of diseases of the skin, Bulkley. Jour. Amer. Med. Ass'n, Sept. 7, 1889.

Recurring œdema of the left upper eyelid, a case of, dependent upon uterine disease (neurotic œdema), Woods. Maryland Med. Jour., Aug. 31, 1889.

Reflex neurosis in puerperal insanity, Macnamara. Northwestern Lancet, Sept. 1, 1889.

Researches in the chemistry of selenic acid and other selenium compounds, Sir Chas. A. Cameron (concluded). Dublin Journal, September, 1889.

Salol in the gastro-intestinal derangements of children, Carr. Archives of Pediatrics, September, 1889.

Short notes on the surgical diseases of children, Edward Borck, M.D. Archives of Pediatrics, August, 1889.

Structure du foie, les conception modern sur la, Pillist. La Tribune Médicale, 29 Aout, 1889.

Simple tests of the ocular muscles, Randall. Medical News, Sept. 7, 1889.

Trichomycosis nodosa, a note on its characters and relation to other hair diseases, illustrated, R. Glasgow Patterson, M.D. Dublin Journal, September, 1889.

Typhoid fever, treatment of, Ward. Kansas Med. Journal, September, 1889.

The University of Maryland from 1837 to 1837; the rupture; the two Faculties; the suit and the restoration of the regents, Cordell. Maryland Med. Journal, August 31, 1889.

Ueber Blasenentzündung nach Tripper, Englisch. Internationale klinische Rundschau, Sept. 1, 1889.

das Maas der Entbehrlichkeit und der Wiederersatz fähigkeit des Leberorgans, Ponfick. Centralblatt für die medicinischen Wissenschaften, August 31, 1889.

die neueren Radicaloperationen an Hernien, Bàron. Wiener Medizinische Presse, August 11, 1889.

die recidivirende Oculomotoriuslähmung, Manz. Berliner klinische Wochenschrift, Aagust, 1889.

Lupus excision und deren plastische Dickung nebst einigen Bemerkungen zur thiersch' schen Transplantation, Senger. *Ibid.*

dos Saccharin aurun, Petschek und Th. J. Zerner. *Ibid.*

das Verhalten der Krankheitseneger der Cholera des Unterleibstyphus und der Tuberkulose in Milch Butter Molken und Käse, L. Heim, Würzburg. *Ibid.*

die elektrolytische Behandlung des chronischen Rachenkatarrhs, Kafemann. Deutsche Medizinal-Zeitung, September 2, 1889.

die akute Leukamie und Pseudoleukämie, Ebstein. Deutsche Medizinal-Zeitung, September 5, 1889.

die praktische Durchführung der Antisepsis am ange, Odler. Wiener Medizinische Presse Sept. 1, 1889.

dithrolsalicylsaures Natron 11, Lindenborn. Deutsche Medizinal Zeitung, September 5, 1889.

Ulterior results of the study and practice of medicine, some of the, McAully. The Maritime Med. News, Sept., 1889.

Undescended and hypertrophied testicle, Hubbard. Toledo Med. and Surg. Reporter, Sept., 1889.

Weitere Beiträge zur Operation des Leberechinokokkus, Krauser. Berliner klinische Wochenschrift, September 2, 1889.

Zur Trage der Ausspülung der Highmorshöhle, Jelenffy. Berliner klinische Wochenschrift, Sept. 2, 1889.

Lehre von der Creolinintoxication, Posin. *Ibid.*

Therapie der Prostatahyopertrophie und chronischen cystitis, Fehleisen. Berliner klinische Wochenschrift, August 19, 1889.

Trage über die Weil'schc Krankheit, Goldenhorn. *Ibid.*

Casuistik der Luxationen und Fracturer, Gorham. Wiener Medizinische Presse, September 1, 1889.

subkutanen Blutinjektion nach der v. Ziemssen'schen Methode, Westphalen Dorpat. Deutsche Medizinal-Zeitung, September, 1889.

Behandluug der Diphtheritis, Derleth. Medizinische Monatsschrift, September, 1889.

Kenntniss des gelben Fiebers, Stief. *Ibid.*

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 577. NEW YORK AND PHILADELPHIA, SEPTEMBER 28, 1889. The Medical Register. Vol. VI, No. 143.

PAGE

ORIGINAL ARTICLES.

THE PRINCIPLES THAT SHOULD GUIDE US IN THE RATIONAL TREATMENT OF GONORRHŒA. By Bransford Lewis, M.D., St. Louis - - - - - - - - - - - - - 505
MAN AND HIS DEVELOPMENT. By Dr. Thomas J. Moore, Richmond, Va. - - - 507
SOME OBSERVATIONS ON THE PROPER FORM OF A BOUGIE. By Martin Rively, M.D., Philadelphia - - - - - - - - - - - 512

HYDROTHERAPEUTICS.

V. RATIONALE OF TECHNIQUE IN FEVERS. By S. Baruch, M.D. - - - - - - - - - 514

EDITORIAL.

HYPNOTISM - - - - - - - - - - - - - 517
SALOL IN THE INTESTINAL DISORDERS OF CHILDREN - - - - - - - - - - - - 518

ANNOTATIONS.

The Ideal Man - - - - - - - - - - - - 519
The Use of Oysters in Summer. *Davaine* - 519
American Public Health Association - - - 520
Calomel as a Diuretic. *Erb* - - - - - - 520
Some Weak Points in Medical Education - 520
Chloralamid - - - - - - - - - - - - 520
Creasote in Phthisis. *Von Brunn* - - - - 520

PAGE

Practical Medicine. *Moore* - - - - - - - 521
Restoration of Liver Structure. *Ponfick* - - 521
Carbonic Acid. *Weber* - - - - - - - - 521

LETTERS TO THE EDITOR.

Virginia State Medical Society - - - - - 521

SOCIETY NOTES.

MISSISSIPPI VALLEY MEDICAL SOCIETY:
Is Senn's Gas-test Infallible, and always Devoid of Danger? - - - - - - - - 522
Early Diagnosis of Chronic Kidney Lesions *Bond* - - - - - - - - - - - 522
Treatment of the Insane in Relation to Science. *Evarts* - - - - - - - - 523
The Formation of Artificial Urinary Canal. *Wishard* - - - - - - - - - - - 523
Purulent Conjunctivitis. *Thompson* - - 523
Sympathetic Diseases of the Eyes from Inflammation of the Nasal Passages. *Bowling* - - - - - - - - - - - - 523
The Cautery *vs.* the Snare. *Thompson* - 523
The Orthopedics of Infantile Paralysis. *Ryan* - - - - - - - - - - - - - 523
Sterility in Woman, its Etiology and Treatment. *McKee* - - - - - - - - 523
Chronic Tonsillitis. *Ingalls* - - - - - 524
Amputation of the Penis. *Bloom* - - - 524

PAGE

The Treatment of Pulmonary Phthisis. *McCahan* - - - - - - - - - - - - 524
Differential Respiration. *Wilson* - - - 524
Contagiousness of Phthisis. *Porter* - - - 524
Tubercular Peritonitis, with Report of Case. *Ricketts* - - - - - - - - - 525

BOOK REVIEWS.

Transactions of the New York State Medical Association for the year 1888. *Carroll* 525
PAMPHLETS - - - - - - - - - - - 525

THE MEDICAL DIGEST.

Method of Treating Phthisis. *Weigert* - - 526
Artificial Tympanic Membrane. *Cousins* - 526
Rupture of the Right Phrenic Nerve - - - 526
Disinfectants for the Feces. *Foote* - - - - 526
Cholera Bacilli - - - - - - - - - - - 526
Cancer. *Haviland* - - - - - - - - - - 526
MEDICAL NEWS AND MISCELLANY, 526
ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - 527
MEDICAL INDEX - - - - - - - - - - - 528
NOTES AND ITEMS - - - - - - iv, xiv

Original Articles.

THE PRINCIPLES THAT SHOULD GUIDE US IN THE RATIONAL TREATMENT OF GONORRHŒA.

(Read before the Mississippi Valley Medical Association, Sept. 11, 1889.)

BY BRANSFORD LEWIS, M.D.,
ST. LOUIS.

IF we were to reckon progress in medicine by stages we could select no more apt a term for designating the present one than that of the stage of bacteriology. Bacteriology has assumed such an important role in all that relates to medicine or surgery that our attention is drawn to it in the consideration of almost every subject in medical or surgical science. And yet, dropping from this lofty plane of thought, which tempts us into the field of glittering generalities, and limiting ourselves to the more practical question at hand let us inquire, what has this all-absorbing and comprehensive study and knowledge of bacteriology done for our assistance in the treatment of gonorrhœa? Has the hope of aborting, of quelling, of exterminating the disease by a treatmnt based one the discovery, study and acquaintance with the life-history of that sturdy villain, the gonococcus, been realized? Have the methods of treatment thus brought into vogue accomplished the great wonders expected of them? Have they accomplished anything more than the palliation, to a considerable extent, of the severity of the disease, of shortening, somewhat, the duration of its several stages and of doing away with the old and barbarous forms of astringent, caustic and stimulating injections? I believe that all those who have tried this or that new antiseptic, this or that infallible germicide—not simply on two or three isolated cases in which beautiful results may have been attained and which, by the way, were in all probability not gonorrhœa, I say that all those who have tried such new antiseptic plans of treatment in a considerable number of cases are doubtless convinced that none are infallible; that all are subject to the various influences, deleterious or favorable, that were met with in treating after the older, prudent methods.

Many beautiful and touching theories have been constructed to explain how the gonococcus would quail with fear when, in his revels, he should detect from afar the fumes of death-dealing iodoform brought into action by means of this or that preparation; or of how he would shrink with horror at the prospect of being literally boiled alive by hot injections, or washed out into the cold, cold world by the relentless flood of prolonged irrigation; or of being crushed in spirit, body and soul, by the continuous presence of a medicated gelatine bougie; or dried up into an Egyptian mummy of a coccus in the arid soil of a mildly astringent, antiseptic, non-irritating, magic-healing absorbent powder! But experience with these agents would seem to indicate that the usual rule of the breeding of contempt by familiarity is not broken in this instance. Nay, more! That the festive gonococcus after a time appears to become sufficiently acclimated to enjoy his surroundings, for a while, at least.

And this, notwithstanding the fact that antiseptics do kill gonococci, and with great certainty and facility—when they are in culture fluids. But why not

when they are in the urethra as well? For this reason: The gonococcus in preparing himself for the conflict does not foolishly remain where his foes can get at him with these various medicaments; he makes his landing and starts immediately for the woods, so to speak. He pushes on, by proliferation, between the epithelial cells, breaking through their connecting substance and finally ensconces himself below its deepest layers, along on the basement membrane, and even sometimes within and between the interlacing fibers of this structure. Here he proliferates and disseminates to his heart's content.

This has all been repeatedly and absolutely proved by eminent investigators; Bumm has watched the invasion of the conjunctival tissues by the hordes of gonococci, has seen them penetrate to the connective-tissue layer, and has noted the strong obstruction offered by this tissue to their further progress. Not only this, but he has seen that the effects of astringents applied over the epithelial surface serve only to constringe and harden this covering, which then, indeed, forms a secure protection against the absorption or leaking through of any germicide or antiseptic which, embodied in the injection or what not, has been applied to the mucous surface. Moreover, he has seen that the elimination of the cocci contained in this meshwork of cells and fibers is brought about, not by the penetration of the germicides into the tissues, there to attack the organisms in their strongholds, as has been thought by some, but it is accomplished by a process of proliferation of the connective tissue fibers into which gonococci are unable to penetrate, as intimated above. In the stage of improvement these fibers, incited by the irritation present, increase in number, push forward, driving before them the microbes towards the surface of the membrane, from which they are washed by the outgoing urine or killed by the germicides. When a sufficiently strong connective-tissue bulwark has been constructed, new epithelial cells begin to dot the denuded surface here and there. The cocci have by this time lost much of their vitality and are unable to break them down with the ease shown at the first onslaught. The conditions for resisting their inroads, too, are then more perfect. They lie simply along the surface or amongst the superficial cells.

So that the final process of cure depends not altogether on the extermination of the few remaining gonococci, but also, and perhaps even more especially, on the closing of the tissues against their further invasion by the development of firm layers of this protecting barrier. And the inflammation then persisting may be interpreted as denoting the chronic irritation remaining after the severe disorganization wrought by the previous disease.

It is for these various reasons, then, that in the earlier stages when the gonococci themselves are doing the damage, the efficacy of antiseptics, germicides, astringents, etc., is limited to the position which they now occupy.

In order to overcome these impediments and give access of the medicines to the ambushed cocci, an enthusiastic Frenchman has recently suggested that the epitheliel coat of the mucous membrane be scraped off by a brush-swab, on the plan commonly used in cleaning a pistol barrel; after which the urethra is to be douched with a powerful antiseptic solution. This method is original and ought to prove effective—in producing a stricture, if nothing else. It is certainly more energetic than any I should care to undertake.

I would, therefore, submit that efforts at aborting or killing a gonorrhœa with strong medicines, antiseptic or otherwise, not only do not attain the desired end, but are ill-advised and liable to be followed by unfortunate sequelæ or complications. Consequently, treatment should be based on a plan having for its object the idea of carrying the disease through its various stages, as authors used to say, *tuto, cito et jucunde;* allowing the patient to experience as little discomfort, pain and annoyance as possible, mollifying the inflammatory reaction and destroying, devitalizing and discouraging the gonococci as much as our rather restricted powers will admit of, and hastening the healing process with all possible speed.

To accomplish these ends, having used various forms and modes of treatment, I have concluded that the one offering, with the general run of cases, the most advantages with the fewest objections, is that of giving, in the first stage of the affection, simply alkaline diluents and sedatives internally, making use of such adjuvants as dipping the penis in hot water, etc., and in the second and third stages, giving injections of lanolin, medicated with an absolutely unirritating antiseptic, to which may be added, in the third stage, a mildly astringent and stimulating antiseptic.

As a means of introducing the ointment, I have been using, during the last six or seven months, this hard-rubber applicator, which I present for your inspection. As you see, it consists of a catheter-like stem, perforated at its end, which is inserted into the urethra to the desired depth; a box to contain the ointment, and a piston which is screwed into the box, driving the ointment before it into the stem, and thence, through the perforations, into the urethra. When properly performed, an injection given with this instrument causes absolutely no pain or discomfort for the patient. But sometimes a sudden movement on his part will jog the stem against some tender spot and evoke an immediate and earnest protest. To obviate this, and to leave nothing undone that could in any way assist in avoiding irritation of any kind, I have had some vulcanized soft-rubber stems constructed, which answer the purpose very well. The square shape of the second (modified) box is of advantage in affording a securer hold on it. The stem need not be inserted as deep as its length will permit; the flexibility of the lanolin and elasticity of the urethral walls assure the spreading of the ointment over the inflamed surface.

Messrs. Aloe & Co., of St. Louis, have kindly constructed the instruments for me.

As to my reasons for preferring lanolin to other vehicles, I would say that, with reference to the other vehicles, water, the most common, is itself, in its purest state, irritating, and unless it contain some local anæsthetic, will cause pain; powders or

tablets, though dry and absorbent when first deposited, soon become moist and cake up, losing the properties for which they were chosen. Gelatine bougies give pain at every movement of the body until they are liquefied; mucilages or emulsions present no advantages which are not possessed to a greater degree by lanolin, and—a point of great importance—all of them are lacking in "staying" qualities; with the first passage of urine, out they go, and, in order to make their effect continuous, they must be renewed several times a day, entailing frequent repetition of the trouble, pain, etc., experienced each time.

Lanolin presents none of these disadvantages; it is wholly unirritating—is even soothing to inflamed tissues. When introduced pure, even without any pacifying sedatives, it invariably causes a feeling of relief and comfort to the patient who has been constantly reminded of his ailment by the teasing, harrassing sensation incident to all cases of gonorrhœa. As one patient remarked, the ease afforded allowed him to forget all about it for hours at a time, whereas, before he began to receive the treatment, it was never out of his mind while he was awake. I believe that the principal reason for this is that it keeps the inflamed surfaces apart, preventing their continuous friction and auto-irritation. Actual pain in the urethra is also mollified by it.

The oiliness of lanolin assures its adhesion to the canal walls, even in spite of the flushing of the urethra by the stream of urine. It may be noticed floating on the urine of the second or third passage after the application. It is evident that in this respect, too, it surpasses all of the excipients named. An authority tells us that lanolin possesses antiseptic properties of no mean order.

I shall not take up more time in detailing its many advantages, which are almost self-evident.

As to the medicament employed, any remedy given in solution may be prescribed with equal propriety in lanolin. Of the various drugs which I have used, I sum up my impressions as follows: Bichloride of mercury, even in minute quantities, is too painful or irritating, and frequently causes an increase in the pus formation; carbolic acid is also irritating, but not painful; iodoform might be used were it less perniciously active in its odoriferousness. The zinc preparations are applicable to the later stages, in which they give material assistance towards shortening the wind-up. Resorcin would be a most admirable remedy were it not a most aggravatingly unstable drug. If administered after it has degenerated, it will not be long ere the operator has cause to regret his efforts in the way of economy. Boric acid directly following the increasing stage of the affection seems to fulfil every indication; it is an antiseptic, a germicide, and yet has absolutely no irritating effect on the inflamed membrane. It is capable of killing the gonococci that it reaches, and of preventing attacks from other microbes which give rise to the secondary, or mixed, infection of Bumm. And, by the way, the continuous presence of medicated lanolin forms a vigilant guard against this complication.

Agreeing, then, with the dictum of all authorities of the present day, that gonorrhœa is a specific disease, which cannot be aborted after it is once fairly started, I conclude that:

1. Our treatment should not have for its object the futile idea of jugulating the disease in its early, but established, stages.

2. The endeavor to control its severity, to lighten in every possible way all of its disagreeable features, to shorten its course, and to ward off complications, should be our guiding principles.

3. No local agent does its share in fufilling these indications more perfectly than does lanolin, medicated after the manner suggested.

1006 Olive Street.

MAN AND HIS DEVELOPMENT.

Annual address delivered before the Twentieth Session of the Virginia Medical Association,

By DR. THOMAS J. MOORE,
RICHMOND, VA.

Mr. President and Gentlemen of the Medical Society of Virginia, Ladies and Gentlemen:

IT is with feelings of infinite pleasure that I have the honor of appearing before you to-night in compliance with an established custom of this Society. Permit me, ladies and gentlemen of the City of Roanoke, to express the gratification of the members of this society at the kind and hospitable manner in which they have been received by you. Virginia, always distinguished for her hospitality, has had but a reflex of this noble and exalted quality once more displayed by the inhabitants of this beautiful and romantically located city, lying embosomed in the blue hills of the Appalachians, surrounded by landscapes the most varied and pleasing to the eye, with a climate whose health-giving powers has made Roanoke known beyond the confines of the state; with a population alike distinguished for industry, culture and refinement; with a growth and progress exceeding the expectation of the most enthusiastic of her denizens. Truly, it is a privilege for this society to meet in your midst!

In commencing my discourse, fellow members of the Society, I trust that I may be pardoned for having selected a subject not strictly Medical, as heretofore has been in vogue in this Society. Knowing that my audience would be composed of persons from the various walks of life, I concluded that it would be more entertaining to discuss some question that might prove of common interest to the public as well as to the Profession. I, therefore, have the honor of inviting your attention to Man and His Development. The origin of man as to time is wrapped in the obscurity of the far-distant past. For many centuries after the introduction and acceptance of Christianity, the succinct account contained in the Pentateuch was considered as not only absolute, but decisive upon the subject. This condition of the public mind continued until the commencement of the sixteenth century. The acceptance of the teachings of Copernicus, their enlargement and systemization by Galileo in their relation to astronomy, in the early part of the seventeenth century, had arrested the attention of the scientific and learned and caused no

small degree of skepticism to arise in their minds concerning the accuracy of the account of creation as given by Moses. The science of geology, springing up almost contemporaneously with the science of astronomy, likewise contributed largely to bring about the same result. Leonardo da Vinci and Fracastoro in 1519 discussed the character of the fossil remains found imbosomed in the earth and reached the conclusion that many of them had lain entombed through countless ages. Numerous contributions were made by geologists during the seventeenth and eighteenth centuries. It remained for Hugh Miller and Sir Charles Lyell in the nineteenth century to show through their works the antiquity of the earth and the character of its formation.

The naturalists in the meantime had not been idle, and in the department of zoölogy Linnæus, Cuvier and Agassiz had advanced their theories in regard to the origin and history of man. At last came Professor Charles Darwin with his great works upon the "Origin of Species and the Descent of Man." The doctrines and teachings contained therein startled the scientific, alarmed the orthodox and attracted the attention of the reading public at large. He declared that all animated nature could be ultimately traced to its primitive protoplasmic essence, and that all animated nature had passed through transitional gradations until it reached its ultimate characteristics and outlined forms through the law of evolution by means of natural selection or the survival of the fittest. The character of this address will not permit a detailed investigation of his doctrines and teachings. The acceptance of his views carries with it no ultimate satisfaction as to the origin of life, for in his attempts to destroy accepted opinions in regard to the divinity of creation, he offers nothing definite and convincing in their stead. That mere physical force and chemical happenings could produce the universe lies beyond the pale of the possible. There must be a great First Cause—the embodiment of all knowledge and power, the essence of all goodness and truth. "The earth is His handiwork and the fullness thereof."

Without further discussion as to the origin of man let us be content to find him where tradition has placed him, in the interior of Asia and near the banks of the Euphrates. From this point he made his departure and in progress of time peopled the earth.

The division of humanity into five grand families or races is now universally recognized; difference in color, physical development, mental character and language are the determining factors involved in these distinctions. That these types were at once developed no one at the present day believes—it was only through the long lapse of time that these changes were accomplished—climate, soil, temperature, physical surroundings and change of social status arising therefrom, brought all of this about.

The social condition determines the mental characteristics of peoples, races and nations. The development of the brain, its size and shape, are direct results; cranial outlines are determined, paradoxical as it may seem, by brain development. Racial characteristics were early apparent. Four types that we recognize to-day stood accurately portrayed six thousand years ago upon the monuments of Egypt, those wonderful structures of art designed for the purpose of perpetuating the great achievements of her rulers, and chronicling the important events that transpired in their respective reigns. The Aryan, the Semite, the Mongol and the Negro are all to be found delineated with an accuracy that the most casual observer could not fail tc recognize. The wooly hair, the black skin, the thick lips, the cranial and facial peculiarities of the last mentioned race, all stand forth in bold relief. Slaves were they even then, and the cord, the emblem of their degradation, was carefully placed around their necks; the lash in the hands of the master, in the attitude of application, was not neglected in order to complete the picture of their helpless and degraded condition. Truly, the sons of Ham were early subjected to the curse that had been pronounced against them. Thanks to the investigations of Champollion, Smith of England, Bunsen and other investigators, we are at last able to determine much of the history, character and peculiarities of these Egyptians; little did they imagine that in chronicling the events of their dayand generation, in this crude and fragmentary manner, they were to become the sole determiners of the history of the past. They played no mean part in the great drama of life; what they have left behind, shows them to have accomplished much in the science of government, in mechanics and the arts. They presented the most advanced civilization of this time, they invented many appliances that have come down to us and are in daily use. They offered a home to the Israelite when he was in dire distress and though in the end they oppressed and unmercifully persecuted him, they adopted and educated their great leader and law-giver and were indirectly the means of preserving the nation that gave us our religion and our laws. While at the zenith of their national glory, they were the repositories of all the learning and culture of the globe; to them the Greeks early repaired to be instructed by their philosophers and teachers, and from them they obtained those germs of knowledge which they afterwards turned to so good an account for the progress and development of their own learning and culture.

The race that is of most interest to Europe and America is the Aryan or Indo-European. It peopled the whole of Europe, with the exception of the eastern part of Russia, and from it the white settlers in America are descended. The origin of these people belongs to the far distant past—long before events commenced to be recorded, even tradition the most remote fails to involve them in its maze. They took their departure from the northern confines of India and went forth in two directions; the one to the southeast, traversing and peopling Hindoostan; the other to the northwest, peopling a portion of Western Asia, penetrating Eastern Europe, and continuing their migration until their progress was arrested, upon the one hand, by the confines of the Atlantic, and, on the other, by the surging billows of the Baltic.

Their westward march was both fitful and irregular

--nothing impelled them to move forward save the impending necessity of procuring immediate sustenance. They were barbarians of the rudest character; so primitive were they that the necessity of tribal relations had not been recognized; they were gregarious, it is true, but only in its most restricted sense. The aggregation of a few males and females for the purpose of self-defence was the extent of their social ties. They feared the wild beasts that roamed the forests as much, if not more, than these animals feared them.

The bow and flinted arrow, with a few stone implements of the ruder sort, were their only means of defence. They sought the caverns of the earth and other secure hiding places for nocturnal protection, and failing to find these, like other anthropomorpha, they took refuge in the tallest trees of the primeval forest. To describe how helpless, ignorant, and depraved they were would too far tax your credulity, but I will hazard the suggestion that when driven to dire necessity, they occasionally regarded their neighbors as indispensable to their commissariat, and became veritable cannibals. The climate they encountered was of the most rigorous nature—fogs, chilling blasts, and a penetrating dampness were its characteristics. The fauna and flora were of the most primitive types. The musk ox, the rein-deer, the cave bear, the hairy elephant and the wooly rhinoceros, were their contemporaries. In size, statue, and complexion they resembled more the Laplander or Esquimaux than their present descendants. They fought, they struggled during the long years of this frigid period, through what is now known as the rough stone age, until by and by there came the presage of a better dawning.

The icebergs began to melt, their latent heat was given out, humidity and rigidity of climate were lessened, the sunlight with its general rays caused vegetation in increased and more varied forms to spring up. The larger and more ferocious animals disappeared, and the attestation of their existence is to be found only in the entombed fossils of the quarternary period. The smaller and more useful animals, those in fact that were in future to be domesticated had by this time made their appearance. The habits of man now became somewhat changed; he no longer remained a hunter and rude fisher; he turned his attention in a limited degree to agriculture, and by these various changes, both natural and artificial, he progressed apace; his conceptions of his social requirements, and his social relations broadened; he no longer remained content with his rude stone instruments, but he improved their shape, increased their number, and, when necessary, he polished them. Moving still onward through cerebral evolvement and the teachings of the experiences of the past, man had formed tribal relations on an enlarged scale; he had become to a limited extent a navigator; he had discovered two of the valuable metals, he had learned to melt them in a primitive way, and, by their union, to form implements that were more compact and resisting than any before possessed, and this was the commencement of the age of bronze.

As he had been a cave dweller in the past, from similar considerations, in many parts of Europe, he now became a lake dweller. His new instruments enabled him to cut and saw the logs necessary for pile driving; with these he made his foundations, and upon them he constructed his rude habitation—furnishing alike a home as well as an asylum, when danger was apprehended either from man or beast. To meet the Providential ends of his requirements and to obtain the measure of happiness of which he is capable, man has been endowed by nature with a certain degree of restlessness that impels him forward, be his resistance ever so great. In this way, through the discovery of iron and its application to the useful arts, he had advanced his civilization to such a degree of elevation as to demand the recording of the principal events in his life. This may be considered as the commencement of the historical period, and from this time forward more is to be learned in a century concerning him than in the countless ages of the past. Will any one challenge these assertions that such events have transpired in regard to the man of the past in Europe? While in truth no record appears written upon pyramid, obelisk, or within the tomb; no characters are inscribed upon papyrus or parchment to commemorate these events, yet the hand of nature points with its finger deep down through the layers of silt, sand, and gravel that margin the great rivers of Europe to the human skeletons that lie embedded there, surrounded with the implements they used, and intermixed with the osseous remains of the animals that were their contemporaries in life. The margins, as well as the bottom of lakes in many places, have borne similar attestation of where he lived and of the places that gave him sepulchre.

In the caves of France, Germany, and England are likewise found human and animal skeletons, placed side by side beneath carbonacious incrustations, whose stalactites and stalagmites adorn, grace, and beautify their last resting place.

Like fixed sentinels they stand, placed as it were by nature to guard with sacred care man's last resting place. Yes, here, he has lain through countless centuries of the past, and here he will continue to lie unless disturbed by the hand of man, until the fulfilment of time through the consummation of futurity.

That the various nations which subsequently arose in Europe and certain portions of Asia really sprang from this Indo European race, is amply proved, not only in consequence of resemblance in physical and mental characteristics, but philology has traced through the various ramifications of their present languages the roots that they possess in common, and has been able to reduce all these languages to the primitive original. It would require more time than can be devoted to this branch of my discourse, to attempt to describe how this has been accomplished—suffice it to say, that it is a conclusion that has been reached by all the learned philologists who have during the past forty years investigated this subject.

The progress of civilization in western Asia and all of Europe is marked by epochs of advance and

stasis; the culture and learning of the one has influenced the others, and in ancient time the younger always borrowed from the older. To Egypt the Jew and Greek were alike directly indebted. The former accepted the monotheistic views of the earlier Egyptians, the latter had their polytheistic conceptions confirmed and amplified by those of their own day. What Osiris and Isis were to the Egyptians, Zeus and Pallas were to the Greeks. The Greeks appropriated Isis as one of their divinities and in time gave her to Rome. The great law giver received his education from the learned men of Egypt. The Greeks sought knowledge from her great teachers. The denizens of the valley of the Nile—with her great pyramids attesting the grandeur and the power of the past—had their ambitions stimulated for the preservation and advancement of their civilization in the future. The inscriptions upon her obelisks and her tombs told them of the achievements of her great rulers. The size, extent and architectural display of her temples caused them to regard with awe and reverence the deities which they had been taught, gave to them their wealth and power; the continuance of these depending up their propitiation in the future. The day of their decline came at last—and lower and lower have they descended, until the once proud Copt looks up with pleading supplication to the Nomadic dog he once so much despised. It was to the Greeks that early Europeans looked for learning and culture—they were at this time the only European nation with a history and a literature—experience had painfully taught their prowess in Arms to remote as well as continguous countries. The dwellers upon the Indus, the inhabitants of the Nile and they who hugged the eastern shore of the Mediterranean, had all been made to feel the weight of their hand. In philosophy what masters they gave to us in the speculative field; their maxims are received to this day as the perfection of human wisdom; in the science of polemics none have surpassed them up to the present hour. In tragedy and oratory they are the accepted models of our time. Their statuary have caused them to receive the plaudits of the world—in delicacy of outline and in the faithful portrayal of nature they have never been equalled, and never will be surpassed. Their form of government was not adapted to the requirements of their ruder neighbors—it contained the germs of its own destruction, and in time Greece was forced to succumb to the strong hand of her imperial neighbor.

Rome, appreciating the value of her conquest and recognizing the cultivation and advanced civilization of Greece, was willing to sit at the feet of her wise men and learn lessons of wisdom. She appropriated those things which were useful and best, and in this way preserved them to the world.

Following the Greek, came the Roman civilization. Rome's conquest had not only given her supremacy in Europe, but she is figuratively spoken of as "Mistress of the World." Her subjugations in the west were blessings in disguise for the rude people over whom her eagle soared; were brought in contact with and assimilated many essentials from her civilization. After her acceptance of Christianity in 325, she commenced to exercise an influence in Europe which survived her downfall, and it is felt at the present hour. She taught modern Europe the fundamental principles of legal science, and, to-day, the Teuton and Latin speaking races have accepted and incorporated in their systems of jurisprudence the cardinal features of her civil law. Her literature and her learning have come down to us, and her language is destined to live so long as the Catholic Hierarchy prevails or has a religious element to predominate. We owe her a lasting debt of gratitude for introducing Christianity to the great west; and by her sanction of the church, causing the latter to become active in spreading and teaching the essential principles of the great moral law.

Less than four centuries had passed ere we find that Christianity had traversed the whole of Western Europe. England had received "the glad tidings of great joy" from the eminent, pious and active Augustine (610). It would be a work of supererogation upon my part to endeavor to point out the blessings Christianity has bestowed upon society; her growth and progress are coincident with the march of civilization. The former offered to the world the foundation for the construction of social order, and the establishment of civil government; the latter through the laws of evolution, through the test of experience, and by a proper comprehension of essentials, enlarged the sphere and increased the influence that Christianity has exercised over those nations which have accepted her dogmas and teachings. Hand in hand they have gone together, marching through centuries of time, engaged in the laudable undertaking of improving the social condition of humanity at large. The church became the great preservator of knowledge and learning through the dark ages. From the time that the Barbarians had humbled, humiliated and destroyed Rome (476) to the revival of letters in the fifteenth century, her organizations and institutions alone remained intact, her monasteries and convents became the asylums for the persecuted and friendless. She became the grand repository of the learning of the past, and when society, after passing through a stage of degraded ignorance, had undergone sufficient intellectual reaction to appreciate the learning she held in store, once more she came forward and "lifted out of the slough of despond" the ignorant masses of humanity.

When Gutenburg, in 1423, invented the movable type, a revolution was accomplished as it was in a day. The importance of discoveries either in science or applied mechanics, is rarely appreciated by contemporaneous society; such was not the case in regard to printing; at the termination of the century (1500) two hundred printing presses were at work throughout Europe. The knowledge of the past was eagerly collected, and learning in its multifarious forms was permanently preserved for future instruction. The number of educated men in proportion to the population of the respective countries was, of course, lamentably small; the advantage of printed books was that it enabled the educated of all these countries to have access to the current literature of the time.

Society marched apace, and sections of territory were shaped into nationalities. The distinguishing characteristics of localized people began to manifest themselves. Race prejudice became predominant; isolation was regarded as essential for the preservation of national autonomy.

To this there was one general exception, they were united in convictions upon the subject of religion. This happy condition was not of long duration; the absolutism of Rome made her both dogmatic and exacting, the western world was intolerant of restraint, and her learning had awakened her naturally speculative disposition; she revolted at the idea of absolute dictation, and in many sections certain dogmas of the church met with positive rejection. The reformation came to the relief of the non-canonical, and after more than three centuries of active speculative disquisitions upon the religious questions at issue, after appeals to arms in various directions, the relative right of the exercise of private opinion was finally conceded at the treaty of Westphalia in 1648.

I have not, heretofore, alluded to the influence exercised by the Moors during their seven hundred and eighty years sojourn in Spain. They invaded Europe in the midst of her period of greatest social depression; their ambition was territorial acquisition, they overran the greater part of the Spanish peninsula, they passed the Pyrenees, the immediate goal of their desire being the subjugation of the Franks. Their continued successes created general alarm; army after army had gone down before them. It remained for Charles Martel, near Poitiers, to give them in seven hundred and thirty-two, the coup de grace as to French territory. Had this victory been otherwise, the face of Europe might have been changed, and the prediction of one of the faithful (Muza) "that Mahomet should be proclaimed in the Vatican," would have been literally carried out. The Moor was no barbarian, he had drank deep at the fountain of knowledge; he came to Europe a graceful, learned and accomplished man, he held in great contempt the ignorant and semi-civilized native. He brought with him the concomitants of civilization. The teachings of Aristotle, Grecian literature, the science of Greece and Egypt were introduced by him. He gave them arithmetic, algebra, and the pendulum (for measuring time). He taught them the table of signs, the nature of twilight, the relation of the heavenly bodies and the spheroidity of the earth. He introduced chemistry and the medical works of the Greeks and Arabs, the former at that time unknown in western Europe. His eye for the beautiful was displayed in architecture and landscape gardening. Their mountain homes bear to this day the traces of their former beauty and elegance. The transitions wrought by time, even the defacements of the early Spaniards, have not destroyed the beauty, richness and varied elegance of the Alhambra.

The entrance of the Mussulman into Spain and his aggressions in the east, alarmed the whole of the Christian world and caused the Crusades to be organized in the eleventh, twelfth and thirteenth centuries. These expeditions were undertaken for a double purpose, the political feature being the actuating motive of the Pope and his coadjutors—the masses were enlisted in the cause by an appeal to their fanaticism. Jerusalem and the Holy Land must be rescued from the infidel. History records the deeds of valor and courage displayed by both sides. While the Christian could point with pride to the achievements of Godfrey and Richard, the Mussulman with greater satisfaction could refer to the exploits of Saladin and Kelaun, for, in the end, they prevailed. He who was held in such contempt as being at best but an infidel dog, was found to be a foeman more than worthy of their steel. For he not only succeeded in regaining the region from which he had been driven, but retained in his possession those sacred spots around which, to the Christian, clusters so many hallowed associations.

While the Crusaders were defeated in their objects, their expeditions were to those who survived of incalculable benefit. These unlettered sons of the various nationalities were brought in close relation to the Church, for under her banner they had enlisted; their moral nature was appealed to, the active incentive of their lives was the propagation and maintenance of their creed. In the course of their journey through Southern Europe, they came in contact with the most advanced civilization of the western world. Rome, the Eternal City, with much of the retained splendor and elegance of the past, was to them doubly impressive as being the home of the head of the church. They returned to their native lands with enlarged views and more elevated sentiments. They were prepared to become the leaders in their respective countries of the progressive march of civilization.

The general advancement of Europe became marked after 1648; the absolutism of the church was broken —the exercise of private judgment in religious as in secular matters was, to a certain extent, conceded. Literature and learning had received a great impulse through the invention of printing. Knowledge became more general, and the speculative tendencies of the western mind were more actively brought into play. The possessors of analytical rather than synthetical elements of mind, they were more prone to skepticism than belief. They were desirous of reducing everything to primitives; neither their conceptions nor imaginations were of that nature which would lead to the construction of a creed or creation of a religion. It is to the East that we must look for instruction upon these subjects.

To the far East, away inthe interior of China, there came to the front a teacher and philosopher who had caught the divine spark, yet laid no claim to divinity of person or inspiration as to knowledge. His maxims and his philosophical teachings have been adopted by millions of human beings for more than 2300 years. A century earlier had arisen the great teacher of India; his birth was surrounded by mysteries the most profound, and his disciples deified him; he left behind him a creed and a religion which has proved irresistibly captivating, not only to the people of his native land, but kindred nations arose as one man to accept his dogmas and to worship him.

Examining this question further, we find in the East, amongst the Semitic race, the creation and pro-

pagation of a religion nearly six centuries younger than our own, whose votaries are to be found on the three continents of the eastern hemisphere. The Aryan, the Semite, the Mongol, the Turanian, and the African, all contribute to swell its numbers. Bold and aggressive are and have been its adherents. The people of Europe have more than once been defeated by them on well-contested fields. They drove the Christian out of Palestine, the land he loved so dearly, and they hold it unto this day. They have crossed the Hellespont, subjugated a proud and illustrious Christian people, and retain possession of one of the fairest sections of Southeastern Europe.

Once more we look to the East, and find that a branch of this Semitic race became the custodians of the divine law. More than three thousand years ago, standing at the base of the sacred mountain, Moses delivered to God's chosen people the grand decalogue, the embodiment of all justice and equity, the condensation of the essentials for man's guidance in life.

From these people Christianity sprang. It would be superfluous to attempt to portray the benefits it has conferred upon society.

The acceptance of its doctrines and its teachings determined the social condition of Europe—the rejection upon the part of the East placed that population in a state of stasis for many centuries and finally brought about their gradual decline; far have they descended in the social scale and it is difficult for the casual examiner into the history of Asia and Africa to appreciate the transformation of many of these nations in the past. Of the greatness of their power, the extent of their wealth, the measure of their intelligence and the influence they exercised upon the social condition of the West, one may read but he will fail fully to comprehend. Thus nations and people have gone on acting and reacting, the one upon the other, since society was organized; and thus they will continue to do until the fulfilment of time.

Could we examine this subject more in detail we would then more fully comprehend the relations of nations, the one to the other—to what was attributable their rise, progress and development, and in regard to those less fortunate wherein lay the germs of their decay. Europe and America owe to the East a debt of gratitude that it will be most difficult to pay; but well have they set about their task—the teacher and the missionary they are sending everywhere amongst them. Remarkable is the transition when we find the Gospel carried to the very people where it was originally proclaimed, but rejected by the nations whose civilization and progress have reached the highest degree of elevation through its acceptance.

Would that time permitted the portrayal of man's development through the eighteenth and nineteenth centuries. It would offer us much that would prove both singular and interesting; it would show that while he is apparently a free agent as to thought and personal action his ideas, sentiments and feelings arise from a complexity of causes which constitutes the civilization that surrounds him. Heredity, soil, climate and social conditions past and present are the component elements that evolved him. He is chained to his civilization by links that were forged before his time, he cannot rend them, he must progress in its directing lines. Society made wonderful strides in the last century—her progress has been more rapid in the present. The past fifty years has presented a spectacle that the greatest optimist could not have foretold.

The introduction of steam and of the telegraph marked a new era in our progress. They have annihilated space and brought into close relation the countries of the world. They have broken through barriers, overcome prejudices, and bound together through intellectual ties the learned in every land. The essential fundamentals which constitute the true basis of society are becoming generally and universally appreciated. The tendency is towards the universal establishment of a common brotherhood, based upon an equality arising from oneness of thought, sentiment and idea upon all essential subjects. When this is brought about a common language must follow; a language which, when spoken by the Arab or Hindoo will be fully comprehended by the Chinaman upon the one hand and the European and American upon the other. What strength, what progress may we not then look for! The intellectual improvement of man may then be marked by decades, certainly in each recurring generation. Then will we have a genuine millennium—human happiness will have reached its highest possible earthly attainment and there will be nothing left to look forward to except the transition into the grand, glorious and eternal beyond.

SOME OBSERVATIONS ON THE PROPER FORM OF A BOUGIE.

By MARTIN RIVELY, M.D.,
PHILADELPHIA.

As the result of many conversations with physicians, and of a close observation of the current literature pertaining to the urethra and bladder, I am convinced that very imperfect, and not infrequently very erroneous, ideas are entertained in regard to the true anatomy of these parts. We often see allusions made to the neck of the bladder and its sphincter, when, properly speaking, the bladder has no neck, and the sphincter is something very different from what is usually imagined. As a proper conception of the anatomy is necessary to an understanding of our subject, I will be excused for calling attention to some anatomical facts.

Henle locates the sphincter of the bladder in the prostate, and Budge proved this view correct by experiment. The membranous portion also plays a part as sphincter when the prostatic becomes distended.

Dr. E. Finger, in his article on Blenorrhœa in the second volume of Wood's *Med. and Surg. Monographs*, speaks as follows: "When empty, the bladder, on account of the tonus of the muscular tissue, forms a tensely contracted sphere, whose mucous membrane is everywhere in contact, so that it possesses no lumen, or a very slight one. The bladder hangs upon the pars prostatica as upon a pedicle."

As the bladder begins to fill, the pars prostatica remains closed, the bladder dilates and becomes more and more spherical. "But as the distention of the bladder increases, the pressure exerted by the fluid upon the ostium vesicale also increases, and finally becomes so considerable that it first overcomes the elasticity of the ostium, and then the tonus of the internal prostatic sphincter dilates the latter, and the fluid then begins to enter the posterior part of the pars prostatica. The hitherto sharp boundary between the bladder and urethra is abolished at this moment, the transition becomes a gradual one, and a 'neck of the bladder' is formed." Thus, it will be observed, that the "neck of the bladder" is the prostatic portion of the urethra more or less filled with urine. "The moment of entrance of the first drops of urine into the pars prostatica is also the time at which we feel the first desire to urinate."

Now, upon the preservation of the muscular tone of the internal extremity, or deeper portion, of the urethra depends the preservation of perfect control over the function of urination.

Last winter, a gentleman, aged twenty-two years, applied to me to be treated for stricture. On examination, I found that he had two strictures of large caliber, one at one inch, and the other at three and a half inches from the meatus. He had elsewhere been treated for a supposed stricture in the membranous portion, or at the bulbo-membranous junction. His meatus had been split, and steel bougies as large as No. 38 had been passed through into the bladder, causing him exquisite pain, and usually being followed by quite profuse bleeding. He asked me whether I did not think it injurious to pass large instruments into the bladder, for he had noticed that, since his severe treatment, when he felt a desire to evacuate his bladder the urine would dribble away before he intended—in other words, his sphincter had been deprived of its tone. This is a danger which must be confronted by him who insists upon forcing large instruments into the bladder, notwithstanding the fact that no pathological condition exists lower down than three or four inches. In some of these cases it is not easy to restore the lost tone; in truth, I know of one poor fellow who is likely to go through life with impaired control over his bladder.

Another point to which I would call attention in the anatomy of the urethra is the relative caliber of the different regions.

This subject was much discussed some years ago, when Otis maintained that the meatus should be of the same caliber as the remainder of the canal, and allowed very little for variations in circumference in the different parts of the canal.

It will be remembered that the late Prof. Sands, with many others, both in this country and abroad, confuted these ideas, and proved that the urethra varied considerably in its various portions. It was shown, by casts and measurements, that the meatus and the membranous part possessed the minimum diameters in the large majority of cases. In four casts of the urethra, exhibited by Prof. Sands, the internal meatus is shown to be the narrowest part in the first, with the membranous portion coming next, and the external meatus third; in the second cast the external meatus and the membranous portion are of the same caliber and much smaller than any other part; in the third cast the external meatus is the narrowest, and the membranous part next; and in the fourth cast the external meatus and the membranous part are of the same size and much smaller than any other part.[1]

Bad results sometimes arise, not only from overdistention of the deep urethra, but also from ordinary instrumental manipulations. Otis says that orchitis is recognized as occurring not infrequently from the simple passage of any instrument through the curved portion of the urethra. After operations his plan was never to pass beyond the bulbous urethra if it were possible to avoid it, because in six out of seven cases in which urethral fever followed urethrotomy the operation was in the curved portion, the other one was in a malarial subject. In one of my cases, in which I passed a bougie into the bladder, epididymitis followed, and I am convinced that I do not stand alone with this experience. When we consider the fact that but a small proportion of organic strictures is found below the bulbous portion of the urethra, it would seem strange that the surgeon will persist in exposing his patients to the risks he continually does, were it not the case that the steel bougies ordinarily manufactured need to be passed several inches past the stricture to procure dilatation to the full capacity of the instruments. If we find a stricture four inches from the meatus, which we wish to dilate to thirty, we must, with the ordinary conical-shaped instrument, pass our No. 30 bougie more than three inches past the stricture—right through the prostatic portion—or else pass a No. 37 or 38 through the meatus so as to procure a dilatation of thirty, while at the same time passing the point of the instrument but half an inch through and beyond the stricture.

Now, to obviate this difficulty, I had Mr. Wm. Snowden make me a set of steel bougies which taper for only half an inch, and thus have their full size about half an inch from the extremity. With these I am able to stretch a stricture to the full size of the bougie, while at the same time I need go but half an inch deeper than the stricture; and I find it seldom necessary either to cut a meatus or to enter the prostatic portion of the urethra. It might seem at first thought that these instruments, because of their lack of gradual taper, would be much more difficult to pass than the ordinary conical ones; but this is not so. All they require is a little more patience on the part of the operator for their successful introduction.

2300 GREEN STREET.

DR. FERGUSON, who carved the dead body of young Doty without warrant at the New York Hospital on Sunday, is the same gentleman who is under indictment for a somewhat similar offense in the case of Bishop, the mind reader.—*Times.*

---

[1] Paper read before the New York County Medical Society, January 24, 1886.

Hydrotherapeutics.

By S. BARUCH M.D.
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

V.

RATIONALE OF TECHNIQUE IN FEVERS.

IN the last article the method of managing fevers by the bath was described. Typhoid fever being the chief of these, their application to its treatment was dwelt upon in detail.

The rationale of the action of hydriatic measures in fevers may now be profitably considered, inasmuch as this will afford a guide to a correct appreciation of the various methods and a warning with regard to the necessity of strict adherence to their minutiæ.

I reiterate that in no department of therapeutics may so exact and scientific a rationale be worked out. In other branches we find our chief support in purely empirical data, the rationale of action of a large proportion of medicinal agents resting upon conjecture or upon more or less satisfactory deduction from experiments on animals.

How different our position is regarding hydrotherapy, its application in fevers demonstrates conclusively.

Were the only object of fever management the reduction of the elevated temperature, which is indeed the most prominent manifestation, the problem would be simply and empirically solved by the numerous medicinal antipyretics which enable us to reduce temperature ad libitum. But this idea which has held sway over the profession for a considerable time has proven as fallacious as the analogous one that by controlling the circulation and reducing the rapidity of the pulse, by venesection and later by veratrum viride, aconite, etc., febrile diseases might be jugulated. These symptomatic remedies, while affording a certain degree of comfort and in some febrile conditions aiding in the promotion of recovery, if audiciously administered, fail to meet the issues involved in the infectious fevers. In the latter, which form the large preponderance of our clinical work, we have a self limited disease due to a process which cannot be removed by any known method, and only one of whose manifestations is an elevated temperature, while local complications, ulcerations, hypostases, and organic degenerations follow in its train, in proportion to the intensity of the infective process, the type of the disease and the power of resistance existing in the organism attacked. What, then, are the leading indications in the management of such a fever, of which we may take typhoid as an example?

The infective process is beyond the influence of our best directed efforts. While much has been accomplished in the direction of preventing its invasion into the human body, we must acknowledge that once it has forced an entrance, we stand powerless in any attempt to diminish or remove it.

It is the first duty of a general to ascertain as precisely as possible the exact position and strength of his enemy's forces, the next—to prepare to meet him. The infective process is entrenched in the organism and throws out its columns of attack as follows:

1. An elevated temperature deprives the patient of comfort, disturbs his sleep, impairs his functions and, if prolonged without decided remissions, surely leads to serious damage.

2. A reduction of heart power presents even a more formidable menace to the organism than the elevation of temperature. This is due according to Marey and others to a paralysis of the muscular coats of the vessels and consequent loss of tone in their walls, which embarrass the cardiac action, and later to an organic degeneration of the heart muscle which is not the outcome of the elevated temperature as I have elsewhere shown, but of the combined influence of the latter and of the infective process.

3. A failure of the innervation is manifest from the beginning in the malaise, lassitude, ataxia, somnolence, and other adynamic manifestations, and in more intense infection, culminates in stupor, delirium tremor, subsultus, etc. The impairment of the functions of respiration, circulation, nutrition and secretion, over which the nervous system presides, affords striking evidence of the inroads which this portion of the enemy's column is making upon the organism. These, then, are, briefly told, the columns of attack, which we are called upon to antagonize and repel. Their defeat is a question of self-defence, for modern therapeutics no longer pretends to attack the enemy in these cases; we simply fortify the organism and defend it against his onslaughts. That this defensive action is most successfully executed by hydriatic measures, clinical evidence, sustained by large and reliable statistics, has abundantly demonstrated.

1. The reduction of elevated temperature by baths is a strictly scientific proceeding. Rosenthal, Leyden, Botken, and others have clearly demonstrated that in many forms of fever the rise of temperature may be traced to a diminution of heat dissipation from the surface, which results in actual retention and accumulation of heat in the body. These and other investigators have also shown that the evaporation from the surface is inhibited, and, therefore, a retention of water is added to that of heat. Now, *both of these direct factors of temperature elevation are simply and scientifically removed by hydriatic measures.* It is the chief object of the latter to improve the tone of the superficial vessels, to actively dilate them, and thus increase the heat dissipation, as has been again and again demonstrated by Winternitz and others; and also to increase the elimination of water from the surface.

Here we are met at once with the importance of precise attention to the method of bathing. To immerse the patient in a full bath of low temperature, or to wrap him in ice sheets, as has been done in some hospitals, would result in closing the superficial vessels, and keeping them closed. If such treatment does not induce collapse, reaction may slowly take place, and the former high temperature is again reached. If, however, the patient is carefully placed into a bath of 65° to 70° F., and constant and unremitting gentle friction is practised over his entire body, the coats of the superficial vessels are stimu-

lated, reaction form the first shock ensues, the vessels contract rapidly and dilate actively, as the ruddy condition of the skin which has been subjected to friction testifies. This condition is maintained by an occasional basin of cold water poured over the neck and shoulders, followed by friction. The mechanical irritation not only removes the obstacle to heat dissipation but, as Weyrich has proved by exact experiment, it increases the elimination of water from the surface 60 per cent. Moreover, the cooled blood is sent from the dilated vessels back to the interior of the body, and thus a direct cooling effect is produced besides. The baths, therefore, *when combined with friction and douching*, fulfils both indications for removing high temperatures, while medicinal antipyretics fulfil only the first—heat dissipation. The latter, we must confess, is far more effectively accomplished by the medicinal antipyretics than by baths. But while this is true, and while antipyretics are more readily administered and do afford the patient great comfort, they fail to reach the most vital indication in infective fevers, which is the counteraction of the toxic effect upon the innervation, and to which I will return below. Aside from this fact, clinical evidence has accumulated to demonstrate that the action of medicinal antipyretics embarrasses those functions of the body which aid in the elimination of toxic elements.

The recent discussion of this subject, introduced by Dujardin-Beaumetz in the Paris Congress of Therapeutics, but confirms the results of previous investigators.

Lepine found that all those antipyretics which are nervines, exert an inhibiting effect upon the activity of the protoplasm; they destroy chiefly the red corpuscles, either by converting the hæmoglobin or by attacking the cell structure itself; *they act as poisons to the protoplasm* Desplats, though favoring medicinal antipyretics in fever of short duration, decidedly favored Brand's baths in continued fevers, especially with a tendency to adynamia or ataxia. Stokvis thought the antipyretics dangerous, and Semmola agree with him that although the patient experiences a certain degree of quietude, this is obtained at the expense of loss of strength. Indeed, there was almost a consensus of opinion in this direction. While, therefore, we may advantageously resort to medicinal antipyretics in the ephemeral fevers, hydrotherapeutic measures alone will meet the second indication.

2. The enfeebled heart power is the result of loss of tone in the smaller vessels, and later of parenchymatous degeneration due to the infective process plus high temperature. As Winternitz has so ably shown, we have here an imitation of Golz's experiments on frogs, which demonstrated a loss of tone in the vessels of a large area of the circulation and a diminution of the tension in these vessels enfeebles notably the action of the heart. That we possess in the cold bath, combined with friction and gentle affusion, an effective agent for the restoration of the lost tone of the coats of the vessels is proved by the exact experiments of Winternitz, and that this effect, together with the reflex stimulus conveyed to the nerve-centers governing the heart, from the peripheral cutaneous nerve endings, refreshes and invigorates that organ, lessens the number, and increases the force of its contractions, and prevents dicrotism, is positively demonstrated by sphygmographic tracings.

In order that the tonic effect upon the heart be continuous, it is important that the bath be repeated at sufficiently frequent intervals (three hours having been ascertained as the proper average). The effect upon the heart and vessels must be watched.

In the early stages of typhoid fever, when reactive power has not been much enfeebled, chattering of teeth, facial pallor, and a small pulse ensue later than in the more advanced stages. But these should not deter us from continuing the bath; they demand increased friction of the surface, and perhaps a little alcoholic stimulant. If superficial hyperæmia is readily induced by the friction, a small pulse, or even a pinched countenance, does not demand removal from the bath. Only decided chilliness and prolonged chattering of teeth are indications for removing the patient. Sphygmographic tracings have afforded positive evidence of the fact that while the pulse feels small after the bath, it has gained in force and tension, and continues to so gain until the effect of the bath passes away.

In advanced stages, the effect of the cold bath is not so pronounced, because the reactive power is more in abeyance. In these cases, especially when heart failure is threatened, we seek the aid of digitalis, strophanthus, and alcoholics, occasionally with good results, more frequently without benefit. Clinical evidence has proved that by seating the patient in a warm half bath (water covering only a portion of the lower part of the body, and pouring from a pitcher water at 60 to 65° over his head and shoulders, he may often be rescued from a wellnigh hopeless condition. The reflex effect upon the vagus deepens the inspiration, a fresh supply of oxygen is carried to the feebly expanding lung, the heart is aroused, hypostatic embarrassment is overcome. The whole aspect of the case is changed by the brief application of cold to the surface, followed by rapid drying. Now stimulants act more efficiently; their effect is more enduring.

The testimony of that experienced clinician, Winternitz, which has been confirmed repeatedly, should be borne in mind, when the terrible collapse menaces life. "Collapse," says he, "is almost universally regarded as a counterindication to every application of cold. I would again express the opinion, that *I know no more powerful nor effective agent for combating threatening or existing collapse than the intense and intelligently applied excitation by cold.* How often have I seen in advanced fever processes, in degenerated typhoids, a rapidly favorable change wrought in the corpse-like coldness of the extremities in the most serious manifestations of nerve adynamia, in the hypostatic congestion of lungs, by one dipping into a very cold bath, or one cold affusion. I am firmly convinced that very often these manifestations are not due to heart feebleness, but to a collapse of the vessels, and here an *evanescent but energetic* ex-

citation by cold is the only reliable remedy, as I have repeatedly proved."

3. The failure of innervation, referred to above, offers, perhaps, the most serious menace to life, because its deteriorating influence is expended through numerous channels. Hitherto this indication has been met, and to-day is but too frequently met, by alcoholic stimulants and nervines. That these enable us to tide over a dangerous period occasionally admits of no doubt. But here again we have abundant clinical evidence demonstrating that in the cautious and judicious application of cold water we possess a nerve stimulant of vast and manageable power—a stimulant which invigorates the nerve-centers presiding over circulation, respiration, nutrition, and tissue change, and thus enables the system to bear the stress imposed upon it by the infective process under which it is tottering. In these fevers the cardinal point for which we strive by hydriatic measures, is the attainment of an enhanced power of resistance, which, in self-limited diseases, is all that can be accomplished by treatment.

What is the rationale of this invigoration; this refreshing (Erfeischung, the Germans call it), of the nerve-centers? The latter are overpowered by the high temperature and toxæmia, and they stagger under the load, performing their work in a more or less indifferent manner, until at last they fail and the patient succumbs. As in minor degrees of nerve depression, fainting, for instance, the sudden impression of cold water upon the surface arouses the nerve-centers, so does, in the more pronounced and serious forms of adynamia, the same reflex influence stimulate them, and by continued access of cooled blood maintain the refreshing effect. The constant friction in the bath renders the peripheral nerve endings more sensitive, and the occasional effusion utilizes this condition for the furtherance of stimulating effects upon the nerve-centers. The result of the latter is evidenced not only by the improvement in the general appearance of the patient, by removal and prevention of apathy, dulness, somnolence, and even stupor, but also, as has been referred to above, by an enhancement of the functionating capacity of the various organs. I need refer only to the kidneys as an illustration of the effect upon its vaso-motor innervation. Next to the heart, the kidneys play the most important rôle in the maintenance of the integrity of the system in typhoid fever. The embarrassment of its functions in pronounced fever is evidenced by scantiness of the urine, its increased specific gravity, and the occasional presence of albumen. The gradual disappearance of these abnormal conditions is so positive a concomitant of decline of fever that the increase of the quantity of urine and its change to a paler hue was regarded by the ancients as a crisis. The effect of cold baths upon the hastening of the latter has been noted by even the earlier advocates of this mode of treatment. Even if the temperature resists their influence, the baths improve the condition of the urine, until the renal activity is increased even beyond the normal. The products of the increased oxidation are thus eliminated, as well as the toxic elements resulting from bacterial life and death

How far superior this treatment is to that by antipyretic medication is again demonstrated by their respective effect upon the kidneys. Antipyrin, for instance, diminishes the quantity of urine, as is shown by Tripier and Bouveret in a case of typhoid, in which baths and antipyrin were administered alternately.

To recapitulate, the rationale of the cold bath treatment of typhoid fever rests upon its meeting all the indications offered. A comparison with antipyretic medication brings out the value of the hydriatic method and elucidates certain points in its rationale.

THE *Monthly Sanitary Record* gives the following hints regarding the dangers of vacated houses: A good many people will soon be returning to their homes after their summer's vacation, and we would caution them about the danger of returning to a house which has been closed for some time, especially when the house is connected with the public sewer. In all probability the water-seal in the traps of the plumbing fixtures will have become evaporated, and the air from the sewer permitted to fill the house.

The germs of typhoid fever or other diseases, thrown into the public sewer, may possibly be carried into the house in this way. It has frequently happened that typhoid fever has broken out in a family recently returned from a vacation of several weeks, and in all probability the disease has been caused in this manner.

Families about to return to an unused house should have some one open all the doors and windows and thoroughly air the house for several days before their return, and also with buckets or hose to flush out the entire plumbing system of the house, thus filling all traps and cutting off communication with the sewer. Let no one neglect these simple precautions; they may possibly prevent the sickness or death of some member of your family.

BILLROTH, ON THE DANGERS OF CARBOLIC ACID.—The following letter of Dr. Th. Billroth, of Vienna, has been published: "I have lately seen four cases in which fingers which had suffered a most insignificant injury became gangrenous through the uncalled-for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly; we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning, and so may even prove fatal. It is useful only in the hands of a skilful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."—*Lancet.*

THE statistics for 1888 show that the number of births in France is still decreasing. Every year has shown a decrease, from 1884, when there were 937,758 births, to 1888, when there were but 882,639.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Sept. 28, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE AMERICAN MEDICAL PRESS ASSOCIATION.

J. D. S. DAVIS, Birmingham, Ala.
LEOPOLD, SERVAIS, Antwerp, Belgium,
FRANCIS L. HAYNES, Los Angeles, Cal.
W. B. GEIKIE, Toronto, Canada.
T. D. CROTHERS, Hartford, Conn.
WILLIAM A. HAMMOND, Washington, D. C.
J. A. S. GRANT BEY, Cairo, Egypt.
WILLIAM MURRELL, London, England.
THOMAS LINN, Paris, France.
DUJARDIN-BEAUMETZ, Paris, France.
GEORGES APOSTOLI, Paris, France.
AUGUST MARTIN, Berlin, Germany.
JOSEF KÖRÖSI, Buda-pesth. Hungary.
F. C. FERGUSON, Indianapolis, Ind.
JOSEPH JONES, New Orleans, La.
E. P. HURD, Newburyport, Mass.
J. J. MULHERON, Detroit, Mich.
LUTHER SEXTON, Wesson. Miss.
I. N. LOVE, St. Louis, Mo.
J. J. BERRY, Portsmouth, N. H.
A. VAN DE VEER, Albany, N. Y.
ROSWELL PARK, Buffalo, N, Y.
J. LEWIS SMITH, New York.
MORRIS H. HENRY, New York.
SIMON BARUCH, New York.
CLARENCE C. RICE, New York.
KINGMAN B. PAGE, New York.
A. R. BAKER, Cleveland, Ohio.
W. S. CHRISTOPHER, Cincinnati, Ohio.
E. A. WOOD, Pittsburgh, Pa.
FRANK WOODBURY, Philadelphia, Pa
E. E. MONTGOMERY, Philadelphia, Pa.
W. H. PANCOAST, Philadelphia, Pa.
J. V. SHOEMAKER. Philadelphia, Pa.
W. F. WAUGH, Philadelphia, Pa.
CHAS. MEIGS WILSON, Philadelphia, Pa.
L. H. METTLER, Philadelphia, Pa.
HENRY LEFFMANN, Philadelphia, Pa,
LAWRENCE F. FLICK, Philadelphia, Pa.
J. M. BARTON, Philadelphia, Pa.
J. M. ANDERS, Philadelphia, Pa.
W. B. ATKINSON, Phi adelphia, Pa.
P. D. KEYSER, Philadelphia, Pa.
A. E ROUSSEL, Philadelphia, Pa.
ERNEST LAPLACE, Philadelphia.
W. F. HUTCHINSON, Providence, R. I.
GEORGES ASSAKY, Bucharest, Roumania.
R. A. KINLOCH, Charleston, S. C.
C. A. BRYCE, Richmond, Va
NICHOLAS SENN, Milwaukee, Wis.

HYPNOTISM.

HYPNOTISM has never received in this country the consideration that it has on the other side of the water. There are many reasons for this. The practical, busy life of Americans inclines them to smile a little at whatever is of a transcendental o metaphysical nature, particularly if it be surrounded by an air of mystery. Universal prosperity and the absence of those extremes of wealth and poverty common to the continental nations, developing a high degree of nervous excitability among them, render us, as a nation, less susceptible to such neuroses, as catalepsy, trance and hypnotic sleep. Finally, successful, self-made nations, like individuals, are not apt to be the subjects of that credulity characteristic of those who are the sport of chance or the victims of misfortune; hence, as a nation, we are slow to believe and consequently slow to investigate. But the time has come when we should avail ourselves of the therapeutic benefits to be derived from the hypnotic methods of treatment if there is anything like truth in the many wonderful cures that have been reported. That there is such a thing as a hypnotic state, in which the patient is absolutely and entirely under the control of the operator, there can be no doubt. The only question is in regard to the percentage of hypnotizable people. The followers of the Nancy school assert that everybody can be more or less hypnotized; whereas the teachings of the Paris school are that the susceptibility to hypnotization is dependent somewhat upon a hysterical element in the subject. The definition of hypnotism, as given by Bernheim before the International Congress for Hypnotism, held at Paris, August, 1889, is a broad one. He says that the hypnotic state is that particular psychical state which may be produced and which increases, in varying degree, suggestibility—that is to say, the aptitude of being influenced by an idea that the brain receives and realizes. According to this definition there may be hypnotism without sleep, and Bernheim claims that he has obtained some remarkable results by simply telling the patient to close his eyes and then suggesting to him that such and such a trouble no longer exists.

In his work *De la Suggestion et de ses Applications à la Therapeutique* he states that only 5 per cent to 10 per cent of patients are refractory. When once the hypnotic sleep has been induced, by repeating to the patient, sometimes in a commanding, sometimes in a low, sleepy tone of voice, that he is no longer the subject of disease, rheumatism, gout, chronic constipation, diarrhœa, and general weakness can be cured. Not only are the functional diseases amenable to this treatment; postage stamps aided by suggestion have been made to raise blisters, burns produced by caustics have been made to heal with or without suppuration, the bad have been made good, and the deaf made to hear. The absurdity culminated when Tiebault declared that by simply suggesting to the pregnant woman in the hypnotic state, the fœtus could be physically educated in the womb! Bernheim believes that suggestion is the *vis medicatrix* in cases of purgation with bread pills, the induction of sleep by peroxide of hydrogen, the use of miraculous waters, as those of Lourdes, in massage, metallotherapy, hydrotherapy, electro-

therapy, secret ointments and granules, homœopathy, and even the suspension treatment of tabes. How often a hobby is in danger of being overridden!

There can be no doubt about some of the facts reported in connection with hypnotism, and to those who, like the writer, have seen it for themselves, the denial of it appears as ridiculous as its adoption for a panacea in all ills. The mind does exert a powerful influence over the body, and is itself in turn vigorously acted upon by variable states of the latter. And, again, we also know that when a perfectly healthy person is about falling to sleep, before all of the faculties have become obliterated, suggestions may be made and responses obtained. Somnambulism is a reality beyond cavil. Hence we see that certain strata of the mental constitution may retain their activity while the rest are held in abeyance. As a matter of fact, the inactivity of the higher faculties, such as the reason, causes an intensified activity of the lower, such as the perceptions and sensibilities. This is the result of increased concentration. The hearing is rendered more acute, the sight more piercing, and the perceptions more indelibly stamped upon the mind. Thus are explained the wonders of second sight and clairvoyancy, the medium being in a state to catch the slightest perceptible movement of the face and lips of those round about, however guarded they may be in testing his powers. In like manner the attention of the hypnotized person may be concentrated upon some particular part of his own body, and through the increased nerve excitability a change of some sort wrought therein. If a patient by suggestion can be made to feel no pain, the part may be kept at rest much in the same manner that opium would do, and so a cure brought about by the recuperative powers of nature. Such, in brief, is Bernheim's explanation of the therapeutical action of hypnotism.

According to Luys the hypnotic is similar to a paralytic, who, when brought to the asylum, may be told almost anything, and will believe it. How often we see such a one, after being told that he is a great monarch, a general or an ape, begin to act accordingly. Illusions, sensorial and emotional hallucinations, so characteristic of insanity, may be provoked by the operator in all hypnotic subjects. They may be given fixed ideas and wild conceptions, which will remain, and of which they have no notion whence they came. They may even be prolonged into the awakened state, and thus exert their influence for good or bad. Hypnotism is, therefore, closely allied to insanity, which is also proved by the evil effects that result from its too frequent application. Meynett, of Vienna, and Charcot, of Paris, have given it up as a therapeutic agent, simply for the reason that the benefits obtained from it do not counterbalance the weakening of the intellect, so likely to ensue. There is then a psycho-biology and a psycho-therapy. The forces of mind over body have long been the origin of the wonder-working miracles of charlatans, and as the fact is an undeniable one, it becomes scientific medicine to study it and employ it to the best advantage.

In the induction of the hypnotic sleep, the fixing of the eyes upon a brass ball or other bright object, according to Braid's method, is no longer considered necessary. Simply place the patient in a large arm chair, in a quiet, slightly darkened room; tell him not to resist the influence to sleep, and then repeat a dozen or more times some such phrases as "Now you are going to sleep; you are breathing slowly; your eyes are closing; you are almost asleep," etc., in a low monotonous tone of voice. If the patient is hypnotized a cataleptic state will be manifested when the arms are raised. Now the desired cure is suggested, and after a few moments the patient is awakened by simply telling him to awake. Such is the method employed by the Nancy school. At the Salpetriére the common method, as witnessed by the writer, was to press for several seconds upon the eyeballs. The *séances* should never last longer than fifteen or twenty minutes, and too much should not be expected at the beginning of the treatment.

Much has been written upon hypnotism, and the different methods of application can be found in the works of different authors, chief among which are those of Tiebault, Braid, Bernheim, Baierlacher, and Charcot. In the last number of the St. Louis *Weekly Medical Review* is a paper by Dr. Benno von Steinmetz, giving his own experience and the technique of the hypnotic suggestion. Of all the means employed to cure disease through the effects of the imagination, hypnotism is undoubtedly the most powerful. With certain precautions, mostly of a medico-legal character, it behooves American clinicians to study and become more familiar with this new therapeutic agent, and if there is anything really valuable and scientific in it, to rescue it from the hands of quacks and charlatans.

SALOL IN THE INTESTINAL DISORDERS OF CHILDREN.

SINCE we have learned the important rôle of microörganisms in the various disorders of the alimentary canal, the treatment of intestinal derangements has become more problematical and scientific, as well as more satisfactory. We have done with the routine administration of an opiate in all cases of diarrhœa, for though this treatment must needs be adopted at times, particularly when the causes are obscure, it frequently fails to give the desired results.

If our knowledge of the influences exercised by the bacteria in these diseases be correct, it is evident that their antiseptic treatment is the most rational and scientific. To rid the bowel of the cause of the affection is better, of course, than to merely combat the symptoms. But we said this treatment was at the same time problematic, and the truth of this is shown in the large number of antiseptics that are being daily tested with varying success.

The theory of the treatment being correct, it is necessary to secure an antiseptic whose action will be limited entirely to the destruction of the bacteria, that will be effective yet harmless to the patient and that can be easily and appropriately administered. Here is where the problem begins, and its solution is still the subject of extensive investigation.

In the last number of the *Archives of Pædiatrics*, Dr. Walter L. Carr, of New York, gives his experience with the use of salol in thirty-five cases of gastro-intestinal derangements in children. Salol or salicylate of phenol, administered by the mouth, is not changed until it reaches the small intestine; here the pancreatic juice splits it into salicylic acid and sulpho-phenol. Hence, as Lombard justly says, the action of the drug will not depend so much upon the dose as upon the quantity of pancreatic juice, as proved by the inert character of salol in the canal when the pancreatic duct is tied. Therefore, the administration of this antiseptic will have to be modified by the conditions of the pancreatic fluid. Perhaps a disregard of this fact is the cause of such varying results having been reported by numerous experiments. Some laud it to the skies, others find it of no avail whatever. It has been tried in all the disorders of the stomach and intestines in children. When the symptoms are those of acute gastro-enteritis, with vomiting of food, and the stools are loose, frequent and foul-smelling, the administration of salol, preferably alone or in combination with some inert powder, will be all that is necessary. When the stools are lumpy and streaked with bile, and particularly if bile appears in the vomit, mercury in the form of calomel will give quicker results when combined with the salol. In serous stools, dysentery, and severe colitis the salol will have to be reënforced with opium to relieve the tenesmus and check the discharges of blood. Hence salol exerts its best influence in the first stage of acute gastro-enteritis and in the more chronic forms of entero-colitis.

Dr. Carr recommends the dosage as follows: For children under six months one-half grain, between sixteen and eighteen months half a grain to a grain and a half, at two years a grain and a half to two grains. Other antiseptics besides salol, such as the sulpho-carbolate of zinc, naphthaline, and others of the new synthetical group, especially of the carbolic acid series, have been employed with quite favorable results. But its easy administration and up to the present time absence of toxic symptoms favor the use of salol, and will doubtless render it a popular intestinal antiseptic when the proper conditions for its administration are better known.

In all these respects, however, it is fully equalled by the sulpho-carbolates; which, moreover, do not depend on any intestinal chemistry for their efficiency.

Dr. Laplace has opened an office at 1617 Arch St.

Annotations.

THE IDEAL MAN.

An enthusiastic dentist, in a recent paper read before a Dakota dental society, after suggesting that the dentist of the future would make it his business to see that parents propagated healthy children, with sound teeth in good arches, warms up in his peroration thus: "The dentist of the future should be a man, priest, physician, and friend, all in one. Our bodies should be clean, our hearts pure, our brains clear, and our health sound. The ideal dentist will be the ideal man."

If the "dentist of the future" perform the functions of the other professional men referred to above, there will doubtless be a lamentable crowding in the different learned professions outside of dentistry. There is just a single ray of hope that sheds its ambient light over what is otherwise a gloomy and cheerless picture. The "ideal man" will never make his appearance, and consequently the ideal dentist will forever be a figment of the mind.

THE USE OF OYSTERS IN SUMMER.

Davaine stated that oysters spawn from the first days of June to the end of September; that in this hermaphrodite mollusk the ovules and embryos collect in the mantle, forming a sort of whitish pap, called milk or spawn, giving to the oyster a milky appearance. The fertility of an oyster is indefinite, and in one of ordinary dimensions one can count more than a million eggs and embryos.

M. Bouchon-Brandely, Director of Maritime Fish, and M. Henneguy, Chief of the Laboratory of Comparative Embryology of the College of France, think that it has not yet been shown that the consumption of oysters at the time of reproduction is injurious; the accidents which have been cited being probably due to other causes, while the habitual use of these mollusks, during the hot season, by the inhabitants at the centers of oyster culture, demonstrates the innocuity of this aliment.

On the other side, MM. Lalesque and Hameau call attention to the danger of using oysters in the hot season, when they have been transported to a distance from the beds and are eaten many days after leaving the beds.

Hameau further states that besides the ordinary colics and diarrhœas, he sees every year, from July to September, a peculiar form of poisoning, in persons who have eaten oysters which are still *ill from their accouchement.* These are neither in "white spawn" nor "black spawn;" but meager, non-lustrous and of a milky aspect, which remains for some time after the spawning is completed.

The symptoms of this poisoning are, the oysters having been eaten for dinner, nothing is shown of the morbid action until the end of the following night or the next morning; then, the patient is seized, somewhat brusquely, with violent intestinal colic, cold sweats, precordial anguish, nausea, with or without vomiting. This lasts some hours and ends

with free, greenish liquid evacuations, continuing four or five hours.

These cases are not very common; M. Hameau observing six or eight in a season. He believes that in this state the oyster contains a toxic alkaloid or ptomaine.

In commenting upon these cases, M. Grancher points to the fact of their paucity; the want of scientific rigor in the observation, as the toxic substance is indicated but not demonstrated, and that they point to the season following spawning as the dangerous one; while it is well known that in September the oyster is transported and eaten with impunity. The conclusion reached was that there were no grounds on which to pronounce the milky oyster toxic, and to interdict its sale and transportation. This conclusion was approved by the consulting committee, and the Minister of Marine issued a decree which permits the sale and transportation of oysters at any time.—*Journal d' Hygiene.*

ON another page will be found the programme of the coming Annual Meeting of the American Public Health Association. The session promises to be highly interesting and instructive, and one of its most important features will be the exhibition of sanitary goods and appliances in a neighboring hall. Here one will be able to study from a large collection of models and preparations the sanitary construction and arrangements of dwellings, schools, factories and workshops; matters of health pertaining to clothing and dress, and the preparation and preservation of food; sanitary engineering and the public health administration in cities and towns, and, finally, the laboratory, containing instruments of examination and precision, as microscopes, thermometers, hygrometers, biological apparatus, cultures, etc. The Red Cross Society will also have a section to itself.

Such an association, comprising as it does now over eight hundred members, all devoted, officially or otherwise, to its declared purpose, is in a position to exercise a most wholesome influence in the maintenance of public health. For the last sixteen years the Society has been meeting annually in the different cities of the United States and Canada. There will doubtless be a large attendance this year.

CALOMEL AS A DIURETIC.

IN Erb's clinic calomel has been effectively employed as a diuretic in renal dropsies. Polyuria begins on the third or fourth day, lasts five or six days; but is preceded by a diminution of the quantity during the first two days. When the maximum is reached, the calomel should be suspended. The specific gravity and albumen are diminished; there is no effect upon the heart. Diarrhœa is the only unpleasant manifestation; stomatitis may be prevented by chlor. potass.; salivation was absent. The dose was three grains three times daily, not exceeding a total of sixty grains. Diarrhœa must be met by tincture opii.—*Berl. klin. Wochensch.*, S. 2.

[Thus, we are returning step by step to the old time calomel medications of our forefathers.]

THERE is an editorial in the last number of the London *Lancet* calling attention to some weak points in medical education, that would be profitable for the American as well as the English schools to consider. In regard to the infectious fevers, for instance, the student rarely has an opportunity to study them, save during a special epidemic or after he has entered into practice for himself. Even when occasion is afforded to visit the special fever hospitals, the diseases cannot be watched throughout their entire course. This is a serious defect. Psychology and mental disease is another department of medicine in which the student frequently remains in blissful ignorance, until he is rudely startled as a practitioner by being suddenly called to give testimony in a court of law or sign a certificate for the detention of a supposed maniac in an asylum. These, as well as medico-legal questions, are rapidly being left entirely in the hands of experts by our rather defective methods of education; but every physician should be acquainted with this department of medicine, for many obvious reasons. Gynæcology and children's diseases are taught somewhat more practically than they used to be, but not yet as well as they might be. Some of these cases are the commonest in ordinary practice.

CHLORALAMID, to which we referred in a recent issue, appears to have come to stay. From reports gathered from various German clinics, Riegel's, at Giessen, Kup's, at Strasburg, and Mosler's, at Griefswald, its superiority to chloral is established. While it requires about 33 per cent. larger doses than the latter, it is said to be free from its unpleasant effects upon the heart, and, indeed, its action seems to be devoid of any positive after-effects upon the functions of the body.

It is regarded as valuable in nervous or senile agrypnia, in insomnia of special diseases, bronchial asthma, subacute rheumatism, and in other conditions not characterized by severe pain.

Chloralamid would appear to be one of our most valuable hypnotics; preferable to urethan and sulphonal, whose action is somewhat uncertain, and to paraldehyde whose odor is disagreeable. Still in some trying cases, especially in the psychoses, the change must be rung upon all our hypnotics.

CREASOTE in phthisis was administered in 1700 cases by Von Brunn (*Berl. klin. Wochensch.*, No. 8, 1889). The most favorable results were obtained in recent stationary cases of young people, due to a unilateral catarrh or infiltration of the apex. The gastric digestion was first improved, and later the respiratory symptoms; a gradual diminution and even disappearance of bacilli was noticed; the physical signs and fever were favorably influenced. Von Brunn ordered creasote in wine or pills with opium, and inhalations.

Szendiak (*Schmidt's Jahrb.*. B. 218, p. 145) treated 175 cases with favorable effect in 42 per cent., especially upon the cough and expectoration. In many cases the general condition improved.

WHILE the scholarly address of Dr. Moore contains nothing directly appertaining to the domain of practical medicine, we publish it as an illustration of the best form of an address to an intelligent, non-professional audience. Dr. Moore is one of those who can accept deductions of modern science and yet retain his religious faith; he accepts evolution and still believes that even it had a first cause; and in this view he assuredly has the support of the vast majority of intelligent men in the medical profession.

RESTORATION of liver structure, after removal of large portions, has been noticed by Ponfick, who ablated under antiseptic precautions parts of the liver in hundreds of animals. Many of the latter lived a year and longer with comfort. A massive formation of young liver tissue, somewhat differing from the original, begins in a few days and reaches its completion in a few weeks, so that almost the entire portion, more than double of what has been removed, is reproduced.

—*Cent. für Med. Wissensch.*, No. 35, 1889.

CARBONIC ACID has recently been administered by Dr. H. Weber (*Berl. klin. Wochensch.*, Sept. 2) to a number of phthisical patients, ten of whose histories he furnishes. Weber orders bicarbonate of potassium, one teaspoonful, to be taken immediately after a glass of water containing twelve drops muriatic acid (diluted?) has been sipped. These remedies are administered before meals. He claims that all his patients experienced great relief from cough and improvement of their respiration, as well as of the appetite.

Letters to the Editor.

VIRGINIA LETTER.

I SENT you, some time ago, a letter from Montgomery White, about the springs in that vicinity. Soon after I left there, and for the last month, have been at the most comfortable hotel in these mountains, the Blue Ridge Springs, under the management of Mr. Phil. Brown, a most estimable and able manager and proprietor of this hotel. In the evening of September 3, I came in to the meeting of the Medical Society of Virginia, which began its twentieth session in the opera house of Roanoke last evening. The meeting was called to order by the President, Dr. E. W. Rowe, of Orange Court House. After prayer by the Rev. W. H. Meade, of St. John's Episcopal Church, of this city, an address of welcome was delivered by Dr. A. L. Koiner. At the conclusion of Dr. Koiner's address, Dr. Rowe, the President, responded briefly on behalf of the Society.

The Secretary, Dr. Edwards, read the list of applicants for membership, forty-eight in number.

Dr. Thomas J. Moore was introduced, and delivered the annual address. His subject, Man and His Development, was handled in a masterly manner, and was entertaining and instructive to a degree rarely equalled and never surpassed, in our opinion.

Wednesday, September 4.—The Society reassembled this morning at 10 A.M., and after going through the business part of the meeting there was still half an hour, when Dr. Wyeth, of New York, the able surgeon, was invited to read a paper on the subject of Cocaine. He began with a brief history of the drug, and the part which was taken by the American physicians and surgeons in its introduction. He had employed it now for about five years in various amputations of the fingers, toes, and also in the removal of small tumors, warts, nerves, etc. His method was to employ a four per cent. solution, never using more than a drachm hypodermically, either in the line of the wound or neighborhood. To prevent its toxic symptoms, he always employed a ligature or tourniquet, adopting "Corning's method," and when the operation was finished he took care that the material should not be allowed to enter the circulation suddenly, but gradually withdrew the agent in a slow matter by loosening the tourniquet. Dr. Wyeth did not like it in children, nor did he advise it in extensive operations, but he considered it one of the most valuable agents to the surgeon after antiseptics.

Dr. McGuire, of Richmond, then followed with some remarks, stating his experience especially in circumcision and other operations of a minor character, and stating he had employed it quite extensively and with satisfaction, yet he desired to impress the gentlemen with caution, stating that he had one or two cases in which the patients had been nigh unto death, and were only saved by the use of the nitrite of amyl. He also mentioned Dr. Sims', of Philadelphia, case of death from the injection of a twenty per cent. solution in the urethra. He considers there is a cocaine habit like the morphine, alcoholic, or opium habit. These cases are, we think, very rare, and some of the most able physicians have met with not more than one or two during the five years' use. This subject is well discussed in the new edition of Dr. Turnbull's "Manual of Anæsthetics," now passing through the press, advance sheets of which we have seen by the politeness of the publishers, Messrs. Blakiston, Son & Co., Phila.

Following the paper of Dr. Wyeth came the address of the President, Dr. E. W. Rowe, on the subject of Reform in the Profession. It was filled with witty remarks and many interesting anecdotes, and many wise sayings and most useful suggestions, both to young and old.

It is most wonderful, the power of recuperation of these Virginia gentlemen. Consider the sufferings, poverty, and hardships which they endured, and yet their Society nearly numbers a thousand, and they themselves are advancing their profession, and are a credit to it by their learning and devotion; a bright example to their brethren everywhere.

After the address of the President and its recommendations had been disposed of, the subject of Croupous Pneumonia was called for discussion, and opened with a paper by Dr. B. L. Winston, of Hanover, C. H.; also, a paper by Dr. H. C. Becket, of Scottsbury, Va., followed by a third paper by Dr. L. G. Pedigo, of Roanoke, entitled, Sedative Doses of Calomel in Croupous Pneumonia.

The night session was taken up with Practical Reports on Advances in the Eight Departments of the Medical Sciences. A banquet was given at the Roanoke Hotel.

ROANOKE, VA., Sept. 3, 1889.

Society Notes.

MISSISSIPPI VALLEY MEDICAL SOCIETY.

THE Mississippi Valley Medical Association held its fifteenth annual meeting at Evansville, Indiana, beginning September 10. The meeting was a most pleasant and profitable one, the papers presented numbering one hundred or more. The discussions were participated in by most of the members, and elicited a number of new and valuable ideas.

The meeting was ably presided over by Dr. George F. Cook, of Indianapolis. Owing to the full programme, he excused himself from a formal address, but opened the session with a few well-chosen remarks. Dr. R. L. Thomson, of St. Louis, was at the Secretary's post, and Dr. A. M. Owen, of Evansville, as Chairman of the Committee of Arrangements, covered himself and the city with glory. A number of visiting doctors, far from the Mississippi Valley, were present, among them Dr. George H. Rohé, of Baltimore, and Dr. W. C. Wile, of Danbury, Conn. In an address, the former chanced to mention that his native city was the birthplace of the "Star-Spangled Banner." He was unanimously requested, in one united shout, to "sing it." The band took up the strain, and then followed a very patriotic exhibition.

The social occasions were many, and to some, almost overwhelming. The evening of the first day, a banquet was given at Garvin Park. This was attended by many invited guests, and the whole affair, under the leadership of the witty Dr. I. N. Love, of St. Louis, as toast-master, was highly enjoyable. A complimentary concert and ball brought together the élite of the city and neighboring towns, and the members of the Association were made to feel that naught was too exalted which would add to their pleasure. An excursion occupied the third evening, and besides these were several private entertainments; so the meeting was not only successful in point of numbers, papers read, ideas advanced, discussion aroused, but in the social point of view, which, after all, adds the needed spice to these gatherings. The Committee on Nominations reported by their Chairman, Dr. I. N. Love, as follows: President, Dr. Joseph M. Matthews, Louisville; First Vice-President, Dr. C. R. Earley, Pennsylvania; Second Vice-President, Dr. T. B. Harvey, Indianapolis; Permanent Secretary, Dr. E. S. McKee, Cincinnati; Treasurer, Dr. W. C. Chapman, Toledo, O. Louisville the place of next meeting, September, 1890; Dr. I. N. Bloom, of Louisville, Chairman Committee of Arrangements.

DR. H. C. DALTON, of St. Louis, Superintendent of the City Hospital, read an interesting paper, entitled:

IS SENN'S GAS-TEST INFALLIBLE, AND ALWAYS DEVOID OF DANGER?

He reported a case of gun-shot wound of the abdomen, the ball passing into the thorax in left axillary line, between the seventh and eighth ribs. There were no symptoms of abdominal injury, but from the direction of the ball he suspected that the abdominal cavity had been penetrated. He resected three inches of the seventh rib, and found a hole through the diaphragm, three inches from the thoracic wall. He introduced a glass tube and applied the gas test, but received negative results. Laparotomy was not performed. The patient came near dying from interference with respiration, due to the enormously gaseous-distended intestines pressing upon the diaphragm. At the autopsy, eighteen hours after death, two holes were found in greater curvature of the stomach, four inches below the cardia, the hole of exit being a half inch below hole of entrance. The lower-third of the stomach was filled with semi-solid food, which had securely plugged up the bullet-holes during the administration of the gas, and prevented its escape into the peritoneal cavity, that accounting for the failure of the test.

He concluded, if semi-solid food would cause the test to fail, semi-solid fæces would do the same thing, and hence the claim that the test is infallible is untenable.

He also reported a case in which the test gave affirmative results, the gas escaping and igniting freely. Laparotomy was performed, and twelve holes were closed by the Lembert suture: two in the cæcum, six in the small intestines, three in the mesentery and one at the hole of entrance. Owing to the gaseous extension, difficulty was experienced in returning the intestines to the cavity and closing the wound. In the attempt, the firm pressure caused the holes to burst in several places, flooding the peritoneum and obliging the peritoneal toilet to be done *de novo*.

He thinks this, together with the excessive gaseous pressure upon the diaphragm after the closure of the abdomen, adds to the shock, and hence he argues that the method is not devoid of danger. The patient died eighteen hours after the operation.

EARLY DIAGNOSIS OF CHRONIC KIDNEY LESIONS,

was the subject of a paper by DR. C. S. BOND, of Richmond, Ind. This paper was really the report of a committee of one appointed at St. Louis last year. In conclusion, he gave the following summary:

Albumen in the urine probably always means disease somewhere in the body. In so-called physiological quantities, it may be referred to disease removed from the kidneys, and the cause as transient. In pathological quantities, it signifies either inflammation external to the kidneys, or a lesion of these organs. Many patients, with evident kidney lesions, do not pass albumen. Albumen is inconstant, and bears no relation to the extent of the lesion, but when present, must be respected as a prominent factor in diagnosis. It generally makes its appearance a long time after other well-marked symptoms have existed, and the disease is grave when it exists in pathological quantities, and the symptoms, therefore, should not be awaited.

Casts bear an intimate relation to albumen, but appear later. They are strong proof of renal inflammation, as they carry, usually, a part of its epithelium. Differentiation of the varieties of kidney lesions can often be made from this fact, but they, like albumen, are inconstant. Many patients do not pass them at all, and they always appear too late as a factor in early diagnosis.

The specific gravity of the urine is not to be relied upon, unless the mean specific gravity of many specimens is taken for known quantities of urine for twenty-four hours. This would mean a small amount of urea passed within the time, since it is the dominant salt eliminated; therefore, why not test for urea at once?

Some outward manifestations of ill-health, perhaps continued for years, always precede the passing of albumen and casts. These symptoms are in common with well-marked kidney lesions, and are not due to other discoverable physical causes. Cases, often without a change in these symptoms for years, begin passing albumen and casts. It is fair, therefore, to assume that the symptoms referred to are the result of some common cause which precedes the pronounced kidney lesions. This common cause seems to be something which produces extension and often inflammation of serous membranes, which at the same time, or remotely, involves the kidneys. What this case is we at present only conjecture, but many of its pathological effects might be turned to advantage in early diagnosis. Urea is excreted in abnormally small quantities in cases of well-marked kidney lesions. It is also so excreted in cases having the prominent physical symptoms without albumen and casts. It is interchangeable as a means of diagnosis with the outward signs of the disease, *i. e.*, a knowledge of ill-health being also a knowledge of the amount of urea passed and *vice versa*. Urea is excreted in small quantities for months, and often years, before albumen and casts appear, therefore a knowledge of this excretion is invaluable as a diagnostic sign of early lesion.

The diminished quantity of urea eliminated is the result of constitutional disturbances, which precede the local lesion for long intervals of time. Active treatment, which would be harmful in other diseases having some symptoms in common, will identify this, generally relieves, and frequently apparently cures.

TREATMENT OF THE INSANE IN RELATION TO SCIENCE

was the subject of a paper by Dr. Orpheus Evarts, Superintendent of the College Hill Cincinnati Sanitarium. This paper was very laudatory of the modern treatment. He did not believe insanity was a disease of civilization. It was a disordered brain. All who have brains are liable to this disease.

THE FORMATION OF ARTIFICIAL URINARY CANAL

was the subjected treated by Dr. W. N. Wishard, of Indianapolis.

De. Wm. C. Wile, of Danbury, Conn., in discussing this paper described an operation for this object which was original with himself. The paper was further discussed by Dr. C. Frank Lydston, of Chicago.

PURULENT CONJUNCTIVITIS

was the title of a paper by Dr. D. A. Thompson, of Indianapolis. He insisted on cleanliness, washing the eye, if necessary, every half hour with a saturated solution of boracic acid in water. He also used the nitrate of silver, but had not met with success in the use of bichloride of mercury. Discussed by Dr. Knapp, of Evansville.

SYMPATHETIC DISEASES OF THE EYES FROM INFLAMMATION OF THE NASAL PASSAGES

was the subject of a paper by Dr. Francis Bowling, of Cincinnati. He thought the medical attendant was too prone to treat the eye disease and overlook the disease in the nose. He should recognize the fact that the origin of the disease is in the nose and not in the eye, and shape his treatment accordingly.

THE CAUTERY *vs.* THE SNARE

was the subject treated by Dr. E. R. Thompson, of Indianapolis.

Dr. Geo. W. Ryan, of Cincinnati, read a paper entitled

THE ORTHOPEDICS OF INFANTILE PARALYSIS.

The author reached the following conclusions:

1. That orthopedic treatment, in conjunction with local treatment of muscles, is useful in all children who have arrived at the walking age. It gives support and prevents deformity.

2. That it tends to preserve, in a measure, the proper balance between antagonistic groups of muscles by aiding the weakened group, and restraining the normal ones.

3. That by this means, the paralytic groups are given the benefit of any movement of which they are capable, and in this way they can get exercise.

4. That it certainly can correct deformity.

5. That a heavy appliance, or one adjusted by lacing bands to the leg or thigh, does more harm than good.

6. That such measures are a necessity in the after treatment of divided tendons or muscles.

7. That in most contractions it is better to divide them than to stretch them.

STERILITY IN WOMAN, ITS ETIOLOGY AND TREATMENT

was the title of a paper by Dr. E. S. McKee, of Cincinnati.

The author found the subject a difficult one. He thought the most common cause of sterility was intra-uterine disease, and chronic endo-metritis its general manifestation. Inflammations of the pelvic peritoneum and of the parametria or their consequences are a frequent origin. Three things must be determined, are spermatozoa in semen, do they get into the utero-cervical canal, do the vaginal secretions poison the spermatozoa? Sterility in man must be eliminated before seeking the causes of childless marriage in the wife. Gross claimed that one out of six sterile marriages were the fault of the husband, and Kehrer claimed one-third, and the cause of the barrenness was gonorrhœa. The habits of the wealthy

diminish fertility, while those of the poorer classes seem to favor it. The injurious effect of excessive fat in women, as regards childbearing, is generally admitted. The prospects of offspring will depend more on the menses than the flesh, amenorrhœic fat women being usually sterile. The prevalence of spasmodic dysmenorrhœa among sterile women, about two out of five cases, leads to a belief that this condition has some influence upon sterility. Gonorrhœa is an important factor. The reflux of semen is not so important a cause as supposed; the mucous discharge of the glands of Cowper and Duvernay are often mistaken for semen. A Chicago professor has found in that city that the hair on the mons veneris of sterile women is straight. He does not advise curling the hair as a cure for sterility, however. Sexual incompatibility is well known to exist. Sterility may be occasioned, when necessary, by obliterating the ends of the Fallopian tubes with the thermocautery. Some authors claim that consanguineous marriages are sterile. Darwin finds these slightly more fertile than non-consanguineous. He thinks this fact is because such marriages take place where there are large groups of cousins, and fertility becomes hereditary.

The cure of sterility is one of the difficult tasks of gynæcology. Our imperfect knowledge of the cause is the origin of our trouble when we come to treatment. Women addicted to alcohol have become pregnant upon becoming teetotalists. Obesity is treated by a rigid diet, the menses increase as the obesity decreases, and the patient frequently conceives. A hyperæsthetic condition of the vagina sometimes necessitates anæsthetization. The radical treatment of endometritis by curetting is frequently followed by conception. The author has had good results from a solution of perchloride of iron one part, glycerin three parts, painted in the cervical canal in chronic endometritis. Constitutional treatment is often effective. Outerbridge has devised a new instrument for the cure of sterility. It consists of a steel wire, gold or silver plated, with a slight eversion at one end, with the other bent at right angles. This is inserted into the cervix. Catherization of the Fallopian tubes is sometimes effective. Sea-bathing, residence at watering places, and the use of mineral waters has a very beneficial effect on many stubborn cases. The crystalline phosphide of zinc, one-eighth grain morning and evening, is highly recommended. Tea drinking and the ingestion of tannin and sulphur are to be avoided. Belladonna has the reputation of promoting conception. According to Cohnstein, there are times with every woman which might be called the period of predilection for fecundation. If reflux of semen be the trouble, the hips should be elevated during coition, the penis allowed to remain as long as possible in the vagina. The taking of the knee-chest position immediately after coitus is recommended, and perineoraphy is sometimes necessary. As a last resort artificial impregnation is necessary in otherwise hopeless cases. It is disagreeable to all concerned, but there are no real moral reasons against it. An alkaline vaginal injection of phosphate of soda should precede the operation to neutralize the vaginal secretions. Sexual intercourse should take place; the syringe, new, free from infecting matter, should be at the exact bodily temperature, the semen taken up carefully, the nozzle inserted clear to the fundus and the fluid injected. A extensive bibliography accompanied this paper.

CHRONIC TONSILLITIS

was the subject of a paper by Dr. Fletcher Ingalls, of Chicago. He insisted on non-subjecting children to the torture of removal of the tonsils without the benefit of an anæsthetic. Discussed by Drs. Wm. Porter, of St. Louis, and E. R. Lewis, of Indianapolis.

Dr. I. N. Bloom, of Louisville, reported two cases of

AMPUTATION OF THE PENIS,

and discussed the subject.

THE TREATMENT OF PULMONARY PHTHISIS

was the subject of a paper by Dr. C. F. McCahan, of Chattanooga, Tenn. He thought when there were present symptoms of the disease without inflammation, the majority of the cases are capable of cure. He reviewed the treatment of phthisis since the discovery of Koch, and related his personal experience. He had phthisis in 1882 (but didn't look as if he had) and had recovered. In treatment, we have returned to nutrition and pure air. We should always let the patient have a thread of hope, though it may be a false one. The care of the stomach was the great thing. Give as few medicines as possible, so as to keep the stomach in good order. The hygienic treatment should take the precedence to the medical. As for health resorts, he favored Asheville and Aiken.

DIFFERENTIAL RESPIRATION

was the subject of a paper by Dr. F. C. Wilson, of Louisville, who showed his bellows for this purpose.

CONTAGIOUSNESS OF PHTHISIS.

The report of the committee appointed last year was made by Dr. Wm. Porter, of St. Louis, Mo. He thought the word portageous was more accurate than contagious. He thinks the evidences of transmissibility in tuberculosis are conclusive. Two hundred and fifty-one English physicians in active practice in families have replied in favor of the theory of the transmissibility of tuberculosis. The New York Board of Health has passed resolutions which acknowledge this contagion. The fact has been published that there have been no cases of tuberculosis among the nurses and house physicians at Brompton Hospital. This is true on account of the excellent hygiene of that institution, and does not prove the non-contagiousness of the disease.

It has been written that there was no tuberculosis among the North American Indians, and but little among the early settlers of New England. One hundred years ago the climate of New York was thought to be good for tuberculosis by Europeans, who sent their patients there; then, later, the prairies of Illinois were lauded for the same purpose; then, later, the mountains of Colorado and the valleys of California. He emphasized the fact that the care of

localities used as resorts for consumptives was very important, as they do not get infected with the disease. He recommended that consumptive patients use cuspidors in which there was a 1–1000 solution of bichloride, as it has been demonstrated that a weaker solution has not always the potency sufficient to destroy the bacilli. He recommended as a prophylactic measure to the spread of tuberculosis the most careful inspection of the meat and milk. He considered the future of this subject a bright one.

TUBERCULAR PERITONITIS, WITH REPORT OF CASE, was the title of a paper by DR. EDWIN RICKETTS, of Cincinnati, in which he advocates the operative treatment in this trouble.

DR. THEODORE POTTER, of Indianapolis, said that no one doubted that the tubercular bacillus caused the disease. He cannot doubt this any more than we doubt the laws of gravitation. We must remember that tuberculosis is a local disease just as much as is an abscess. It may become general, but it is not so in the beginning; and only accidentally becomes so. Tuberculosis is not generally hereditary. We are now on more positive and definite ground in regard to this disease than ever before. The paper was further discussed by DRS. EARLEY, Pennsylvania; CUTTER, New York; BRAYTON, Indianapolis; CHAPMAN, Toledo; MYERS, Fort Wayne; REYNOLDS, Louisville; MCCAHAN, Chattanooga; RICKETTS, Cincinnati; PORTER, St. Louis.

Book Reviews.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR THE YEAR 1888. Volume V. Edited for the Association by ALFRED LUDLOW CARROLL, M.D. Pp. 610. New York: J. H. Vail & Co., 1889.

The present volume is full of interesting papers and practical discussions. The reports of the committees appointed to investigate certain special questions are replete with valuable suggestions and admirably presented. The President, Dr. John Cronyn, introduced into his annual address some pertinent hints in regard to preserving the proper deferential relations between the medical profession and the public. He justly decried the audacity with which newspaper hack-writers and irresponsible laymen attempt to criticize medical matters before the masses. The ministry and the legal profession, though occupying a less responsible position in regard to so serious a matter as life and death, are far less exposed to the hostile attacks of ignorance and superstition. Medical men should protect the interests of their profession by preserving a silence and well-balanced neutrality in regard to matters of doubt, and a positiveness born of knowledge in regard to matters positive.

The Address on Surgery, by William H. Carmalt, M.D., is a capital exposé of the treatment of carcinoma, and is appropriately followed by the highly instructive report of the committee and discussion upon neoplasmata in general.

A delicious sauce to the more solid viands is Dr. John Shrady's Address on Medicine, in which are vividly portrayed some of the curious customs of the medical lights of New York City during the early part of the present century. Their brief biography, peculiar manners, methods of treatment, styles of dress, as well as their relations with the people of the time, are presented in a way that is highly literary and picturesque. To our taste, this essay is the gem of the Transactions.

Among the other notable addresses we may mention The Origin and Medical Treatment of Uric Acid Calculi of the Kidney, by John Garlock, M.D.; Diphtheritic Paralysis, by J. Lewis Smith, M.D.; the Address on Obstetric Medicine, by George Tucker Harrison, M.D., followed by a discussion on Puerperal Septicæmia; and Seaside Hospitals for Sick Children, by Charles A. Leale, M.D.

We were intensely entertained by the discussion on Nosography. That some more positive basis than we now have for the classification and naming of disease is needed goes without saying. An anatomical basis is out of the question almost, as one of the gentlemen justly declared, since disease is not a fixed entity but a process. In the absence of more extended knowledge we will doubtless have to put up with such unmeaning phrases as "Basedow's disease" or "Addison's disease" for a time, at least. Many shrewd suggestions, amusing illustrations, and acute criticisms are brought out in this discussion, and while it shows the desire of the profession for a higher scientific stand, it portrays the lamentable weakness of scientific medicine even at this advanced age.

Several memoirs and technical reports close this well-edited volume of the Transactions of the New York State Medical Association for the last year.

Pamphlets.

Retrospection of the Medical Society of New York, with some suggestions as to its improvement. President's address. By H. Genet Taylor, A.M., M.D., Camden, N. J. From the Transactions of the Medical Society of New Jersey. L. J. Hardham, Newark, N. J., 1889.

The Effect of the Entrance of Air into the Circulation. By H. A. Hare, M.D., Demonstrator of Therapeutics and Instructor in Physical Diagnosis in the University of Pennsylvania. Reprint from the *Therapeutic Gazette* for September 16, 1889. Geo. S. Davis, Detroit, Mich., 1889.

The Hydrotherapeutic Treatment of Typhoid Fever. By G. C. Smythe A.M., M.D., Greencastle, Ind. Reprint from Transactions of Indiana State Medical Society, 1889.

This is a practical and timely p per founded upon statistics.

A Report on the Insane Asylums of Missouri. By Frank C. Hoyt, M.D., Third Assistant and Pathologist to State Lunatic Asylum, No. 2, St. Joseph, Missouri. Reprint from Saint Joseph *Medical Herald*, St. Joseph, Missouri.

Terebene; Its Medicinal Uses and Value. By Sebastian J. Wimmer, A.M., M.D., St. Mary's, Pa. Reprint from the New York *Medical Journal* for February 9, 1889.

The Senses, Five or Seven. Paper read before the Academy of Anthropology, by Wm. M. McLaury, M.D., at the regular meeting, held at Cooper Union, New York, March 5, 1889.

A FIFTEENTH STREET lady made some hair dye from a newspaper recipe, and her hair turned a bright blue after she had applied the liquid.

The Medical Digest.

BOWIE makes a favorable report in the *Lancet* upon the Weigert method of treating phthisis.

A NEW artificial tympanic membrane has been produced by Mr. Cousins. It is made of compressed cotton, and is the shape of a hat.

IN the *Indian Medical Gazette* is reported the case of a native porter who slipped and fell while carrying a load, rupturing the right phrenic nerve, causing instant death.

FOOTE, in the *American Journal of the Medical Sciences*, concludes that the best disinfectants for the feces are bichloride of mercury with hydrochloric acid or potassium permanganate, and the chloride of lime. The disinfectant should be stirred with the feces and allowed to stand at least four hours.

CHOLERA bacilli die in milk when it sours; the extreme vitality being six days. They live in butter for a month, but only a day in cheese curds. Typhoid bacilli live much longer; in milk, from thirty-five to forty-eight days; in butter, three weeks; in whey and cheese, only three days. Tubercle bacilli live in milk from four to twenty-eight days; in butter, four weeks; in cheese, thirty-two days and more.—*Lancet.*

HAVILAND pointed out, twenty years ago, that cancer was most prevalent in the low river lands, which were liable to overflow, and rare along the watersheds. In several river districts a small proportion of cases occurred, and in these it was found that the chalk formation appeared at the surface and formed the rock base, while under the loose soil of those districts showing a high cancer mortality were the retentive clays. While every district of South and every county of North Britain shows an increasing ratio of cancer deaths, the English lake district possesses the conditions of soil and climate least conducive to the growth of this disease, which has not advanced here in twenty years.—*Lancet.*

DR. J. A. WARD asks in regard to the "Concealed Hemorrhage at the Fifth Month of Pregnancy," reported in his letter to editor in the issue of September 7, 1889: "Now was this a case of placenta previa, in which the after-birth covered the entire mouth of the womb, or was it a case of extra-uterine pregnancy, in which the placenta found lodgment in the cervix or upon the os internum, thereby sealing up the cavity of the womb, the fœtus remaining in the expanded neck of the womb and vagina until the fifth month of pregnancy? How was the after-birth separated from the parts of the mother, so as to cause a hemorrhage sufficient to fill the cavity of the womb with more than a gallon of blood within three weeks and yet prevent a single drop from escaping externally? Was it by upward pressure or lateral expansion of the over-extended cervix?"

Medical News and Miscellany.

A PASTEUR institute has been founded at Rome.

PROFESSOR H. C. CHAPMAN returns from Bar Harbor on September 30.

PROFESSOR ANDERS opens the Medico-Chirurgical course at noon on September 30.

CHOLERA has broken out furiously at Hyderabad, beginning at a Hindoo wedding party.

A CORNED-BEEF sandwich nearly killed Frank C. Douds, of New Castle. The beef had spoiled.

PROFESSOR KEEN opens the Winter Term at the Jefferson College on the evening of September 30.

DR. JOSEPH BEALE, formerly Surgeon-General U. S. Navy, died in Philadelphia on September 23.

DR. FISLER, of Lebanon, is at the Medico-Chirurgical Hospital, where he is being treated for amnesic aphasia.

LATE advices show that the cholera is less violent at Bagdad, though it still spreads along the Euphrates.

DR. S. WEIR MITCHELL has been elected President of the Congress of American Physicians, to be held in 1892.

MORE women are cremated than men. The reason alleged is that men most respect the wishes of their dying wives.

PROFESSOR E. E. MONTGOMERY has been elected President of the Society of American Gynecologists and Obstetricians.

DR. BICKERS has left the Medico-Chirurgical Hospital, where he has passed through a severe attack of pernicious remittent fever.

A NEW medical college has been started in Glasgow, and those who are not professors, but think they ought to be, are very mad about it.

WITH the September number, the editorship of *The Microscope* passes into the hands of Dr. Alfred C. Stokes. May success attend his efforts.

DR. CARL FORSTEAND, of Stockholm, a distinguished Swedish physician, is in this country making a general investigation of medical science in the United States.

LOS ANGELES is becoming unhealthy from the defects in her sewerage. This is a pity, as she would otherwise become one of the most popular sanitaria in the world.

LAST week there were in Philadelphia 20 deaths from typhoid fever, 5 from scarlatina, 9 from diphtheria, 4 from croup, 12 from cholera-infantum, and 44 from consumption.

WE have had analyses made of a number of the fluid extracts in the market. Our readers will be somewhat surprised when they know the results, which are not yet ready for publication.

BETWEEN sixty and one hundred guests at a banquet in the new armory of the Woodstock Guards at Birmingham, Ala., were poisoned by eating ice cream, and a number are still seriously ill.

IT is said—and denied—that pressure is being brought to bear upon Professor Leidy to induce him to resign his chair at the University of Pennsylvania. There are others in the faculty who could be better spared.

THE sun-cure of Tyrol might prove a more lasting novelty than the elixir. It consists in drinking fermented grape-juice till you can't see the bottle; then sleeping in the sun till the effect passes off, and then repeating the process until the cure is attained.

DR. EPHRAIM CUTTER, of New York, at New Castle demonstrated and read before the British Association for the Advancement of Science. On the 26th of this month he reads two papers before the London Society of Science, Letters, and Art.

THE DIETETIC GAZETTE will henceforth be issued as a monthly. It is believed that this step is fully warranted by the importance of the subject, and the growing interest in it. The GAZETTE is the only journal in the world devoted exclusively to this subject.

THE death-rate in Philadelphia last year was reckoned by the Board of Health at 20.04 per thousand of population. This was less than the rate of the preceding year. For the first half of 1889 the death-rate was slightly increased. Yet, in London, during the same period, it was only 17.8 per thousand.

"WITH few exceptions, life insurance companies refuse to accept the services of homœopathic physicians as examiners of applicants for policies," is the complaint of a homœopathic journal. A few years ago it was claimed that the companies gave better rates to persons enjoying homœopathic treatment, but it was found that this was only the case with the Homœopathic Life Insurance Company, which became bankrupt. Both facts are suggestive.

CORRECTION.—By an accidental falling of the types in their final arrangement into columns the printer has caused a few errors in Dr. E. E. Hamilton's article, The Nasal Cavities, published August 17, 1889. Note the following corrections: Read after *admission of*, page 366, line 34, *odorous particles to the sentient surfaces; that the glands and nerve filaments should be healthy; that the membrane should be moist and not clogged with unhealthy mucus, and that the nerve itself should be unimpaired in function. Minute particles of odorous matter, etc.*, . . . *ciliated epithelium.*

It is thicker in places, particularly over the inferior turbinated bones. This thickening, etc., . . . *with the ciliated ganglion. This connection is of importance, etc.*, . . . *neuroses of nasal origin.*

CHICAGO is moving the earth to secure the World's Fair, and is actively enlisting the other Western cities in her behalf. Meanwhile, New York has apparently not yet made up her mind that she really wants it, though she evidently believes that, if she does, all she has to do is to stretch out her hand and take it. Philadelphia doesn't think of it at all; her great Centennial having exhausted the stock of her vitality, which will require a century of somnolence to recuperate.

PROGRAMME of the Seventeenth Annual Meeting of the American Public Health Association, to be held in the Hall of the Brooklyn Institute, October 22, 23, 24, 25. Addresses of Welcome by Hon. Alfred C. Chapin, Mayor, and Alexander Hutchins, M. D., and the following topics for consideration: The Causes and Prevention of Infant Mortality, Railway Sanitation, Steamship Sanitation, Methods of Scientific Cooking, Yellow Fever, The Prevention and Restriction of Tuberculosis in Man, Methods of Prevention of Diphtheria, with results of such Methods, How far should Health Authorities be permitted to apply known Preventive Measures for the control of Diphtheria, Compulsory Vaccination, Sanitation of Asylums, Prisons, Jails, and other Eleemosynary Institutions.

There will be an exhibition of sanitary goods and appliances in another large hall close by.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from September 8, 1889, to September 21, 1889.

SMITH, ANDREW K., Colonel and Surgeon, Leave of absence for fourteen days on surgeons certificate of disability is granted by direction of acting Secretary of War. Par. 1, S. O. 214, A. G. O., September 14, 1889.

STERNBERG, GEORGE M., Major and Surgeon. Having completed the duties assigned him in War Department order dated February 4, 1889, is reassigned, by direction of the acting Secretary of War, to duty as attending surgeon and examiner of recruits at Baltimore, Md. Par. 12, S. O. 218, A. G. O., September 19, 1889.

Changes in the Medical Corps of the United States Navy for the week ending September 21, 1889.

BEARDSLEY, G. S., Medical Inspector. Granted six months' leave, with permission to go abroad.

RUTH, M. L., Surgeon. Order granting furlough revoked and placed on waiting orders.

Medical Director HUDSON, Medical Inspector WOODS, and Surgeon DICKINSON will continue as president and members of an Examining Board for examination of applicants for the position of Assistant Surgeons in the Navy at San Francisco, Cal., until June 30, 1990.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Address before the graduating class of the University of Maryland. delivered April 8, 1889, by William Kirkus, M.A., LL.D. Maryland Medical Journal, September 14, 1889.

Analogy of summer diarrhœa and cholera, by Sir William Moore, K.C.L.E., etc. *Ibid.*

Antipyrin, antifebrin, and phenacetin as antipyretics, notes on the comparative value of, Crombie. Indian Medical Gazette, July, 1889.

Aortic disease of the heart, by Graham Steele, M.D., F.R.C.P. *Ibid.*

Arbeiten aus dem pharmatologischen Institut der Universität Breslau, Silbermann. Archiv für Pathologische Anatomie und für Klinische Medicin, 1 August, 1889.

Cancer among females, the infrequency of. Haviland. The Lancet, September 14, 1889.

Chemische und Klinische Untersuchungen über salicylsaueres Quecksilber, Coldwell. Deutsche Medizinal-Zeitung, 9 September, 1889.

Cure of the morphine habit (translation), by Constantine Schmidt, Wiesbaden. Notes on New Remedies, September, 1889.

Der Weigert'sche Heisslup-Inhalations Apparat, Mepter. *Ibid.*

Die physiologischen Wirkungen des Palaxanthine, Salomon. *Ibid.*

Die Einwiskung des regulinischen Quecksilbers auf trerische Gewebe, Düring. *Ibid.*

Die Antiparasitäre Therapie der Lungenschwindsucht in Jahre, 1888, Wesener. Centralblatt für Bakteriologie und Parasitenkunde, 3 September, 1889.

Do maternal mental impressions affect the fœtus in utero? Cook. The American Journal of Obstetrics, September, 1889.

De l'Opium, par Séverin Lachapelle, M.D. L'Union Medicale du Canada, September, 1889.

Eczema, the treatment of, Hardway. The St. Louis Polyclinic, September, 1889.

Electricity in Diseases of the Eye, Wolfner. *Ibid.*

Enteric fever in India, Hamilton. Indian Medical Gazette, July, 1889.

Eine Zurerlässige Methode der Akonitinverordung, von Renterghem. Deutsche Medizinal-Zeitung, 9 September, 1889.

Escharotics in the treatment of malignant disease, Munro. Boston Med. and Surg. Jour., September 19, 1889.

Escharotics in the treatment of malignant disease, by John C. Munro, M.D., Boston. *Ibid.*

Electricity in gynæcology, by J. E. Burton, M.A., L. R. C. P., etc., Liverpool. Medical Press and Circular, September 11, 1889.

Electrolysis in surgery, by Robert Newman, M.D., New York, Canadian Practitioner, September 16, 1889.

Future position of laryngology—address before the British Medical Association, by Henry S. Butlin, F.R.C.S., London. British Medical Journal, September, 14, 1889.

Geranium Maculatum, Shoemaker. Deutsche Medizinal-Zeitung, 9 September, 1889.

Hair passed in the urine, O'Neill. The Lancet, September 14, 1889.

Hereditary syphilitic transmission through two generations, by Edmund E. King, M.D. *Ibid.*

Hay fever, by Thomas R. Thornton, M.D., Lee's Summit, Mo. Kansas City Medical Index, September, 1889.

Hypnotic suggestion and its technique, by Benno von Steinmetz, M.D., St. Louis. Weekly Medical Review, September, 14, 1889.

Ischiopagous monster, an, Huff. The American Journal of Obstetrics, September, 1889

Immediate restoration of the perineum after labor, McLaren. *Ibid.*

Klinische Beobachtungen über kalomel als Diuretikum und Hydragogum, Stintzing. Deutsche Medizinal-Zeitung, 9 September, 1889.

Levator ani muscle, studies of the, Dickinson. The American Journal of Obstetrics, September, 1889.

Leçons sur la syphilis vaccinale, par A. Fournier, Paris. Archives de Tocologie, Aout, 1889.

Mittheilungen aus dem pathologisch-anatomischen Institut zu Genf, Zahn. Archiv für Pathologische Anatomie und für Klinische Medicin, 1 August, 1889.

Medical and surgical experiences of the war of the rebellion in America during the years 1861–65, Richards. Indian Medical Gazette, July, 1889.

Music and its therapeutic value, the influence of, Wimmer. N. Y. Medical Journal, September 7, 1889.

New antiseptic artificial tympanic membrane, Cousins. The Lancet, September 14, 1889.

Non-retention of urine in young girls and women, the, Sims. *Ibid.*

New therapeutic agencies, by Prof. Dujardin-Beaumetz, Paris. Therapeutic Gazette, September 16, 1889.

Observations on the urine in pernicious anæmia, by William Hunter, M.D., M.R.C.P., etc. The Practitioner, September, 1889.

Phenol and the chinoline group of remedies, by Emory Lanphear, M.D., Kansas City, Mo. *Ibid.*

Physical education in children, by A. H. P. Leuf, M.D., Philadelphia. *Ibid.*

Progress of medicine during the last fifty years, by Francis Minot, M.D. Boston Medical and Surgical Journal, September 19, 1889.

Pathology of renal dropsy, on the, Auld. *Ibid.*

Phrenic nerve, a case of rupture of the, followed by instantaneous death, Mackenzie. Indian Medical Gazette, July, 1889.

Primary wound treatment, with especial reference to minor railway injuries, Beall. The St. Louis Medical and Surgical Journal, September, 1889.

Progress of medicine during the last fifty years, the, Minor. The Boston Medical and Surgical Journal, September 19, 1889.

Recent advances in the diagnosis and treatment of some diseases of the stomach, by L. Wolff, M.D., Philadelphia. Medical News, September 21, 1889.

Resorcin in der Medizin und Chirurgie, Callias. Deutsche Medizinal-Zeitung, 9 September, 1889.

Rhinoscopia posterior bei häugendem kopf zum zweck von Operationen in Nasenracheuraum, Dorn. Centralblatt für Chirurgie, 7 September, 1889.

Relation of dentition to diseases of the alimentary tract, by Samuel S. Adams, M.D., Washington. Archives of Pædiatrics, September, 1889.

Salol in the gastro-intestinal derangements of children, by Walter Lester Carr, M.D., New York. *Ibid.*

Scientific work by alienists, by F. B. Stephenson, M.D. *Ibid.*

Scientific work of alienists, Stephenson. Boston Medical and Surgical Journal, September 19, 1889.

Statoblasts of our fresh-water polyzoa, the, Stokes. The Microscope, September, 1889.

Suppurative Mastitis, followed by septicæmia and metastatic parotitis, Wenning. The American Journal of Obstetrics, September, 1889.

Suppurative appendicitis, three unique cases of, Dalton. The St. Louis Medical and Surgical Journal, September, 1889.

The uses and abuses of the new antipyretics, by B. Frank Humphreys, M.D *Ibid.*

Thoughts on surgical shock, with special reference to brain and spinal operations, by F. X. Dercum, M.D., Philadelphia. Medical News, September 21, 1889.

Therapeutics of joint diseases, the, Steele. The St. Louis Polyclinic, September, 1889.

Traitement antiseptique de la petite vérole sur la, Laventaner. Bulletin Générale de Thérapeutique, 30 Aout, 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 578.

NEW YORK AND PHILADELPHIA, OCTOBER 5, 1889.

The Medical Register. Vol. VI, No. 144.

PAGE

ADDRESS.

INTRODUCTORY ADDRESS. By J. M. Anders, M.D., Philadelphia - - - - - - - 529

ORIGINAL ARTICLES.

ELECTRICITY IN SKIN AND VENEREAL DISEASES. By John V. Shoemaker, A.M., M.D., Philadelphia - - - - - - - - - 534

A NEW ANO RECTAL SPECULUM. By Robert W. Martin, M.D., Philadelphia- - - - 537

THE POLYCLINIC.

ROOSEVELT HOSPITAL, NEW YORK.

Hydrarthrosis of the Knee-joint—Incision, Drainage, and Plaster-of-Paris Dressing. *Hartley* - - - - - - - - - - - - - 538

Internal and Perineal Urethrotomy for Strictured Urethra. Second operation on the same Patient. *Hartley* - - - - - - - - 538

Osteotomy for Genu Valgum, with Osteoclasis for Incuration of the Tibia. *Hartley* 539

Laparotomy for Dermoid Cyst of Left Ovary. *Mundé* - - - - - - - - - - - - - 539

The "Toilette" of the Peritoneum. *Mundé* 539

EDITORIAL.

SEMMOLA ON HYDROTHERAPY - - - - - 540

TRANSMISSION OF TUBERCULOSIS - - - - 541

MEDICAL ATHLETICS - - - - - - - - - 541

PAGE

ANNOTATIONS.

Milk, as a Vehicle for the Transmission of Tubercle Germs - - - - - - - - - - 542

The Opening Addresses at the Philadelphia Colleges - - - - - - - - - - - - - 542

"The Curse of Schools" - - - - - - - - 542

LETTERS TO THE EDITOR.

Care of the Insane. *Clark Bell* - - - - - 542

Case of Precocious Menstruation. *Jagoe* - 543

SOCIETY NOTES.

NEW YORK ACADEMY OF MEDICINE: Psoas Abscess Following Pott's Disease. *Gibney* - - - - - - - - - - - - - 543

Knock-knee — Club-foot — Deformity Following Hip Disease. *Wyeth* - - - - - 544

NEW YORK STATE MEDICAL ASSOCIATION - 545

BOOK REVIEWS.

Cancer and Its Complications. *Jennings* - 546

Saunders' Question Compends, No. 7. *Morris* - - - - - - - - - - - - - - - 546

Saunders' Question Compends, No. 1. *Hare* 546

The Medical Register of New York, New Jersey, and Connecticut, for the year commencing June 1, 1889. *White* - - - - - 546

PAMPHLETS - - - - - - - - - - - 546

THE MEDICAL DIGEST.

Extirpation of the Pancreas. *Merring, Minkowski* - - - - - - - - - - - - 546

PAGE

Rhinoscopic Examinations. *Dorn* - - - - 546

Anemonin - - - - - - - - - - - - - 546

Death or Abortion - - - - - - - - - - 546

Hydraces in Psoriasis - - - - - - - - - 547

Ointments - - - - - - - - - - - - - 547

Goitre - - - - - - - - - - - - - - 547

Mammary Cancer - - - - - - - - - - 547

Incompatibility of Antipyrin with Chloral Hydrate. *Blainville* - - - - - - - - - 547

Influence of Alimentation on the Composition of Milk in Women - - - - - - - - 547

The Antithermic Analgesics. *Dujardin-Beaumetz* - - - - - - - - - - - - - 549

Diminution of Urea in Cancer. *Ranzier* - 549

Preventive Treatment of Erysipelas. *Seé* - 550

The Contagion of Syphilis During the Tertiary Period. *Landouzy* - - - - - - - 550

Disinfection of Localities by Sulphurous Acid Gas. *Dubief* - - - - - - - - - 550

Syphilitic Alopecia. *Besnier* - - - - - - 550

Vaccinal Syphilis. *Herrieux* - - - - - - 550

Vaseline with Morphine. *Richardson* - - 550

MEDICAL NEWS AND MISCELLANY, 551

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 551

MEDICAL INDEX - - - - - - - - - - 552

NOTES AND ITEMS - - - - - - - iv, xiv

Address.

INTRODUCTORY ADDRESS.

(Delivered at the opening of the Winter Session of the Medico-Chirurgical College of Philadelphia, September 30, 1889.)

BY J. M. ANDERS, M.D.,

Professor of Hygiene and Clinical Professor of Children's Diseases.

AT the outset I acknowledge that I have little inclination to say anything in defence of introductory discourses as a class. The student of the present day has, however, cause for exultation, since the time was when to every branch of the medical curriculum was devoted a preliminary lecture, on as many separate days, by as many different professors, thus encroaching upon the student's time without bringing him adequate return. Unfortunately, there are certain tutors who still introduce their annual course of lectures by one or more able efforts, dealing in grave, though usually vague, generalities, often abounding in rhetorical flourish, but containing the merest allusions to the subjects which they are expected to teach. Many of these opening harangues have been religiously preserved by their authors—not a few for several decades—and, strange to relate, without having undergone any marked changes, either as the result of atmospheric influences or the steady march of scientific advancement. My friends, should not the scientific enlightenment of the present age enable tutors to comprehend fully that all prefatory discourses are not only unnecessary but actually unjust toward the student? Should not the moral rights of the student be respected, and every obligation of good faith on the part of every professoriate be to him assured? We also front the unquestionable fact that the vocation of the teacher is to teach—not merely to theorize or speculate. To serve nobly and faithfully as the friend and educator of the student, the constant effort and aspiration of each professor must be to impart, without delay, knowledge pertaining *strictly* to his own domain. The objections, then, that can be urged against the method of introducing the student to the separate subjects of an extended curriculum by one or more irrelevant lectures are not "merely ideal," since it truly robs the student of valuable time—an affront of such magnitude as to demand that summary justice be inflicted upon all offenders. To give himself to the work of teaching with scrupulous energy, is the duty of every professor.

But whether we regard this method of introducing individual branches as criminal or useless merely, meetings such as the present one cannot fail to fill the minds of thoughtful persons with interesting reflections. Indeed, students and teachers should be alike appreciative and grateful to the men who inaugurated this custom, which is capable of yielding satisfaction to all participants save, perhaps, the man who is delivering the introductory address. In the exercise of one duty, however, I have great pleasure, namely, in welcoming you all to this comparatively new, though now well-established, seat of medical teaching. Some of you may have come from distant homes, but whether you have been contributed by States of the North, the Atlantic, Pacific, or the Gulf, or even by other lands than ours, to each one of you I bid thrice welcome.

"To thee and to thy company, I bid
A hearty welcome."

My colleagues of the Faculty will also be glad to

renew those pleasant relations that formerly existed between themselves and the classes of '88 and '89, as well as to receive and welcome most cordially all newcomers. Moreover, every member of this Faculty will, I doubt not, deem it a privilege to assist you, upon request, by their advice and counsel; and if I can to-day, by any precepts that I may utter, send you away better prepared to take up the work that lies before you, I shall be simply satisfying your just claims upon me.

We stand to-day at the entrance to another session, whose scenes and experiences you cannot divine, nor can I—though I have long since faced the ordeal—pass them in review for your benefit. I trust, however, that I may be able to lay down certain guiding principles, that will aid you in winning the battle; may tell you something that will serve "to keep hope alive to the end" of your college days. That you should at the outset expect help and counsel from your Faculty appears to me but natural. On the other hand, it should be borne in mind that, "he who will not be counselled, cannot be helped."

In our relation to you as teachers we do not assume the right of questioning the use you make of your time and talents, so long as you are prepared to meet your various examinations; but there are two leading factors to be borne steadily in mind, if you would be reasonably sure of obtaining the much coveted sheepskin, namely, the observance of right habits of study and the proper care of the body. At the beginning of his course, the student should make a resolute effort to pursue a regular method of study during his college years. To the student at the present day time is indeed precious; and he should strive to utilize, for some good and wholesome purpose, every moment. According to high sanitary authority, of the whole twenty-four hours eight should be devoted to active work, eight to sleep, and the remainder to diversion and healthful exercise. The curriculum demands from six to eight hours of your time daily; and this it is expected you will supplement by reading of text-books, recitations, etc.; hence, it will be necessary, to meet the claims of your studies, to give a considerable portion of the time normally assigned to diversion of each day to the performance of your arduous labors. For, bear in mind that you should not attempt to get along on less sleep than an average of eight hours daily. During your busy college days, then, you will apply ten hours to toil, eight hours to sleep, and the remaining six to physical needs. I desire to lay especial emphasis upon the fact that no medical student can afford to be systematically neglectful of the ordinary essentials of sound bodily health. The brightest students, the young men who give every promise of being one day the prop and mainstay of our glorious profession, too frequently fall by the wayside in consequence of their failure to pay adequate attention to the requirements of the body. I have neither the time nor the inclination to discuss the question of overwork, with its pernicious influences upon human health; but I desire to impress upon your minds this double fact: the importance of setting apart not less than four hours of each day, to be exclusively devoted to mental relaxation and physical exercise, and the importance of an abiding faith on your part in the value of muscular exercise, which faith will make that diversion pleasant rather than irksome. In general, daily recreation must be adapted to the occupation one is following. The medical student requires, first and foremost, muscular exercise; one-half hour daily for gymnastics and one hour for a constitutional walk should be the invariable rule. Should the daily walk at times prove too humdrum, this hour may be spent in some one of the more active sports. Thus, by exercising the muscular system, the nervous system will get that refreshment which, I contend, is indispensably necessary. You will also find mental diversion in the reading of light literature, and in social intercourse, which, however, should be carefully limited. Speaking of the effects of healthy recreation, a high authority tells us, "It renovates the exhausted energies, and fits them to resume their work in the most appropriate way and with the least expenditure of time." But though you will be living at a speed mentally that you cannot maintain without risk of impairing seriously physical health, unless you relieve mental tension, in the manner already indicated, I do not wish to be understood as favoring, in the slightest degree, anything which savors of the useless expenditure of time, of dissipation, or, above all, of immorality. Says Boyle: "Self-denial is a sort of holy association with God." Let this solemn truth be constantly kept before your eyes, so that none of you may fall a prey to those alluring forces which deprave character and frequently cause loathsome physical disease. Gentlemen, it is essential, in order to attain the highest degree of success, that a physician's life and conversation should conform to the moral law, and to this end it is equally necessary that the foundation walls of the moral side of his nature be laid in his college years.

In view of the fact that the field of medical knowledge is rapidly widening its border lines, and with a view to lessening the nervous tension to which the student of to-day is subjected, I would advise as many of you as may feel enabled to do so to adopt the graded four-session course. While this plan is recommended in the last catalogue, I trust that the authorities of the Medico-Chirurgical College will never rest satisfied until a graded four-year curriculum will have been made obligatory. This step would, I confidently believe, be one of those determining factors that would greatly strengthen the reputation and the status of any medical college. The Harvard Medical School is the only one that requires a graded four-year course for graduation; but the authorities who will found an additional institution of this character will accomplish much in the direction of promoting higher medical education. Since, as before intimated, the field of medical science is remarkably extensive, it behooves teachers to caution students at the outset against pursuing any single branch of study, to which their fancy may lead them, to the neglect of some or all of the rest. For, should you become never so well versed in any particular branch alone, you would not make successful practitioners, or even successful specialists. Not a few of the affections

met with by the specialist are merely the local manifestations of a general disorder; hence, in order to connect cause and effect, in every instance, as wide a knowledge as possible of general medicine is obviously essential. You shall be spared a long discourse on the subject of specialism; but I cannot dismiss the theme without advising against drifting into a specialty immediately after graduation—a course that inevitably leads to a condition of wretched narrow-mindedness. This is unfortunately the most marked tendency as well as the greatest evil of modern specialism. I plead for specialists; but from college to the position of the intrenched specialist should be a long step forward, and to gain it should demand close application to the study of general medicine, more particularly general pathology, hygiene, and general therapeutics. He should then use this general knowledge in the examination and treatment of his patients. All this is to be regarded as the essential preliminary training of the specialist. Additionally, he must receive special drilling in the particular domain which he adopts. If added testimony were needed to establish the fact that specialists are a necessity in our day and generation, we might refer, did time permit, to the more favorable results obtained by their treatment of disease both in hospital and private practice. A final point to be made in this connection is, that no physician engaged in general practice can keep up with the progress made in the various special departments of medicine and surgery.

As you approach the end of the session, you are likely to become the victims of a strange endemic affection. The most distinctively peculiar features of this complaint are, that it affects students who expect soon to be examined, and secondly, it attains its fullest development and greatest prevalence on the first day of the final examination. I have elsewhere given the following brief account of it, based on personal experience. The complaint is characterized by great pallor of countenance, palpitation of the heart, loss of appetite, disturbed sleep, increased flow of urine, and a state of the nervous system which might be called *quaky*. In no instance has the affection proved fatal, though during the attack the most awful forebodings are constant concomitants. The method of termination of the cases, seen during the endemic before alluded to, was as curious as it was variable, in that, after the terrible ordeal was past, those who were not invited to a seat in the "bus" immediately recovered; while those who were favored by a summons to the time-honored "shay" at once developed a relapse.

In this connection I desire to caution you against the practice that has from time immemorial prevailed among students preparing for examination, to wit: using tea and coffee in excess with a view to obtaining their physiological effects, which are wakefulness and stimulation of the mental faculties. In the vast majority of instances in which this custom has been followed it has led to bitter disappointment; and in a few cases that have come under my own observation to actual physical bankruptcy.

To all of my hearers who have decided to read medicine and practise the healing art, I would state, you have made choice of a high and noble calling, and one that you will not wish to change for another, more particularly after you shall have distinguished yourselves as able practitioners—not as would-be, scientific confectioners.

Bear in mind, if you please, that a three years' graded curriculum, with many prizes and honors to compete for, makes it possible for you to become, before you enter the portals of the medical profession, the recipients of quite honorable distinctions, which will in reality prove to be no mean aids when making subsequent efforts to advance yourselves to positions of prominence in the profession. Aim then at distinction. It sometimes happens, I grant you, that a laudable ambition is crossed by disappointments, but nothing can prevent ultimate victory if you will persistently aim your purposes in the direction of any high mark. Your three, brief college years are a more important and interesting epoch in your lives than may at first sight appear. The vast majority of the men of science and of note in medicine, first felt the influence of the spirit of diligent observation and investigation during college life. And in that same period was already established the habit of study and experimental research that, by and by, "makes the most difficult things easy." The tendency to make original observations with ardor is steadily increasing among the younger race of physicians—a natural corollary when we remember how much more favorable to this line of work are the advantages and facilities offered by our colleges at the present day than formerly, in the direction of improved practical and experimental methods. The encouragement and sympathy that you will receive at the hands of your tutors and laboratory instructors will, I trust, furnish the needful stimulus to further and continued scientific investigation after graduation. It may not be without interest to you to learn that, to the sum total of progress made in the last two decades in the discovery of new truths, as bearing upon medicine, the original work of the undergraduate has furnished no widow's mite. I shall not, however, discuss further the rapid advances that have been, in recent years, and still are being, made in rational medicine, since you will learn much on this head from your college studies. But I shall dwell for a few brief moments on the reforms in the methods of medical instruction that have in recent times been brought about; and more particularly to attempt to indicate what further reforms would be most desirable.

I shall ask you to use your fancy and go back with me to my own student days, commencing with the session of 1875–76, while I relate briefly something about the status of medical teaching of that time. No graded curriculum was then obligatory. The student was engaged in the task of storing his memory with facts upon facts to the utter neglect of principles. Almost exclusively, the teaching was didactic. There was a well-equipped chemical laboratory in the school; but a course of training therein meant a considerable outlay, besides, the course was not obligatory. The institution also afforded a pathological laboratory, in which normal and pathological histology were super-

ficially taught, for an extra fee; but this course was also not compulsory. On the other hand, a pharmaceutical laboratory was a thing unheard of. Again, under the old system of instruction, the student had but a single examination for which to prepare; and a knowledge of this fact led many to "waste the idle hours" during the first session. During the last year, however, and more particularly the latter half of this course, they began to be anxious and like

> Old Daddy Long-legs, couldn't say his grammar,
> Put him to the tread-mill, then to the crammer,

they, too, went in quest of crammers, on whom they relied to prepare them for the final examination. The better class of students were coached by the ubiquitous crammer from the beginning to the end of their college course. Worse than all, the student was put through the grinding process conditionally; the condition being a handsome pecuniary consideration. Hence it follows, that many students were not in a position to take advantage of the various quizzes to aid them in passing the severe trial.

There were still other defects which I will not detain you to mention, but would ask you to contrast the educational facilities of those comparatively recent times with those of the best equipped colleges of the present day. And you will agree with me when I assert that the past twelve years mark an important era in the history of medical education. But whilst we are tending toward perfection, there are still some things that need to be accomplished—some reformations to be introduced. In other words, this epoch of reform and agitation is not as yet a thing of the past.

The replacing of the ordinary quiz by recitations—a method already in vogue in a few medical schools—would be a most important improvement in medical instruction. It is universally regarded as desirable for the student to rehearse the didactic lectures, and, if this be true, to promote this end must constitute a responsibility on the part of our college authorities to the student. This granted, every professor should be held accountable for the manner in which the recitations are conducted in his own branch. With the beginning of the present session, this school has decided to adopt the plan of going over the whole ground covered by the didactic lectures, by recitations under competent instructors—a course that cannot fail of being directly helpful to every matriculate. Moreover, the step was taken entirely in the interest of the student. In a recent issue of the TIMES AND REGISTER, it was editorially advocated to substitute for the system of teaching by lectures, lessons and recitations. Whilst I am inclined to affirm superior advantages in behalf of the recitation method, I am not prepared to sanction the radical rearrangement of the present order of things, to the extent pleaded for by my colleague, the able editor of the TIMES AND REGISTER.

As before stated, the non-graded curriculum effected an overburdening of the memory, whilst at the same time the whole tendency of that system was to prevent the student from gaining a thorough acquaintance with the subjects taught. Under the most approved system of the present day, it is not so much a question of the mere memorizing of facts as formerly, but the result still is, I fear, too frequently mental overcharge, with its evil consequences, both to the mind and the body. It might pertinently be asked, What are the causes of these untoward results? To this it may be replied briefly, very largely our present modes of life and particularly the over-stimulated condition of the desires, the emotions, passions and app tites of the present race. It follows that the methods of teaching in our educational institutions need to be so modified as to favor in the highest degree the maintenance of a healthy condition of the student's mind. For, be it remembered, that an unsound mind implies impaired physical health, the one going hand in hand with the other. And this is not a question demanding the attention merely of sanitarians, but of all bodies governing schools as well.

One of the most objectionable remnants of the old system of medical education is that of preparatory pupilage, during which period the beginner usually pursued an unsystematic course of reading advanced text-books, and was brought in contact with and, observed the treatment of, the more ordinary forms of disease. Truly, this plan is practical, but fails of its object because the pupil is not prepared to appreciate what is brought to his attention. Such a course of training in practical subjects should follow some time after, rather than precede his entrance into college. And although the time spent by the student in gaining practical knowledge prior to entering upon his more elaborate studies, may not be entirely lost, it has been pertinently remarked by the British authorities, who vigorously oppose the system of preliminary pupilage, "it misleads the learner into superficiality, because it accustoms him to skim the reality of things, since knowledge and intelligence fail to enable him to reach the bottom. Moreover, the results obtained scarcely repay the sacrifice in time and trouble which they occasion the physician who acts as teacher, and still less justify the inconveniences in the treatment of disease which they bring in their train."[1]

Instead of devoting one or more years before matriculating to practical studies, for the comprehension of which he lacks scientific attainments, let the student give an equal period of time to similar work under the direct influence of an able practitioner, immediately after graduation, and the results will bear the fruit which every progressive physician desires to see ripen. The so-called resident physician in our first class hospitals, dispensaries and infirmaries, has the opportunity to gain practical knowledge and experience, which are truly invaluable; whereas, an apprenticeship in institutions such as these before entering college, would doubtless prove altogether unsatisfactory.

Within the last decade there has been started a general movement in the direction of reform in the modes of teaching hygiene. Every medical college should, to my mind, afford a chair of hygiene and a well-equipped hygienic laboratory. Every State should require those who desire to practise medicine within its borders to have passed an examination in

[1] TIMES AND REGISTER, August 31, 1889.

hygiene at one of the few medical colleges in which this branch has been made obligatory; or, in the event of not having been graduated from such an institution, to show a special certificate of fitness, obtained from the proper authorities. This qualification has already been exacted by legislative enactment in one or two of our western States. In his eloquent address before the Fortieth Annual Meeting of the American Medical Association, Sir James Grant said: "In the various medical institutions in this country, as well as in Canada, the subject of sanitary science is receiving the most careful consideration, and very justly so inasmuch as it pertains most closely to the welfare of society at large." Now, whilst we recognize the fact that many of our most illustrious medical teachers are standing at the head of the whole modern movement of preventive medicine, the truth is, that but a small proportion of the schools in America—now numbering one hundred and four—have as yet invested the subject with sufficient dignity to establish for it a full and separate chair. Of the three institutions of medical learning in Philadelphia, the Medico-Chirurgical College was the first to elevate this study to its proper rank. Let it be observed, that any school whose obligatory curriculum does not embrace a full course in sanitary science, including preventive medicine, is either not alive to the most progressive views of the profession at large, or does wilfully deal unfairly by its own graduates. Sir John Locke stated long since, that half of all human diseases were preventable; and this will be doubtless found to be true, when our knowledge of the causative agents of human ills, more particularly those that are infectious, becomes more nearly perfect. Now, I contend that it is no less a moral duty for the medical man to obviate disease, especially to prevent the spread of the infectious class, when it is possible, than it is for him to apply the means at command for the relief of existing ailments, even though it doesn't pay. Thus wrote a celebrated surgeon, of our noble profession: "We live by disease, and yet, with a genuine altruism which cannot be overpraised, we are in the fore-front of those who would destroy our means of support by pointing out the path to the preservation of health." And this is as it should be. Moreover, hygienic questions are not only of the deepest concern to the whole medical profession, but to all humanity as well; and the general public is rapidly awakening to an appreciation of this fact. Hence, every medical practitioner will, in the near future, be frequently called upon to advise in regard to, and settle, sanitary questions of the greatest moment.

One of the most welcome signs of modern medical education is seen in the inclination to elevate clinical instruction and practical technology, to a level with didactic instruction. This fact supplies the best reason for affirming that the advantages for obtaining a medical education are to-day quite as good in this country as in the older schools of continental Europe. No man is better prepared from personal observation to speak authoritatively upon this question than Dr. N. Senn, who is made to say: "There is no question in my mind, that the average American student learns more in one month than the average German student in three. He learns more not because he has better teachers or better facilities, but he makes better use of his time."[1] Surely, this is a graceful compliment to the American student.

In this connection it might be pertinent to call attention to the fact that, in comparison with the journals of European countries, those of our own land occupy a place equally high. This dictum is confirmed by my colleague, Prof. Wm. H. Pancoast, who has recently gone so far as to say that he had "much reason to praise our own journals and criticise those of foreign lands." In short, the medical literature in general of our own growing country is second to that of none other. It may not be coextensive with that of the older countries, but is certainly quite as rich in important discoveries—discoveries which have contributed so much to the cure of human diseases and the preservation of health. I shall not follow this departure from the main topic of my discourse any further, and shall therefore dismiss the subject, not however without expressing the belief that, in medical journalism, in medical literature and in the equipment of medical colleges, America will at no distant day outstrip her mother country and perhaps all other nations as well.

But though clinical instruction has come to occupy the high ground it so richly deserves in American medical institutions, this is not the case with bedside observation; which should supplement the clinic in every branch of practical medicine. In the various specialties this ward training need not be carried so far as in general medicine and surgery, in which branches a thorough course of practical instruction at the bedside, in such subjects as physical examination, symptomatology, diagnosis, treatment, surgical appliances and dressings, setting of fractures and minor operations, is needful to properly qualify the student for his life work. This bed-side training is the weakest spot in the curriculum of most medical colleges—though of prime importance—there being but a few that have made any provision of this sort whatever. It follows from all this that among the essentials of a well-equipped medical school, nothing is more important than ample clinical material.

It affords me great pleasure to say to you, that with the present session this form of practical instruction will be introduced and carried out in this school, and since the authorities believe it to be one of the requisites of a sound medical education, it shall be made as interesting and thorough as possible. Clinical as well as bed-side training should not, however, begin until the student has reached his junior year. Then, also, the junior and senior classes should be taught in sections of about twelve each. Knowledge thus gained becomes as it were, a part of the student who acquires it; and is of the sort for which one day he will have constant need. Comparatively few men have attained to proficiency as diagnosticians as the result of their own efforts.

[1] President Dawson's Address before the Fortieth Annual Meeting of the American Medical Association.

Changes in the present method of conducting the final examinations in American schools, particularly in the practical branches, is a question which seems to demand the attention of college authorities. Besides the usual written and oral examination, the student should be required, in anatomy, to present a practical dissection; in surgery, to dress a fracture or wound, give practical evidence of his ability to diagnose a tumor, or should perform a minor surgical operation; in medicine, to diagnose some disease in the living subject and outline the treatment to be given, and a similar examination should be held in the various other specialties.

My friends, if there ever was a question as to the great value to the student of laboratory work and investigation, it has certainly, during the past decade, been set at rest. Fortunately for medical science, the present race of physicians does not rest satisfied with mere assertions, but demands that these shall be backed by proof not to be doubted. Now, the various laboratories connected with our medical colleges—and there should be a well-equipped laboratory for each of the following branches, namely, pathology, histology, pharmacy, chemistry, bacteriology, hygiene, physiology, embryology and experimental therapeutics—the laboratories, I say, are the crucibles out of which are furnished the reliable data which contribute most largely to our stock of positive knowledge. All of these laboratories are to be made directly helpful to the student, by those in charge; and above all he should be allowed access to them whenever desirous of gaining information relating to special subjects. Indeed, I have a strong conviction that, in the near future not personal estimate nor personal popularity of the several members of any Faculty will be the chief criterion of a first-class medical college—though these things will always have due weight—but, rather the character and extent of the facilities offered for practical laboratory studies and clinical instruction, in connection with appropriate didactic teaching. If, as before intimated, something were done to encourage laboratory investigation among undergraduates, it would prove to be an important step in the direction of attaining to a higher medical education. Speaking with reference to the wants of our American people to-day in the line of a higher education, Bishop Potter in a recent issue of the *Forum* states: "Surely the time has come when we may ask ourselves whether enough has not been spent in planting institutions of learning, and whether something may not be devoted to enriching them. . . . . We want place for men who, whether as fellows or lecturers, shall, in connection with our universities, be free to pursue original investigation, and to give themselves to profound study, untrammeled by the petty cares, the irksome round, the small anxieties, which are sooner or later the death of aspiration and fatal obstacles to inspiration. It is with the process of thought, as it is with the process of nature—crystallization demands stillness, equanimity, repose. And so, the great truths which are to be the seed of forces, which shall new create our civilization, must have a chance first of all to reveal themselves." Truly it would be a good thing for our medical schools to establish places through liberal endowments for men who are peculiarly fitted to make the advancement of science their sole occupation. Nothing is more honorable or praiseworthy, than for a man to devote all his faculties to the acquisition of new scientific truths—"to one great and honored end"—upheld and incited by every successful experiment or bright anticipations of fresh achievements.

May it be given to some of you to pursue with single-hearted desire, a life of devotion to the undiscovered mysteries of nature, a life that should not only make you true benefactors of your kind, but the results of your labors, should one day constitute one of the chiefest glories of this, your Alma Mater.

Original Articles.

ELECTRICITY IN SKIN AND VENEREAL DISEASES.

By JOHN V. SHOEMAKER, A.M., M.D.,
PHILADELPHIA, PA.

BECAUSE of its powerful local and systemic effects, electricity in any of its forms would be looked upon as an efficient remedy in affections of the integument, and clinical experience gives ample evidence that the assumption is true. As many skin diseases are cured by local measures, and as the application of these is not attended to by the patient with sufficient thoroughness at all times, it is evident that any agent which produces determined results under less frequent repetitions in the hands of the physician must be extremely valuable; and in such instances electro-therapy is definitely indicated.

Three forms of electric force are employed in dermatological practice—galvanism, faradism, and static induction. The latter form is first considered, as it was the earliest used in medical practice.

To obtain good results from franklinism, good mechanism must be used. The repeated failures reported by physicians in using electricity depend upon the ownership of bad apparatus and indiscriminate methods of employment; or, rather, the absence of any methodical plan of treating disease. A static electric machine to be useful must be of first class make or it won't work. The multiple plate machine of Waite & Bartlett, of New York, is well adapted to the service required, and is not, in the end, expensive, although at first sight the price may seem high.

The great objection to static electricity is its difficulty of production in hot weather; but by keeping the plates dry and free from dust no trouble need arise, and the apparatus named is constructed so as to give little labor on the part of the owner to attain good service in these respects.

In using franklinism we can employ the spark electrodes, one pole being attached to the patient by a band, or held by him, and the other applied at a little distance from the parts to be operated upon. The length and strength of the spark is determined by the distance between the sliding rods attached to

the condensers and the interval between the electrode and the person of the patient. The ball electrode, also, produces greater tension in discharge than the pointed rod, and the wooden one more than that of metal. The patient may be insulated from the ground by a proper platform and chair, in which case either simple charging, or a combined charging and spark application can be administered. Again, the person being insulated, strong peripheral effects are obtained by the use of the roller-electrode rapidly passed over the entire surface, and by powdering the body with magnesia, soap-stone, or lycopodium, the effect is intensified. Any desired medicated powder may be employed; but greasy applications are, of course, interdicted as non-conductors.

Static electricity is valuable in many nervous disorders; hence affections of the skin resulting from or accompanying such illness are often benefited by franklinism. Anæsthesia and hyperæsthesia are notably relieved by general roller electrization. Prurigo is also greatly benefited by static applications. Formication accompanying central nervous disease generally is held in abeyance by franklinic baths. As a general tonic we get splendid results in exhaustion accompanying nervous troubles, and the lividity of the skin then seen is dissipated by the acceleration of the dermic circulation under a series of short sparks. Neuralgias of the scalp and soles of the feet are sometimes benefited by franklinism after the failure of other electric treatment.

Hypertrophies of the skin, such as corns, horns, callosities, scales, cicatrices, and the like, are often removed by the thorough application of sparks, daily, over the diseased surfaces. The tendency to repeated blind boils is often aborted by strong sparks, and acne marks, hard papules, sluggish lymphatic glands, and similar disorders, are readily removed or largely benefited by drawing repeated sparks from the region affected.

In eczema and psoriasis franklinism is of much service. Where great infiltration has taken place, absorption is facilitated by franklinism, and the obstructed local circulation is relieved from pressure by the removal of poured out depositions. Much of the roughness of the skin in scrofulosis is remedied by thorough franklinism, whilst a general systemic tonic improvement accompanies the removal of the local trouble. In hyperidrosis of the feet or hands thorough franklinism is extremely valuable, as it also is in the intolerable burning and itching of those parts in persons advanced in life.

Several cases of ringworm have undoubtedly been checked in their development, and in at least two instances the painful lesion caused by the "guinea-worm" has been cured, the parasite being killed by strong and continued sparks. Sycosis is sometimes relieved by franklinism, and the "scald-head" of infants is undoubtedly benefited through continued static treatment.

The nervous twitching or spasm of the eyelids or the corners of the lips in nervous or hysterical patients usually gives way to franklinism, and the excessive flow of tears accompanying the former difficulty is frequently checked by like means.

As a general tonic to the skin, or as a counter-irritant, franklinism is equally reliable with galvanism or faradism.

Galvanism plays an important part in the treatment of many skin diseases. This form of electricity may be applied either generally—that is, the electrodes are passed over the entire surface, or centrally, when one pole is placed over the solar plexus and the other on the pneumogastric at the angle of the jaw, or, if required, it may be labile over any part chosen. Locally applied, the current is necessarily confined to single spots which require direct treatment. Galvanism is in itself a decided tonic; it is also indirectly a tonic by removing irritating or depressing disorders, and particularly so in skin diseases. It affects the nutrition of the skin, and it relieves engorgement by increasing surface circulation. Few diseases of the skin exist in which benefit is not attained by galvanism, and the main reason why more good is not secured through it is because of the indisposition of practitioners to use it, or their incredulity as to reported cures.

In chronic eczema and psoriasis no agent is of greater service than daily treatment with galvanism. The current is specially indicated where eczema is consequent on stomach or liver disorder. In these cases the central method should be used, the positive being applied to the epigastrium and the negative to the affected parts of the skin. Mild currents only are needed, twenty-five to seventy-five milliampères, particularly in females and about the face.

In erythema and erysipelas gentle galvanization will remove the stasis and reduce the swelling through the absorption of effusion beneath the cuticle. The lateral progress of erysipelas is frequently checked by galvanism applied around the affected localities, the anode being placed stabile in the center of the patch and the cathode moved slowly around its circumference. Not enough current to arouse muscular contraction beneath should be given—say from five to ten milliampères. It is to be understood, of course, that a good meter is employed in all applications; and we remark, in passing, that the full battery should be used, enough resistance being introduced by the rheostat to bring the current down to a definite strength. By this method the wear on the cells is equalized and a steady current is produced, whereas, under the use of a few cells only, constant undulation is the rule, and on sensitive points intermittent muscular contraction is apt to disturb the serenity of the patient, and by reflex trouble the operator.

Suppurative swelling of the skin or subcutaneous connective tissue, such as boils and carbuncles, may be averted, aborted, or cured by prompt galvanization in cases subject to such maladies, if the disorganization has not gone too far.

Many cases of psoriasis are due to nervous depression, and in such galvanism is efficacious, not alone from its tonic effect on the system at large, but because the constant current is of itself frequently a decided curative in this affection.

In herpes simple or herpes zoster no agent is better adapted to remove the intense burning and prostration than mild but continued galvanization. The

vesicles are rendered fewer, they are checked in their spreading, and drying is hastened by the current.

In the wretched suffering from skin poisoning after contact with the rhus toxicodendron and allied climbers, galvanism is specially efficient as a calmative and a curative.

Discolorations of the skin, such as lentigo (freckles), chloasma, vitiligo, and rosacea, are generally amenable to galvanic treatment.

In birth-marks, port-wine stain, varices, and the whole class of similar disfigurements, nothing equals galvanism, either applied by sponge-electrodes, or, when needed, by galvano puncture, in remedying the cosmetic defect.

The epilation of hirsuties, or blemishes due to abnormal development of hair, particularly on the face of ladies, is only thoroughly possible under galvanism by means of the needle operation.

In alopecia, either general or circumscribed, there is no doubt but that galvanism is unequalled as a stimulant where the hair-bulb is yet alive. Many cases of baldness which have not yielded to the whole array of hair tonics respond favorably to galvanism.

Cataphoresis, or the driving through the skin of medicinal solutions by the aid of galvanism, is likely to become valuable hereafter, though not much has as yet been done in this direction. Antiparasiticides are of greater service when thus used than when applied simply in lotions or ointments.

In obstinate gleet cures have been reported by electro-therapeutics when ordinary methods had failed. In such cases not dependent on narrowing of the canal, tender spots can be detected, and at these localities the mucous lining is more or less destroyed. In such places the stimulant effect of the current is energetic in healing the part, even when deep excavation is apparent. In the same way the local application is very useful in curing chronic ulcers of the leg, particularly when corrosive chloride is driven in under galvanism. A local galvanic couplet of zinc and silver may be worn continuously, or the ordinary application can be made by suitable electrodes and a portable battery.

The galvano-cautery is an energetic agent for the removal of warts, horns, excrescences, nævi, varices, and pedunculated marks. The heated wire has the advantage of being thoroughly aseptic, and hemorrhage is always avoided by means of electric cautery. In chancres, chancroids, anal condylomata, and enlarged glands dependent on venereal diseases, the galvano-cautery is an efficient therapeutic agent. The opening of buboes is advantageously done by the galvanic knife, and drainage is facilitated because the opening does not tend to heal so rapidly as when done by the ordinary bistoury or scalpel.

No improvement in urethral surgery excels that lately gained by the electrolysis of stricture. Under this plan any contraction can be penetrated, even when the smallest filiform instrument is needed. There is no shock, no hemorrhage, no resultant secondary inflammation, and no urethral fever attendant on urethral electrolysis. As the submucous deposit is absorbed and not merely divided laterally by the galvanic bougie, the tendency to renewed contraction does not exist; this a great advantage over forcible divulsion or cutting by concealed knives. Cases where recontraction happened after incision, have stood the test of three years without their recurrence after electrolysis. The method is applicable to stenosis of any duct or passage accessible to the proper instruments. A good galvanic battery, such as the Barrett chloride-of-silver apparatus, a milliampèremeter, and a set of bougies insulated all except the point, from No. 1 to 30, are required. Beyond the armament, practice only, or a short study of the procedure by others, is necessary.

Galvanism has occasionally proved serviceable in chromophytosis (tinea versicolor), which, though usually easily managed, is sometimes stubborn.

Urticaria, or nettle-rash, is sometimes exceedingly troublesome to many persons from the irresistible desire to scratch, which only makes the trouble worse. Galvanism will always allay the itching, and in many cases the disorder is notably shortened in duration.

Considerable attention has of late been given to the assertion that cancer in various forms was curable by electricity. The method advocated is essentially the same as that for electrolysis of fibroids, needles being introduced at the negative and galvano-chemical caustic action established under strong currents. As yet not sufficient evidence is accumulated to render an opinion authoritative, but that destructive local action can be caused in accessible cancers by galvanism is undeniable. Whether or not a specific alterative effect is attainable is not yet determined. In lupus and lupoid ulceration the good effect of galvano-causty is undeniable; hence, there may be something valuable in the proposal to thus deal with the terrible suffering undergone in cancer where objection is made to the knife.

Hemorrhage from superficial cancer, or cancer of the womb, is checked by positive polar galvanization, as is that from varices which bleed.

Faradic electricity is often useful in the same affections for which static applications are recommended. Sometimes, although galvanism appears at first to be indicated, it fails to act as promptly as had been expected, and a preliminary treatment, once or twice repeated, stimulates the capillary circulation to increased activity, and then the full beneficial effect of the constant current is bad. In many instances the alternation of faradism with galvanism is better in its results than either form alone. Most of the diseases of the integument, in which intense itching or burning is associated, are proper cases for the use of faradic currents.

In hæmophilia and hæmatidrosis which are very difficult to control, where the bleeding surface is extensive and where internal drugs do not check the flow, great danger to life exists from exhaustion. Faradism is, in these cases, invaluable, for it at once produces contraction of the capillaries.

Chilblains are immensely troublesome when once incurred, for they affect the patient year after year, even without fresh exposure to cold or to a temperature low enough to again freeze the part. Nothing is more serviceable than faradism in such cases, for it

not only removes the burning at the time of recurrence, but it breaks up the tendency to return.

In acne faradism sometimes quickly relieves the lesions and reduces the swelling of the skin. As most cases are due to stomach disorder at any rate, the central method in conjunction with localized applications is specially indicated. It is immaterial, of course, which pole is applied to the solar plexus, as the current is a reversion one, and the lettering of the binding-posts is more ornamental than useful.

In all applications of electricity to the skin, gentleness is indispensable. In galvanization particularly, every care must be taken to avoid interruptions of the current. All electrodes should be thoroughly washed after each time they are used, with boiling water. Next they should be washed with an antiseptic fluid, boric acid, or weak solutions of corrosive chloride of mercury being preferable. Always remember that many skin diseases are largely contagious, and dirty electrodes may in careless hands be the means of conveying a disease to a patient which he had not before he consulted the dermatologist, and which he never intended or expected to get in that way. In syphilitic disorders, particularly, the greatest care must be used, and it is better to employ covers on the electrodes, which can be thrown into the fire at once after using. The same precaution must be taken in applying cataphoresis—put on clean covers every time.

See that the battery, the coil, or the static machine is in good order for work every day before office hours; remember that the intensity for one patient will not agree with all; and be specially careful with ladies and children not to alarm them, for when this is once done they may be long in forgetting it.

A NEW ANO-RECTAL SPECULUM.

By ROBERT W. MARTIN, M.D.,
PHILADELPHIA.

IT would seem to be the fashion for physicians of the present day, who are led to take up a specialty in medical or surgical practice, to exploit a new system and, generally, a new instrument, designed to overcome difficulties that beset other specialists in the same fields of operation.

This is particularly the case with the specialist in rectal surgery, so much so, indeed, that the last twelve years have witnessed the birth of at least a dozen so-called "systems" of rectal surgery, each one better than any preceding system, and the exploitation of more than that number of new specula, each designed to overcome the difficulties encountered in the use of every other speculum, and, I might add, each one more disappointing than its immediate predecessor.

It is not, however, with systems the writer proposes to deal at this time, but with the more modest subject of the speculum. He has waited many years for the superior mechanical skill of other physicians in the same field of practice to develop something in the shape of a speculum that would fulfil a tithe of the requirements of a good working instrument, or that would give even a modicum of the benefits promised by each new claimant for favor—and waited in vain.

The best that can be said for any of the various forms of anal and rectal specula is not very much in the way of commendation. The *tubular* specula are difficult to introduce, and give no adequate result in the extent of surface brought into view, the field being necessarily limited by the more or less contracted inner opening.

The *fenestrated tubular* form, with closed inner end, is open to the further objection that the soft tissues, crowding into the fenestra, are likely to be torn or bruised when the instrument is withdrawn. To any one who has attempted to use one of these horrors this defect needs not be pointed out.

Those new-fangled *more or less tubular* or *conical specula*, provided with *lateral slides*, are theoretically perfect for the practitioner with only a theoretical knowledge of the use of the speculum. Their limitations are quickly discovered by a little effort to apply them to practice.

The simple *bivalve*, made upon the principle of the vaginal bivalve, is a disappointment, ever, and an illustration of the poor results usually attained by applying like mechanical methods to the exploration of such dissimilar organs as the rectum and vagina.

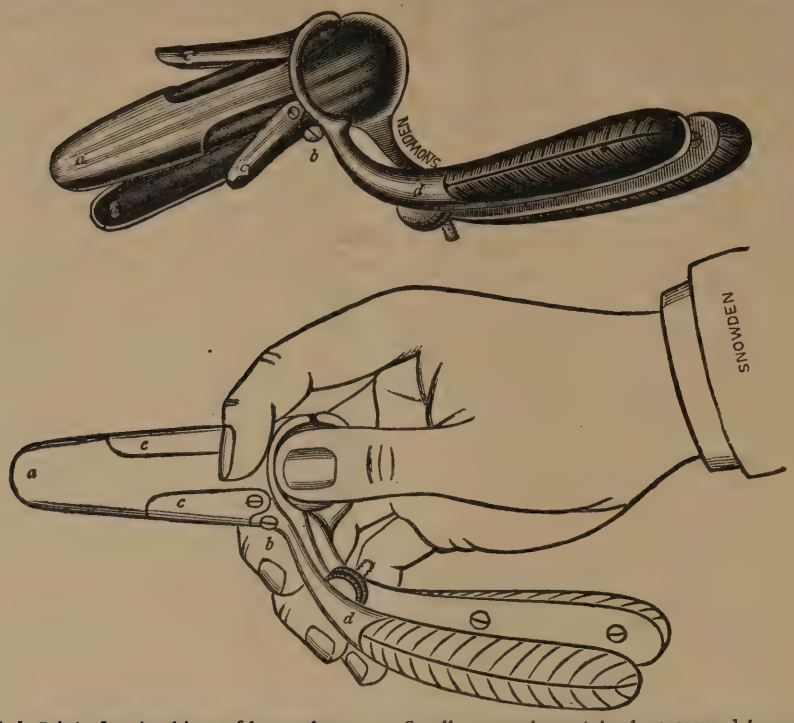
All, or nearly all, of the *contortions of bent wire* that pose as rectal specula may be classed among the puerilities of the profession—they are so manifestly inefficient; this may likewise fairly be said of the combinations of a modified Sims' vaginal and bent wire retractors or loops, with the additional adverse criticism that they cause much pain in the using.

At least two forms of *trivalve* bid loudly for favor, and they would seem to be more or less useful in a limited number of cases—*e. g.*, when there is some degree of laxity of the sphincter ani with such disease of the rectal mucosa as to render ocular inspection necessary; but it is extremely doubtful if even these conditions could not be as well, or better, met by a simple form of speculum.

The redundance of the anal folds and the laxity of the walls of the rectum require two opposing forces combined in the same instrument—viz., the distending power of the bivalve, and the restraining power of the cylindrical speculum, upon the encroachment of the intra-anal folds upon the exterior opening of the instrument.

The writer has spent many years—that is, the small amount of leisure that has fallen to his share during many years—in devising and perfecting an ano-rectal speculum combining the desirable features of the different forms of instruments in use, with as few of their respective defects, disadvantages, and limitations as possible, with this result. (See cuts, p. 538.)

The instrument is practically a bivalve speculum, giving the needed power of distension of the lower part of the rectal pouch, fitted with two very much shorter supplementary valves, which act effectively as retainers of the intra-anal folds, and prevent the rectal growths and folds from crowding into and blocking up the outer opening, thus giving a clear field of vision, and exposing the largest possible surface to view.



a. a. Long valves. *b, b.* Joint; forming hinge of long valves. *c, c.* Small or supplemental valves, secured by a pin on one side, and a screw on the other, of the base of each valve. *d, d.* Guide-and-locking arm, fitted with two milled nuts as described in the text.

FIG. 1.—Solid perspective; showing construction and appearance when open.

FIG. 2.—Outline perspective; showing appearance when closed and the ordinary manner of holding the instrument while introducing it. The letters refer to both figures.

The simplicity of construction of this instrument is such that no actuating device is necessary for the short valves, they being so arranged as to open freely by the action of the longer valves.

In practice, the writer rarely uses a self-retaining device, but frequently needs a check to the handles to prevent too wide a separation of the ends of the valves. To provide for this need, the guide-and-locking arm is fitted with a flat milled nut between the handles.

A similar nut on the free end of the guide-and-locking arm provides an efficient means of locking the handles after the introduction, thus securing perfect self-retention, and permitting the use of both hands when necessary.

The writer believes that he has introduced to the profession in this article an entirely new speculum, and one that will give general satisfaction to both patient and physician. He has in view several modifications adapted to special uses. The manner in which Mr. Snowden has produced the finished instrument from the patterns is highly creditable to his mechanical skill, and leaves nothing to be desired.

BRONCHIAL ASTHMA.—

℞.—Oxalic acid . . . . . ℥ss.
Syrup of orange-peel . . . ℥ij.
Infusion of tea . . . . . ℥vj.
M.—Tablespoonful every hour until relief is obtained.

—*Dr. Poulet.*

The Polyclinic.

ROOSEVELT HOSPITAL, NEW YORK.

HYDRARTHROSIS OF THE KNEE-JOINT—INCISION, DRAINAGE, AND PLASTER-OF-PARIS DRESSING.

THIS man, aged thirty-four, has for a number of years had this swelling of the joint, which at present incapacitates him from work. He has been under treatment in Bellevue Hospital for chronic articular rheumatism. The question before us is of the nature of the swelling. The various forms of joint disease, tuberculosis, synovitis, gonorrhœal or articular rheumatism, are to be differentiated. The patient admits having had a soft chancre some years ago, but denies gonorrhœa or syphilitic infection. We can find no traces of either disease. Tuberculosis, I think, can be excluded, as the joint presents none of the appearances so characteristic of the so-called "white swelling." There is no pain on pressing the bones together, or on pressure over the joint. We have, therefore, a simple collection of fluid in the joint, the result of chronic articular rheumatism.

We shall open the joint on its internal aspect, let out the fluid, irrigate the joint cavity with a 1–40 solution of carbolic acid; insert a drainage-tube. Then the leg will be placed in a plaster-of-Paris splint.

The immovable dressing will be kept on for a week or ten days, at the end of which time the drainage-tube will be removed.

Under the strictest antisepsis there should be no suppuration.

INTERNAL AND PERINEAL URETHROTOMY FOR STRICTURED URETHRA. SECOND OPERATION ON THE SAME PATIENT.

This case is of more than usual interest, from the

fact that it is the second time the patient undergoes these operations. It emphasizes strongly the importance of after-treatment.

He was operated on a year or so ago, by the internal and external method; the caliber of the urethra restored to 31 F. Owing to his neglect in not reporting for the passage of sounds after leaving the hospital, the strictures have recontracted, and now only admit the passage of a filiform bougie.

On passing bulbous bougies, we find there is a slight contraction at the meatus, which we divide. In the anterior part of the urethra are several strictures, but here, at a distance of four and a half inches, the bougie is arrested. We try the smaller sizes, but with the same result. The guide of the Maisonneuve's urethrotome is introduced, and with difficulty passed into the bladder. The Maisonneuve tube is now attached to the guide and introduced through the stricture, the blade is rapidly pushed down and the stricture cut. Withdrawing this instrument, we introduce an Otis dilating urethrotome, dilate the canal up to 35 F.; recut to insure a perfect division of the stricture, which is hard and nearly an inch long. A staff is now passed into the bladder, and the perineal incision made in the line of the former operation; a drainage-tube will be inserted into the bladder.

The after-treatment will consist in the passage of sounds, keeping the canal patent to a 30 F. sound.

OSTEOTOMY FOR GENU VALGUM, WITH OSTEOCLASIS FOR INCURVATION OF THE TIBIA.

The cause of the deformity in this little negro boy can be seen at a glance—rickets. He is a typical example of the bone changes of this disease.

The large, square forehead, with its small, undersized face, the pigeon breast, at once attract attention and diagnose the case.

In the operation we shall do, the leg is flexed on the thigh; the thigh rotated outwards rests securely on a sand pillow. The incision is made along the ridge running from the tubercle for the attachment of the adductor magnus to the linea aspera, and in one cut is made down to the bone. The chisel is then passed alongside of the knife, and when in contact with the bone is turned at a right angle to the line of incision. As we drive it in it is inclined outward and forward to avoid the vessels. Having nearly chiseled through the bone, we withdraw the instrument and complete the operation by fracturing the leg with the hands. The line of incision is then closed with a continuous suture. We repeat the operation on the other leg.

On this side, however, beside the deformity at the knee, we have a marked incurvation of the tibia, so that we should have a poor result from our osteotomy if we did not correct this curvature, which we do by placing the leg in this instrument, the osteoclast, fixing the upper and lower third of the bone. By pressure on the middle third we cause a simple fracture.

The dressing is a plaster pair of trousers, so that the lower extremities are completely immovable from the hips down.—*Frank Hartley, M.D.*

MT. SINAI HOSPITAL, NEW YORK.

LAPAROTOMY FOR DERMOID CYST OF LEFT OVARY.

THIS woman has an abdominal tumor a little larger than a cocoanut. From its character, as ascertained by the bimanual examination, I should judge it to be a dermoid cyst of the left ovary.

The general condition of this case is unsatisfactory, and, contrary to my usual custom, ether is the anæsthetic. For the past few years I have generally used chloroform, and have had no ill results.

The abdominal walls are divided through the linea alba by a small incision, the supra-peritoneal fat picked up and divided between a pair of thumb forceps down to the peritoneum, which is lifted up away from the intestines, nicked, and the finger passed into the cavity.

By the intra-peritoneal examination of the tumor our diagnosis of its origin from the left ovary is confirmed.

A few adhesions to the intestines have formed, and, separated by the finger, a trocar is passed into the tumor, in order to evacuate its contents so as to have it pass through without enlarging the incision. The thick, fatty-like material which flows so slowly through the canula again sustains our opinion as to its dermoid character. Having extracted the tumor through the wound, we will now proceed to ligature the pedicle. For this purpose I always use the Staffordshire knot, introduced to the profession by Mr. Lawson Tait. This knot, as you will see, ties the pedicle in two halves, then binds the two halves together. After making this knot, I take another turn with the free ends, and tie them with a surgeon's knot. This second turn is merely a matter of habit. Now that the pedicle is tied off, we will remove the tumor, and I do this by searing through the pedicle above the ligature with the Paquelin cautery at red heat.

THE "TOILETTE" OF THE PERITONEUM.

This term, introduced by Dr. Keith, of Edinburgh, is applied to one of the most essential points in abdominal section, *i. e.*, a thorough cleansing of the peritoneal cavity, which we will now do. A sponge is pushed deep down into the pelvis, and, as you see, is wet with bloody serum; another is introduced and again wetted. As there is only one place where oozing can take place, the point where the adhesions were separated, we will examine them. There is only one oozing point which we will tie off with catgut; then, again placing our sponge in the pelvis, it returns dry and clean, so that we can close the peritoneal cavity, confident in its cleanliness.

For closing the abdominal wound I have for some time past used silkworm gut, but having had in several cases stitch wound abscesses, I will use twisted silk with superficial catgut sutures.

The dressing consists of iodoform gauzes covered with rubber tissue, and a snugly applied binder. The bowels will be moved on the second or third day by small doses, frequently repeated, of some saline laxative; or, if there should be much flatus, by a turpentine and castor oil enema.

The cyst contains fatty material with a large ball of dark hair. No plates of bone can be found.

—*Prof. Paul F. Mundé, M.D.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Oct. 5, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

SEMMOLA ON HYDROTHERAPY.

ANY contribution to therapeutics by the eminent professor of Naples, must receive respectful consideration, because in him are happily blended the physiologist, the philosopher and the clinician. A series of papers published in the late issues of the *Internationale klinische Rundschau*, on The Modern Strivings of Therapeutics, present the views of this eminent teacher in such a clear and philosophic manner, that it has become the subject of numerous editorial comments in our journals. Semmola's views on hydrotherapeutics, a subject to which, as our readers are aware, we are devoting much attention, are so fully in accord with our own, as expressed in an issue of July 27, 1889, that we quote them here in extenso :

"The principle upon which, for so many years, rational therapeutics was based, was a belief that we could apply to diseased conditions those biological effects which have been recognized in the healthy state, and which were expected to produce the same effects when put into antagonism to the disease. This is a principle, in contradiction to the laws of the experimental method, which teaches that when the conditions of the phenomena are different it is impossible to repeat the same experiment with the same effect. Natural therapeutics, on the contrary, which is capable of curing, by obedience to physiological laws, the most severe temporary pathological processes, which emanate from the prolonged effect of ordinary external causes, offers the physician always the best aid and surest support, even in the most difficult and desperate cases. I select as an example of the diseases to which I have referred already, the rheumatic diathesis and herpetism.

In visceral diseases, which defy all treatment so long as they are favored by the existence of these peculiar alterations in tissue change (rheumatism, etc.), the physician may, in many cases, attain a true and real cure, by endowing all the functions of the organism with the highest activity, without the addition of medicinal substances—*i. e.*, the heterologous modifiers ; but singly and alone by the application of the ordinary physiological agents, *the chief of which is hydrotherapy*. The methodical, internal as well as external use of water, graduated in temperature according to the indication ; climate, proper alimentation, muscular exercise, etc., are aids by which hydrotherapeutics excites skin activity and with it all the function of tissue change and organic degeneration, so that often real marvels of recovery in severe and desperate cases are accomplished. Unfortunately, these marvelous results are far more rare than those obtained hitherto by Priessnitz, and *of which I was myself a witness*. The reason of these diminished successes, appears to-day to lie in the fact that hydrotherapeutics has become a monopoly of exclusively trade physicians, who treat various diseases without careful adaptation of the hydriatic procedures, and receive patients even for two or three weeks ; only, of course, there are to-day celebrated exceptions, as, for instance, Winternitz, in Vienna, and Benobarde, in Paris, and others. But, unfortunately, the competition is too severe.

Without entering here into the mechanism by which an intelligent and earnestly executed hydrotherapy may lead to a rapid organic renewal, provided that the organs of life can bear this newly imposed activity, one thing is certain that this organic renewal can only be attained by physical agents—*i. e.*, by means acting like the normal functions, which are increased only gradually.

It is to be regretted that physicians in general do not accord to hydriatic treatment the value to which it is entitled. And still hydrotherapy represents in an entire series of affections, especially those in which the tissue changes are involved, *the only effective, rational etiological treatment.*" (Italics are the author's.)

In the article referred to in our issue of July 27, we took occasion to quote the language of one of Germany's most noted clinicians, Prof. von Ziemmsen, who writes in almost the same strain.

The testimony of two men, whose renown as scientific observers and clinical teachers is world-wide, will, we trust, enhance the interest in hydrotherapeutics, with which we endeavor to invest it by devoting a department in our columns to the subject. In making this new departure we are guided solely by a desire to afford our readers all the aid in their battle with disease, that may be gathered from the most fruitful and trustworthy sources.

IN the department of dietetics no subject occupies the attention of the medical world at present of such importance as that of the transmission of tuberculosis through the food. In another column will be found a report of the discussions at the French

Academy. It is evident that the recommendations of the Committee went farther than is warranted by the facts of the case, as yet demonstrated. Nobody is found to doubt the contagion of the disease. The principal source is undoubtedly the dried sputa of consumptives, and all agree as to the necessity of avoiding this danger, by compelling patients to use proper vessels to receive, and destroy the noxious qualities of, the sputa. While the transmission of tubercle by meat and milk is less clearly demonstrated, and either denied altogether or limited to exceptional conditions by Seè and others, it must be borne in mind that negative evidence in such matters weighs but little against positive instances. The occurrence of a single case of such contagion is sufficient to establish the reality of the danger, even were one hundred cases to be cited where the use of the tuberculous food failed to induce the disease. To what degree this danger really extends, and what conditions favor or prevent it, remain to be shown; and this is the task of the Committee to which the Academy has referred the question.

It is certain, however, that in recommending that all animal food, even of healthy beasts, should be subjected to thorough cooking, the Committee went too far. This would shut off from our tables the "rare beef," which has been universally found most palatable and digestible for the sick and the well alike. It were better to provide for the efficient inspection of all such products and forbidding the sale of the flesh of tuberculous animals or of their milk. The prompt slaughtering and burning the bodies of tuberculous animals would be a most salutary measure in many ways. It would prevent the use of infected products, limit the spread of tuberculosis among cattle, and improve the condition of the latter by compelling the farmer to keep his stables, etc., in a hygienic condition. This would in every way be preferable to the indiscriminate condemnation of rare meats.

M. Lancereaux sought to bring back the attention of the Academy to the other half of the question; that of the predisposition to phthisis. This was a mistake. Nobody can define exactly wherein this predisposition exists; as anything which tends to debilitate favors the operations of the bacillus; while the fact that about one-fifth of the human race dies of tuberculosis shows that the liability to its attacks is practically universal. Given, a tuberculous wife, sleeping with her husband and expectorating tubercular sputa all over the carpet of their bedroom; let the latter be small, rarely aired or cleaned, and illy ventilated, and we would not insure the life of her husband, were he the most powerful man who could be picked out, to resist contagion.

Were milk so dangerous an article of diet, we should have tubercular disease of the alimentary tract much more frequently than we have, in infants raised upon cow's milk. But here we are met by another question: How do we know but that many of the intestinal diseases of infants are really due to the tubercle bacillus? Autopsies on infants are infrequent; the possibility is that acute infection of the alimentary tract by this parasite may often occur, and the resulting death be credited to cholera infantum, marasmus, or indigestion. The investigation of this class of infants' diseases offers a promising field for the bacteriologist; especially in view of the utility of intestinal antiseptics, whose use is rapidly growing in popularity, as experimentation widens the field of their utility.

MEDICAL ATHLETICS.

NOTHING will teach a student more dexterity and gentleness in passing the steel bougie than the passing of it upon himself; nothing so vivifies to his mind the effects of drugs as their occasional use upon himself. No part of a physician's advice is more important than fresh air and outdoor exercise. Athletics have become a feature in all our universities and great schools, and though in some instances they may be carried to excess, in general they are to be commended and encouraged. Because a college athlete appears to study less than the sallow-faced plodder who pores continuously over his books, it is no sign that the former is not acquiring as much knowledge as the latter. Frequently he is gaining more of it, and in such a way that he will be able to retain it longer. With plenty of congenial exercise, well regulated and in the open air, the blood is set aglow and sent coursing through the brain, starting it into a more rapid and healthful activity, so that the collegiate studies become easier and more interesting to the student. College athletics, however, may be overdone, and are then as injurious as their total neglect.

But with medical students there is a double necessity for the cultivation of athletics. They need it, in the first place, for their own health, and secondly, for the proper instruction of their future patients. It is with athletics much the same as with the preparation of foods for the sick, physicians know when and what to recommend well enough, but not the how of it. Patients are frequently met so ignorant or so dependent in their confidence of the doctor that they will ask how to prepare the simplest articles of diet, and how to take the prescribed exercise. The physician should, if possible, be prepared to meet so natural a query with his own knowledge and experience. In London athletic clubs are organized among the hospital students, and contests fought, not only between the different hospitals, but even between the different cities. Without necessarily going to this extent, all medical students should take daily, muscular exercise, something more than mere riding and walking. Regular athletic exercise should be considered as a part of the student's daily routine, and it should be made more agreeable and beneficial by occasional intercollegiate contests and competitive trials.

Annotations.

EVERY word which has been spoken or written against milk, as a vehicle for the transmission of tubercle germs, is an argument in favor of the use of condensed milk and the baby foods; in which any disease germs existing in the milk are destroyed by the heat applied to drive off the water. If these preparations are put up so as to prevent subsequent contamination, as they generally are, they are safer than milk; unless the latter is thoroughly boiled. Where we can rely on this being done, the milk is as safe as any manufactured food; even if we cannot know whether the milk is derived from a healthy animal or not. But it is well for the physician to assure himself personally that his directions are properly carried out; as domestics have a way of assenting to them and then doing as they themselves prefer. We recollect one case in which we had laid down the strictest directions as to the food of a sick child; and came in to find the nurse giving it, from a dirty cup, some milk, so sour that it had coagulated. It is never safe to presuppose the intelligence to comprehend, or the care to execute, the directions given.

THE opening addresses at the Philadelphia Colleges will be received with unusual interest this year, on account of the changes recently made in the teaching corps. The salutary influence of competition is evident. It is not sufficient for a candidate to gain the honor of a chair, but he must show his ability to fill it efficiently and acceptably. Many physicians can be found who are men of culture and of intelligence, whose knowledge of the art of healing is so profound as to win the respect of their fellows, but who yet have no ability to teach, or whose dispositions are marred by pride or bitterness to such an extent as to destroy their usefulness. One of the inevitable mistakes of the newly-inducted lecturer is the attempt to teach too much; in the fulness of his ripe scholarship forgetting that the three short years of the medical course barely suffice for the rudiments of the science. We can only lay the foundation, but this should be done in a way to render the future edifice secure, and to avoid the need of too much tearing down and rebuilding. In this connection, we recall a remark of Professor Forbes, pregnant with wisdom—that our object is not to prepare students to pass examinations, but to become practitioners. This is too often forgotten by teacher as well as pupil in these latter days of competitive examinations. The warning comes with the best grace from a professor in Jefferson College, which has, from her foundation, been distinguished by the practical nature of her instructions, and whose graduates have approved the value of her teachings by their success in the field of active practice.

THE question opened by Dr. Bidwell's paper upon "The Curse of Schools," in one of our recent numbers, will undoubtedly lead to rejoinders by those holding various opinions upon the subject of sectarianism. It may be well here to remind our readers that the TIMES AND REGISTER is not a partisan journal; that it is not an organ, save of the whole profession, and that its columns are open to all who choose to discuss the question in a proper manner, but the journal advances no opinion of its own. In fact, among our ranks it is probable that every shade of belief upon this subject may be represented. Speaking personally, we may express the hope, in common with all who care more for scientific work than polemics or politics, that the day is not far distant when there will be but one school of medicine, in which each may work in the manner which is most in accord with his own views, as deduced from his own study and observation.

Letters to the Editor.

CARE OF THE INSANE.

IN your issue of August 31, 1889, Dr. Blumer makes a correction as to your statement in your issue of August 10, quoting him in my recent papers on "Belgium and Her Insane Institutions."

Dr. Blumer's statement to me, that seventy per cent. of the inmates of his institution could be placed in detached buildings on a farm without danger of injury to themselves or others, was not in anywise connected with the Gheel plan. That was not discussed. We were discussing the use of farms and detached buildings or colonies, like the colony plan of Michigan and others.

He had not read my paper when he sent you his card. The conversation was at Albany, in the room of Senator Sloane, upon the subject of farms; and outdoor exercises and detached farm buildings, rather than large and expensive State institutions, were under discussion.

In my article referring to New York, with her large institutions at Utica, Auburn, Middletown, Willard, Binghamton and Buffalo, and the project of building a large asylum in the North, I asked this question:

"Why should we not consider how many of our insane could be transferred into families upon farms, where they can have out-door exercise, labor and occupation combined with it?" citing the Neast law of Massachusetts, where such experiments were authorized under proper medical supervision, and I insisting upon careful medical supervision as a *sine qua non*.

Dr. Blumer's statement to me would, I think, be concurred in by a majority of American superintendents.

And I am one of those who would be glad now if half the money lavished on munificent structures for the insane could have been invested under such judicious and more beneficial methods as the recent work under the charge of Dr. A. E. MacDonald for the city and county of New York, on what we call the Long Island farm. CLARK BELL.

DIPHTHERIA is epidemic in the lower end of Berks County.

CASE OF PRECOCIOUS MENSTRUATION.

ON August 14, a negro, named Cobb, called on me and stated that he had a daughter, not quite four years old, who had been menstruating for over two years. The child was born in October, 1885, and in July, 1887, its mother noticed a slight discharge from its vagina. She took the child to Dr. Westbrook, who prescribed, and in a few days the trouble passed away. Again came the discharge and again the doctor cured it, but it wouldn't stay cured, so it dawned on my friend's perceptions that the attacks and cures were periodical, and he so informed the parents. In a short time it became a regular menstrual discharge, normal as to time, quantity, and material. On my request the child was brought before our County Medical Society at its late meeting.

We found her a well-grown negro child, very intelligent for her age, with breasts fully developed, pubes wearing the adult garb, and actually menstruating. She is the tenth child of her parents, who are each about forty-three years of age, and in good health.

As few menstruations are so previous, I place the report of this case at your service.

A. J. JAGOE, M.D.

HERNANDO, MISS.

MASSAGE OF THE UTERUS.—Dr. Norstroem advances the following rules, which are to be observed in the massage of this organ :

1. Graduate the pressure on the uterine body after you have seized it.

2. In order to get a good hold, push down during expiration; maintain the distance gained during inspiration, and start again during the next expiration.

3. Be careful not to increase, by any sudden movements, the painful impression experienced by the patient when the uterus is first taken hold of; wait a moment before beginning pressure. The pressure sometimes produces reflex pains in various parts of the body.

4. Devote all your attention to support the uterus; this is easy when it is large and soft; very difficult when it is small and hard; it is then that it moves with great facility to one side or the other.

—*Gazette de Gynécologie.*

EXPLOSIVE MEDICAMENTS.—Professor Robert calls attention to the following explosive mixtures: Chlorate of potash mixed with charcoal dentifrice powder may explode, even in the mouth. Chlorate of potash mixed with catechu, or with tannin, explodes with friction, even if glycerine is added. Chlorate of potash and phosphate of sodium explodes while mixing the powder. One part of chromic acid mixed with two parts of glycerine explodes immediately. Iodine and ammonium should never be mixed together, as it is extremely apt to explode. Bromine and alcohol, forming the bromide of ethyl, often explodes. Picric acid reduced to powder explodes, when mixed with any other substance.

—*Gazette de Gynécologie.*

Society Notes.

NEW YORK ACADEMY OF MEDICINE—SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, April 19, 1889.

A. B. JUDSON, M.D., Chairman.

PSOAS ABSCESS FOLLOWING POTT'S DISEASE.

DR. V. P. GIBNEY presented a patient, a girl fourteen years old, on whom he had operated for double psoas abscess following Pott's disease of nine years duration. The carious vertebræ were evidently consolidated when, last November, large abscesses were discovered, and the patient was brought under treatment. On the right side, the tumor was incised in Scarpa's space, and long forceps were passed under Poupart's ligament through the iliac fossa, and into the lumbar region, and a counter-opening was made on the forceps along the border of the erector spinæ muscle. Pieces of bone escaped with the pus. The cavity was curetted, and the bone scraped gently. With antiseptic dressing and injections of carbolic acid solution 1–40, and 1 per cent. creolin solution, both wounds closed in a month. The left side was then operated on by simple incision and drainage. Large quantities of bone detritus were scooped out with the finger. A sinus still remains on the left side from which a piece of bone is occasionally discharged.

The case was exhibited as showing the advantage of Owen's method of attacking simply the sac and not the whole suppurating track.

Dr. Gibney believed it would have been better to have treated both sides according to Owen's method; but in general he doubted the propriety of doing this operation. It is also important that the patient should be in a pretty good condition.

DR. R. H. SAYRE had used injections of peroxide of hydrogen in large abscess cavities, with better results than from carbolic, or bichloride, or boro-salicylic solutions.

DR. GIBNEY said that a similar experience had been reported by Dr. Vance.

DR. JUDSON thought an objection to operating on these cases was that for the natural incarceration of the pus and detritus, we substituted an artificial opening, necessitating antisepsis to hasten cicatrization. If these accumulations are doing no harm, it is better to leave them for removal by natural processes; and if in due time they perforate the skin, the general and local conditions are ready to promote evacuation and speedy cicatrization.

DR. J. A. WYETH said that operation is indicated when large abscesses are situated in exposed parts of the body, and liable to injury and subsequent septic complications. He recalled the case of a woman who, thirteen years after being considered cured of Pott's disease, slipped and fell on a large gluteal abscess. The accident speedily gave rise to symptoms of sepsis with high febrile movements, and several operations under ether were necessary for the removal of bone detritus, which was spread through the gluteal muscles. The patient ran great risks, but finally recovered. He had had other similar cases. A psoas ab-

scess behind the peritoneum causing no trouble should be left alone, but one pointing in the thigh, back, or other exposed situation should be operated upon, as the danger of the operation is almost *nil*.

Dr. N. M. Shaffer was reminded of the history of a patient with Pott's disease and an abscess occupying the gluteal region and the anterior part of the thigh. The child fell, striking the gluteal tumor. The immediate symptoms were alarming, but without the adoption of any special treatment, the accident resulted in the entire disappearance of the abscess. If there were any means of determining with certainty when an abscess from Pott's disease contains bony detritus, it would be preferable to operate ; but while spondylitis is still active, it is better to postpone operation as long as possible.

He recalled a case of Pott's disease and hip-joint disease which he had been watching for several years, where spiculæ of bone as large as the end of the finger were expelled in a sudden and violent attack of coughing. The bone was undoubtedly from the cancellous structure of the sixth or seventh cervical vertebra. The patient was relieved at once, and physical examination showed that very little trouble had been caused by the entrance of the bone through the lung tissue into the bronchial tubes.

KNOCK-KNEE—CLUB-FOOT—DEFORMITY FOLLOWING HIP DISEASE.

In a paper on "Osteotomy," Dr. Wyeth related two cases in which he had corrected in- and out-knee in the same patient by double osteotomies. The patients were three and a half and four years old respectively. Both were discharged entirely relieved. Strict antisepsis was followed, and the limbs were dressed in plaster of Paris in a position of over-correction. He prefers MacCormac's incision on the outer side and just above the capsule, since the saphena vein and anastomatica magna artery are not endangered as in Macewen's operation on the inner aspect of the thigh. He also briefly related three cases in which patients aged thirteen, eighteen, and twenty-six years, respectively, had been relieved of the deformity following hip disease, and restored to good locomotion by operations on the femur. The method pursued was Gant's osteotomy below the lesser trochanter. The after-treatment had been Buck's extension and Hamilton's long splint. In one of the patients there had been double hip disease. Two months after the left femur had been operated on, the right was operated on ; and four months after the date of the first operation, the patient was discharged cured, with good locomotion.

He also related two cases in which congenital talipes equino-varus of the most exaggerated type had been corrected with good recovery, and with the feet in excellent shape. Tenotomy of the tendo-Achillis, tibialis anticus, and tibialis posticus was first done ; the first two subcutaneously, and the last by open incision, the tendon being disassociated from that of the flexor digitorum, and divided on an aneurism needle. The operation was completed by an osteotomy as follows : An incision was made on the outer side of the dorsum, exactly over the point of greatest convexity ; the tissues were lifted from the tarsus by an elevator, and a conical section, including portions of the calcaneus, astralagus, cuboid and scaphoid was removed. The rule should be to remove all parts which prevent replacement of the foot. The foot being brought into normal position by eversion and rotation, aseptic dressing and plaster of Paris completed the treatment, the result of which was excellent.

Dr. Gibney said that the anatomical point raised in the paper concerning supra-condyloid osteotomies certainly commends to us the operation of MacCormac. Although in- and out-knee in the same subject is rare, he had seen many instances of multiple deformity among Bohemians and Italians. He had recently done a sextuple osteotomy at one sitting, and is treating an ununited fracture of the right tibia, all the others having united.

Dr. Judson thought that in congenital talipes the reduction of the deformity by mechanical or operative means is easy ; but that is a small part of the necessary treatment. So long as the patient is growing, he must be under occasional observation, and, if necessary, made to wear, for a few months, at intervals of two or three years, a brace fitted to the present needs, in order to prevent threatened relapses. In the deformities of the knee, there is especial reason for preferring mechanical means of correction, because here we have the advantage of the leverage found in the tibia and femur ; while in club-foot there is only the tibia on one side, and on the other the short and many-jointed foot.

Dr. H. L. Taylor said that late observation of the results of treatment is of especial importance in orthopædic practice. If surgeons and orthopædists would report the condition of patients five, ten, or more years after dismissal, a more intelligent choice of methods could be made.

Dr. Shaffer said that his experience with mechanical appliances in the treatment of talipes leads him to think that many severe operations are performed on patients who could be better treated by traction. He recalled a case in which there was confirmed equino-varus, although three or four tenotomies and five or six osteotomies had been performed. He had applied the "external lateral stretcher," and the patient is now walking on the flat of the foot, He referred to the interesting question whether osteotomy is advisable when there is motion in the hip-joint. In a patient on whom Dr. W. T. Bull had operated, some motion was found after etherization. The reduction of the deformity by osteotomy had been followed by persistent traction with the hip-splint ; and good position and slight motion had both been retained.

Dr. Gibney believed that the presence of motion is not a contraindication to the operation. About six months ago, he had performed Gant's operation for a right-angled deformity. The flexion had been reduced from ninety degrees to fifteen degrees, and the limb was retained at fifteen degrees of flexion by a traction apparatus for three or four months, when it was removed and the patient allowed to walk about with a high shoe. After about six weeks the flexion

had increased to twenty-five or thirty degrees. Traction was reapplied, and the limb is being again brought down. He recognized the necessity of protective apparatus in order to retain or increase the result secured by operation.

Dr. Wyeth had operated in several cases where there was motion, and had refused to do it in others. In a patient whom he had seen with Dr. L. A. Sayre, there was considerable motion, and he had done a tenotomy for temporary relief, postponing osteotomy.

Dr. R. H. Sayre said that in the case referred to, improvement had followed the tenotomy, but an apparatus is necessary to prevent a return of deformity. He thought that in some cases sufficient reduction of the flexion might be brought about by section of the psoas and iliacus muscles. This had been done in one case in which, although the operation had been subcutaneous, injury of the vessels had been avoided. By open section this danger would be avoided.

Dr. J. D. Wilson expressed surprise at the frequent mention of elevations of temperature in the history of Dr. Wyeth's cases, which had been treated antiseptically. Have our teachings been too absolute, or do such temperatures really indicate imperfect antisepsis?

Dr. Wyeth replied that "the temperature of reaction," occasionally as high as one hundred and two degrees, occurred in the first twenty-four hours, but it usually fell to normal in forty-eight hours. Traumatism, ether, shock, and the use of sublimate combine to produce this reaction, which might still be called an aseptic temperature.

He closed the discussiou by saying that the simplicity and safety of osteotomy had been shown by the cases he had reported. While no case of equinovarus treated the first two years of life should require tarsotomy, neglected cases will present themselves where nothing but tarsotomy will give relief. The operation may give considerable foreshortening to the foot, but one can certainly correct the deformity, however great, by removing enough bone; and if this be properly done, he believed it to be real conservatism.

NEW YORK STATE MEDICAL ASSOCIATION.

THE New York State Medical Association met at the Hotel Brunswick, at 9.30, on Wednesday, the 21st inst.

The Association was called to order by Dr. W. T. Lusk, the President, and the reports of various committees and officers were read. The papers brought before the Association were:

Inversion of the Uterus, novel treatment; the Latero-dorsal Position in Gynecic Irrigation, by Dr. George E. Fell, of Erie county.

The Treatment of Uterine Fibroids by Electricity, by Dr. H. D. Ingraham, of Erie county.

Pelvic Cellulitis in Women, by Dr. N. H. Robb, of Montgomery county.

Report of a Case of Laparotomy for Ruptured Pyosalpinx; Error in Diagnosis; Recovery; by Dr. Charles S. Wood, of N. Y. county.

Committees were then appointed for nomination of officers, etc.

The afternoon session opened at 1 P. M. Dr. Lusk read an exhaustive paper on Tubal Pregnancy, in which the subject was judiciously handled, and will be published. It was discussed by Dr. Goodell, who objected to the use of electricity, and would only resort to it in the event of refusal of an operation by the patient. Electrolysis, especially, is always fatal. The success that some claim from morphine surprised him greatly.

In his opinion, laparotomy is always the best recourse, especially after rupture. He claims that there is no report of a death in Tait's experience nor in Philadelphia, unles the patient was in a dying condition.

Judging from his reading on the subject, he would prefer to leave the child until it is viable, even to the eighth month, then remove the whole sac, or remove the fœtus and sew the edge of the sac to the wound, and put in a drainage tube. The latter is not done by Tait, but he cuts the cord, squeezes the placenta, and seals the sac hermetically In a twin case, one writer had an extra uterus. Edes, of Washington, has succeeded in saving the mother by laparotomy, and delivering her at term afterward.

He would regard Porro's operation as the best in twin pregnancies. Dr. Goodell then cited a number of cases illustrating the difficulty of diagnosis and the methods of treatment, among these the case which induced Parry to write his classical work. Goodell regards incision over the tumor as far preferable to the median line, because in the latter the peritoneal cavity is opened. Recovery is usually prompt.

Dr. Marcy, of Boston, related two cases which he studied with reference to etiology. He concluded that, contrary to Tait's opinion, these were purely abnormal. One died from intestinal obstruction, and in the other the sac ruptured, and an autopsy showed that a timely laparotomy would have saved the woman. This occurred long before the operation came before the profession. Dr. Marcy is also opposed to electricity.

Dr. Janvrin, of New York, believes laparotomy is the best treatment for a recognized case prior to the fourth month. There can certainly be no doubt of the propriety of laparotomy if the sac is ruptured. The diagnosis is not difficult; he especially dwelt upon the colicky pains after the usual symptoms of pregnancy have existed, on the distinct tumor on the side of the womb, and on the very sensitive character of this tumor, and on spasmodic expulsion of more or less blood. In cases of great doubt an exploratory laparotomy is justifiable.

Dr. Lusk closed the discussion. He advocated electricity in preference to laparotomy, because any general practitioner can do the work; it is so simple, and destroys the fœtus before the third month without trouble, while a laparotomy is almost always fatal in inexperienced hands, and in the absence of skilled assistants and nurses. He does not approve of leaving the placenta and rubbing it with bichloride of iron to stop the bleeding. Meeting adjourned till 7.30 P.M.

[To be concluded next week.]

Book Reviews.

CANCER AND ITS COMPLICATIONS. By CHARLES EGERTON JENNINGS, F.R.C.S., Eng., M.S., M.B. London: Baillière, Tindall & Cox, 1889, 154 pages.

One of the most interesting problems before the surgical profession to-day, and one in which the attempts at elucidation have been both numerous and ingenious, is that occult and complicated question, the pathogenesis of carcinoma. The controversy on this subject has been one of peculiar interest, and has drawn into its vortex able men versed in polemics, who have taken their position on either side, and thence contributed their weight of testimony and ratiocination. As Dr. Moxon has tersely expressed the present state of affairs, the whole argument hinges upon the solution of the question, "Does the general condition precede and cause the local, or does the local condition precede and cause the general?" Since "statistics show that the annual mortality from cancer is increasing both actually and relatively to the population," and since the principles of a rational plan of treatment for cancer depend altogether upon the way in which we regard this question, it is patent that it is of the utmost importance that we arrive at a speedy conclusion.

The balance of evidence seems to be tending towards a local pathogenesis, and Dr. Jennings, who is recognized as a leading localist and a strong advocate of his party, has written this book mainly to confirm and elucidate his theory of the precedence of the local condition, and to urge his argument that complete extirpation of the disease in its earliest stage may be considered curative. That he has succeeded in presenting a strong and decisive case must be admitted by all who will read his book, and we would say that by his concise and masterly handling of the whole subject he has done much towards advancing the matter to a satisfactory conclusion.

SAUNDERS' QUESTION COMPENDS, No. 7. ESSENTIALS OF MATERIA MEDICA, THERAPEUTICS, AND PRESCRIPTION WRITING. Arranged in the form of Questions and Answers. Prepared especially for Students of Medicine. By HENRY MORRIS, M.D. Philadelphia: W. B. Saunders, 1889, 250 pages. Price, $1.

In no other branch of medicine has there been such progress made as of late in the department of materia medica and therapeutics. Dr. Morris, in preparing his compend, has endeavored to keep pace with these rapid strides, and with a few exceptions, notably some of the coal-tar extractives, he has succeeded in giving us a concise and yet comprehensive review of his very extensive field. In arranging his drugs for the purpose of study, he has adopted a classification based on therapeutic grounds rather than on physiological.

SAUNDERS' QUESTION COMPENDS, No. 1. ESSENTIALS OF PHYSIOLOGY. By H. A. HARE, B Sc., M.D. Second edition, thoroughly revised and enlarged. Philadelphia: W. B. Saunders, 193 pages. Price, $1.

In presenting the second edition of this valuable little compend, Dr. Hare has appropriated all of the recent advances made in the department of physiology to further amplify the usefulness of his book. Difficult points in the study of the nervous system have been elucidated, while the number of illustrations has been increased threefold. As it now appears, the compend cannot fail to merit the full appreciation of the overworked student, whose chief aim is to secure the essence of his studies condensed into the smallest bulk of readable matter.

THE MEDICAL REGISTER OF NEW YORK, NEW JERSEY, AND CONNECTICUT, FOR THE YEAR COMMENCING JUNE 1, 1889. Published under the supervision of the New York Medico-Historical Society. WILLIAM T. WHITE. M.D., Editor. Vol. XXVII. New York: G. P. Putnam's Sons, 1889,

This volume contains the names of 7203 physicians.

Pamphlets.

Responsibilities and Duties of the Medical Profession Regarding Alcoholic and Opium Inebriety. President's address before the thirty-ninth annual meeting of the Illinois State Medical Society, May 21, 1889, by Chas. Warrington Earle, M.D., Chicago.

Cephalæmatoma of the Newborn, by C. W. Earle, M.D., Chicago. Reprint from Journal of American Medical Association, 1883.

On the Healing of Aseptic Bone Cavities by Implantation of Antiseptic Decalcified Bone, by N. Senn, M.D., Ph.D. Reprint from American Journal of the Medical Sciences, September, 1889.

The Medical Digest.

MERING and Minkowski show by many experiments that extirpation of the pancreas results in true diabetes mellitus.

DORN recommends that in making rhinoscopic examinations the patient's head shall be allowed to hang back over the end of a table. This renders work easy and lessens the danger of hemorrhage.

ANEMONIN, in doses of three-quarter to one and a half grains, divided in two cachets, is recommended in whooping cough, bronchitis and asthma. It is a cerebral poison, annihilating the function of the central nervous system, when given in large doses.

—Merck's *Bulletin*.

DEATH OR ABORTION.—Gaillard's *Med. Journal* reports a case in which a woman took a drachm of oil of pennyroyal and half as much fluid extract of ergot, to induce abortion. She recovered under the use of morphine and atropine hypodermically, heat externally and free administration of milk. The fœtus was not injured; pregnancy proceeding normally thereafter.

It is a pity that women so inclined cannot be convinced that drugs will not produce abortion, except in exceptional cases, unless given in such large doses that the death of the mother is far more likely to result than that of the child.

CARE should be exercised in making use of hydracetin in psoriasis. The application of a 20 per cent. ointment in lanoline proved effectual, but grave toxic symptoms ensued, consisting of exhaustion, weakness of the limbs, and a sense of impending illness, with mahogany-colored urine.

KILMER recommends that ointments should be made by dissolving the drug in oleite, to the amount of 25 to 33⅓ per cent. of the excipient, and then adding the fatty base. The oleite ointments are more absorbable than ordinary ointments. Oleite is chemically the sulpho-ricin-oleate of soda.

—*Amer. Druggist.*

KOCHER has advanced the study of goitre by showing that districts or families affected by it make use of water rich in organic material. Even in goitrous districts families who have a special supply of pure water are free from goitre. Tovel found very few microörganisms in the water which is used in districts free from goitre.—*Lancet.*

HEIDENHAIN states that the recurrence of mammary cancer is due to the presence of microscopic portions on the surface of the pectoralis major. The lymphatics in the retro-mammary fat are cancerous in two-thirds of the cases. If the tumor be closely connected with the muscle, the latter should be extirpated entirely; in other cases the superficial layer should be removed.—*Lancet.*

INCOMPATIBILITY OF ANTIPYRIN WITH CHLORAL HYDRATE.—M. Blainville, a druggist of Paris, having occasion to mix four grammes of antipyrin and five grammes of chloral hydrate in fifteen grammes of water, noticed that the liquid became milky in appearance; then became clear and deposited an oily liquid. Filtered, this liquid possesses neither the taste of antipyrine nor chloral; the odor resembles somewhat coriander seed. —*La France Médicale.*

INFLUENCE OF ALIMENTATION ON THE COMPOSITION OF MILK IN WOMEN.—Dr. St. Sycz. Zaleski (Dorpat) presents the following conclusions:

1. A milk too rich in fatty matters may exercise a deleterious influence on the health of the child.

2. An alimentation abundant and rich in albumen augments greatly the quantity of fatty matter contained in the milk; it diminishes the quantity of lactose, and has but little influence on the other elements.

3. A suitable diet will permit to a certain extent the obtaining of a necessary lacteal composition for each child in each particular case.

4. Alimentation exercises, therefore, a marked influence on the composition of the lacteal secretion, in man as well as in animals.

5. The fatty matters in milk are probably produced directly or indirectly from the albuminoid substances introduced by alimentation.—*La France Médicale.*

PRECAUTIONS AGAINST TUBERCULOSIS.—At the Congress for the Study of Tuberculosis, held in Paris last year, a commission was appointed to report a series of simple and practical rules for prophylaxis. The commission consisted of MM. Chauveau (President), Bartel, Cornil, Grancher, Landonzy, Lannelongue, Legroux, Leblanc, Nocard, Rossignol, Verneuil, Petit, and Villemin, who presented the report. This had been reviewed, and its conclusions approved by MM. Bouchard, Brouardel, Potain, and Proust. It will thus be seen that the instructions come with the sanction of the highest authority in France. The following abstract gives the essential points contained in the report, presented to the Academy of Medicine, on July 30:

Adverting to the fact that more than one-fourth of the deaths in Paris were due to tubercular disease, not pulmonary affections alone, tuberculosis was pronounced a parasitic malady, virulent, contagious, transmissible; caused by Koch's bacillus, which enters the body by the digestive canal with the food, by the respiratory tract with the inspired air, by the skin and mucosa through various solutions of continuity. Certain maladies and constitutional states predispose the individual to tuberculosis.

The parasite is to be found in the milk, the muscles and the blood of animals which serve as food for man. The use of meat, raw or slightly cooked, and blood, which can contain the living germ of tuberculosis, should be prohibited as food. Milk should only be used after being boiled. The tuberculous mother should not nurse her child, which should be brought up by a healthy wet nurse in the country. If milk be used as the infant's food, that of the ass or the goat is to be preferred.

A rigorous inspection of animals slaughtered for food should be enforced. The only absolutely certain means of avoiding the danger of meat from tuberculous animals, is to submit it to such thorough cooking as will affect the interior of the piece as well as the surface. Furthermore, the tubercle germ can be transmitted from a tuberculous person to a healthy one, by the sputa, pus, dried mucus, and all objects charged with tuberculous dust. In order to guard against this, it was adjudged necessary to know that the sputa of phthisical persons being the most potent agent in transmitting the disease, it is a public danger to eject them upon the ground, carpet, hangings, curtains, napkins, handkerchiefs, cloths and coverlets. The use of spittoons should be strictly enjoined. These should always be emptied into the fire and cleaned by boiling water. They should be never emptied upon dunghills, in gardens, where they could infect fowls, or in latrines.

Never sleep in the bed of a consumptive; frequent his room as little as possible, and especially, never allow young children to sleep there.

Banish from the homes of all consumptives, all persons who are predisposed to this disease.

Never use objects which may have been contaminated by tubercle, until they have been disinfected, by baking, under pressure, boiling, sulphur fumigation, or by the use of lime. Chambers occupied by consumptives should be furnished and draped in

such a manner that disinfection can be readily and thoroughly performed, after the departure of the patient. It would be better to have these rooms devoid of carpets, curtains and hangings; they should be whitewashed and the floor covered with linoleum.[1]

In discussing this report, M. Dujardin Beaumetz adverted to the importance of prophylaxis, in view of the successive disappointments which had ensued upon the use of medications directed against tuberculosis. He thought that the disease prevailed in the country as extensively as in the city; the statistics being better kept in the latter, and many cases coming into the city hospitals which arose in the country. A country residence once infected was more dangerous than one in the city, where people changed their homes more often and disinfection was more common. He thought the report put in the same category conditions of contagion the most hypothetical and those which were more certain and well known. For instance, the transmission of the tuberculosis by the food, he believed to be quite exceptional. Milk was rarely contaminated by tubercle bacilli because this necessitated the presence of tubercle of the mammary gland.

In M. Alexandre's report to the Council of Hygiene of the Seine, it was stated that during 1888 scarcely a dozen cows were found to be consumptive; and none of these had tubercular mammitis. This danger he consequently believed to be illusory, though, as milk could be easily boiled, without detriment, he did not object to it.

But in denouncing raw or slightly cooked meat, he thought the commission went too far. This would deprive cookery of its most attractive forms, and the physician of his best means of treating disease. Though the report spoke only of tubercular meats, yet in France the inspection was only thorough in the larger cities. The transmission of tubercle from meats to man had not yet been demonstrated; while experiments, even under the most favorable conditions, gave contradictory results. Out of Nocard's intraperitoneal injections in twenty-one series of guinea-pigs, with the fluids from the flesh of as many tuberculous cows, only once did he obtain a positive result.

But the gastric juice was a most active destroyer of the tubercle bacilli.

The danger from food could not be put in the same plane as that from sputa. He approved entirely of the prevention by the government of the sale of tuberculous meat.

M. Germain Sée discussed the report at length, presenting the following conclusions:

1. He rejected the idea of contagion, because it implied atmospheric contagion, and caused mental trouble.

2. He objected to the enumeration of bronchitic predisposition, and to the effeminate education of the hereditarily tuberculous, as a double heresy.

3. He would never consent to the suppression of roast meats and the substitution of meats boiled "*a outrance.*"

4. He accepted the moist sputa, because this was one of the elements of propriety which the physician should enforce as well as the surgeon.

5. He adopted the boiled milk, without enthusiasm.

6. The remainder of the report was unimportant; even as to the white-washing and the use of linoleum.

His summary was: Our first duty was to keep quiet concerning contagion; the next, to observe rigorously the rules for experimental propriety in the sick-room, and the laws of a physiological cuisine for the public.

M. Lancereaux believed that hygienic measures would cause tuberculosis to disappear as well as paludism or typhoid fever. He assented to most of the report; but warned against the application to man of conclusions drawn from experiments on animals, which differed in their susceptibility to the disease, Those who cared for consumptives, nurses, etc., did not suffer from it with unusual frequency, and if inoculation were so easy as certain experiments would seem to indicate, he ought not to be then in the tribune, as he had been many times inoculated. Other elements besides the use of milk contributed to swell the list of infant deaths from tuberculosis; such as their lodgings, bad food, and residence in "crèches" etc. Transmission from man to man took place under specially favoring conditions; heredity, denutrition, alcoholism especially.

His views are thus summarized in the *Revue de Thérapeutique:*

Tuberculosis was a malady of great frequency; especially in great centers of population; consequently it was necessary that the public should know the means of avoiding this contagion.

Two etiological factors presided at the genesis of tuberculosis: the predisposition of the organism and the penetration into this organ of a special parasitic agent.

Predisposition, which depended on multiple causes, proceeded especially from alcoholic excess and breathing too concentrated air.

The sputa were a frequent source of contagion, especially when dried. The same was true of the milk of an animal whose udder was affected and, in some cases, of the flesh of tuberculous animals. He believed that in all these cases it was necessary to take precautions, which, however, ought to give place to the following considerations: Seek by all possible means to prevent and repress alcoholic excess. Let the law insure to the workman in his shop and the pupil in his school, etc., the cubic air-space necessary for the needs of health.

M. Villemin made a reply to the principal arguments which had been brought against the conclusion of his committee, but evidently was not disposed to insist upon their full acceptance. The question was not pushed to a vote in the Academy; as it was decided to relegate the matter for further consideration to a new committee, composed of the principal partisans of the report under discussion, and of those who had opposed it. The committee appointed consisted of MM. Villemin, Verneuil, Cornil, Dujardin-Beaumetz and Germain Sée.

The report of this committee will be awaited impatiently.

[1] Annales d'Orthopedie, 15 aout, 1889.

THE ANTITHERMIC ANALGESICS. — Dujardin-Beaumetz reported to the Congress of Therapeutics upon the chemical constitution of these bodies, the relations between their chemical and physiological functions, their general and special physiological action, their functional classification, and their clinical applications, and wished to direct attention to the following points:

It is for the therapeutic clinic to decide upon the indication for each of the antithermics; for experimental physiology to examine the intimate action of each of them, and for the general therapeutist to study the atomic grouping, which causes in the aromatic series the conditions of an analgesic.

Since chemistry has constituted by synthesis a series of bodies, all belonging to the aromatic series, which furnished at first some powerful antiseptics, then some very active antithermics, then some analgesics, the number of these bodies seems to augment every day, and one discovery succeeds another with great rapidity. Some have even demurred at these discoveries, which make one analgesic scarcely known before another is substituted for it. This is unjust, and the number of drugs which may relieve pain, and so accomplish the words of Hippocrates, "To relieve suffering is a divine work," can never be too numerous.

What is important to do is to study the precise therapeutic indication for each of these substances, and the elective action of each. The phenomenon of pain is a complex syndrome, and when one comprehends that the analgesic which calms migraine is powerless against the pain produced by lesions of the nervous system, or that the analgesic useful to soothe the erratic nervousness is useless in the pain of rheumatism, there is then a new interest not to lessen the precious acquisitions made each day by the chemist, but to utilize them better.

The physiological problem is still more complex and more difficult, and covers questions of high importance. And first is that of heat-generation. Most of these analgesics are antithermics, and this new class of antithermic medicines has shown by their physiological effects how just was the thought of those who claimed that animal heat resulted from multiple acts, since we see these antithermics group themselves into three classes, according to the preponderance of their physiological effects. Some are antiferments, and combat hyperthermia as a process of fermentation. Others act directly upon the blood corpuscle and lower temperature by diminishing the respiratory power of the blood. The third will reduce hyperthermia by acting directly upon the cerebro-spinal centers and modifying the caloric centers of the cord. It is almost exclusively these last antithermics which possess analgesic properties.

But when one enters into the more minute study of their physiological and toxic action, one sees that certain of them act only upon the cord, others more particularly upon the medulla, and the others upon the cerebrum itself. It would be very important to fix precisely this elective action of the different antithermics upon the diverse sections of the cerebro-spinal axis. There would result some important consequences, from the point of view of the therapeutic application of these remedies, especially upon that which concerned certain convulsive neuroses.

If the discovery of the bromides has rendered some incontestable service in the cure of convulsive neuroses, it would be useful to find some remedies which could be substituted for this medication, and it is likely that in this particular group such substitute may be found.

The last point to be considered is more complex, and constitutes the most delicate subject of modern therapeutics. To find in the atomic formula of these bodies the relation which exists between this formula and the therapeutic effect of the substance is a point which should engage the attention of every therapeutist.

He can to-day, thanks to the progress of chemistry, modify readily the atomic group of a large number of these bodies, taken from the aromatic series. Already, for certain of them, the study has been made. I recall some of the changes in caffeine. One can, by introducing in the formula of caffeine either the atomic group ethoxyl, or even the methoxyl or the hydroxyl, modify the properties of this body, and transform the tetanus remedy into a convulsive remedy, and perhaps into an analgesant.

It would be important to study this same atomic group in the numerous bodies which constitute the class of antithermic analgesics, and to see if we cannot establish some general laws which will enable us, knowing once the constitution and the atomic group of known bodies, to know *a priori* their therapeutic properties.

From all the studies we have made upon the subject with Dr. Bardet, it seems to us that we can establish provisionally the following law, which permits us to appreciate the antiseptic, antithermic, and analgesic effects of the new remedies taken from the aromatic series:

The antiseptic effects belong to the hydrate derivatives (phenols, naphthols, etc.). The antithermic properties are dominant in the amidogene derivatives (acetanilide, kairine, thalline). Then the analgesics are found principally in those last amidogene bodies, where one can substitute for an atom of hydrogen an atom of a fat radical (dimethyloxyquinizine, acétphénétidine, methylacétanilide). —*Revue de Ther.*

DIMINUTION OF UREA IN CANCER.—Ranzier, in an inaugural thesis, takes up the question of hypoazoturia in cancer, an observation of Rommelaere. Malignant tumors, located anywhere, in time impair the nutrition; the result being a diminution of the excretion of urea, following the secondary infection of the economy. The more rapid is the recoil upon the nutrition, the more precocious is the hypoazoturia. Cancer, then, only becomes the cause of the latter after it has vitiated nutrition. Hence, in external cancers, this symptom is of little value, as the diagnosis is readily made long before the urea is lessened.

In cancer of the stomach, if for any reason the diagnosis remains unsettled, even at a late stage, the

sign is of real value; as the normal excretion of urea is, in effect, incompatible with the presence of a cancer in an advanced stage of development.

In malignant abdominal tumors, the sign is of less value, because tuberculosis or renal disease may also cause it. But the diminution of urea has always a disastrous prognostic significance when we come to consider the question of operative interference in abdominal cases.

In some cases fatal anæmic accidents have ensued, when there was no other reason to suspect latent renal disease than the small urea excretion. That this symptom constitutes a formal contraindication against surgical interference in abdominal cases, is the important conclusion of this valuable thesis.

—*La France Médicale.*

Preventive Treatment of Erysipelas.—M. Marc Sée read a paper before the Academy of Medicine, in which he stated that in 1885 he had obtained some excellent results from a permanent antiseptic dressing in which subnitrate of bismuth was the essential element, and which he had then used for six months. Since then he had continued to employ that form of dressing and had not observed a single case of erysipelas, although many patients under his care were under circumstances particularly favorable to the development of this complication.

As a result he expresses such confidence in the efficacy of subnitrate of bismuth, even after operations in which the wounds were certainly non-aseptic, that he was satisfied not to use the careful irrigation usually followed, but after removing blood clots simply filled the wounds with bismuth or covered with absorbent cotten.

Not only will bismuth prevent erysipelas, but it is also an excellent method of treatment for erysipelas, when developed. In this case it is sufficient to cover the affected part with a thick coating of bismuth.

—*La France Médicale.*

The Contagion of Syphilis during the Tertiary Period.—At the Congrès de Dermatologie et de Syphilographie, M. Landouzy reported the two following cases: in the first, a male syphilitic, married three years after the appearance of the last specific symptom, and communicated a vaginal chancre to his wife. The second case was a man who had been treated twenty years previously by Ricord; had just been married; when, after a few months, he presented a lesion on the penis, which M. Fournier diagnosed as a gumma; this patient communicated syphilis to his wife. M. Hardy made mention of two similar cases.

M. Fournier relates the case of a man, who, having had syphilis fifteen years previously, marries while at the time suffering from an ulceration of the tongue which has proved obstinate to all treatment. As this patient indulged in smoking to a great extent, notwithstanding the advice of M. Fournier, he, in two years' time, communicated the disease to his wife, who presented a chancre of the inferior lip—*La France Médicale.*

Disinfection of Localities by Sulphurous Acid Gas.—M. H. Dubief, chief of the bacteriological laboratory, M. I. Brusl, and M. Gaillard, after a most extended series of experiments, arrive at the following conclusions:

1. Sulphurous acid gas has a most decided microbic action upon the germs in the atmosphere.

2. This action is most actively exercised in the presence of moisture.

3. The action of sulphurous gas is very manifest upon germs perfectly dried.

4. The action of sulphurous gas in the air makes itself felt upon the germs of bacteria. It seems to respect in a certain measure the cryptogamous spores which are less susceptible to dilute acids.—*Bul. Général de Ther.*, Aug. 30.

Syphilitic Alopecia.—M. Besnier, at the Hospital St. Louis, advises the following treatment:

The hair is to be worn short, a condition necessary for success. For this reason the treatment is more prolonged in women, who will not submit to the above. In the morning, after washing with soap and warm water, the following pomade may be applied:

℞.—Salicylic acid . . . . . 2 grammes.
Precipitated sulphur . . . . 12 grammes.
Lanoline,
Vaseline . . . . . aa 50 grammes,

At night, friction with the following liniment should be made with a soft brush:

℞.—Alcohol of rosemary . . . 100 grammes.
Tinct. of cantharides . . . 10 grammes.

If the hair is naturally greasy, we may use the following powder to dry it:

℞.—Acid salicylic . . . . . 1 gramme.
Starch . . . . . 100 grammes.

—*Journal de Médicine et de Chirurgie Pratiques.*

Vaccinal Syphilis.—M. Herrieux presents five cases of syphilis following vaccination, which occurred in his practice. The most searching inquiry showed the subjects to have been perfectly healthy; nor can the fault be laid to the instruments used, for all precautions were taken. M. Herrieux claims that Jennerian vaccine should not be given up on this account, as accidents such as septicæmia sometimes follow the use of animal vaccine when not fresh. This does not take place with human vaccine, as it will preserve for a long time without alteration.—*Bulletin de l'Académie de Médicine.*

Richardson says that vaseline with morphine added forms one of the most soothing applications for cutaneous affections with painful ulceration. He recommends the following formula:

Pure vaseline . . . . . 30 gram.
Chloroform . . . . . 8 "
Morphine . . . . . 0.20 "

The chloroform allows a large quantity of morphine to be incorporated and assures its division in the mass. It is applied upon soft linen and renewed every twelve hours.—*Gazette de Gyn.*

Medical News and Miscellany.

LAST year 1356 persons died of delirium tremens in England.

IN nineteen towns of Connecticut not a single death occurred last week.

ENTERIC FEVER is said to be epidemic at Cairo among the soldiers in garrison.

SEVERE illness and one death was caused at Susquehanna by the eating of wild parsnips.

THE freshest ailment is an affection of the fingers due to constantly thumping a type-writer.

THE Polyclinic has awarded the contract for the erection of their new college, hospital and dispensary building on Lombard Street.

EX-SURGEON GENERAL JOSEPH BEALE, of the United States Navy, died at his late residence, 2029 Arch Street, aged seventy-five years.

DR. HUIDEKOPER, a leading authority in veterinary medicine, says that half the consumption in the country is due to tuberculous cattle.

DR. R. S. HUIDEKOPER, of this city, presided at the annual meeting of the United States Veterinary Medical Association, held in Brooklyn.

CALEB B. TOZIER, whose life, with a fracture of the cervical vertebra, was so remarkably prolonged, died of exhaustion in the Cooper Hospital, Camden.

THE Boston *Courier* says that the remarkably high death-rate in that city this summer is mainly due to the impure water which the citizens are compelled to drink.

ENGLISH medical experts are now making strong arguments in favor of the corset. Thus, little by little evidence accumulates to show that the corset has come to stay.

THE Sultan has summoned Dr. Schwenninger to Constantinople, and built a palace for him so that he may stay for a week and apply his treatment in reducing the Sultan's obesity.

A SWINDLER has been going from one drug-store to another in the city, ordering the most expensive medicines and then charging the account to some physician in the neighborhood.

AT the last meeting of the Philadelphia County Medical Society Rev. Dr. H. L. Wayland delivered, by invitation of the directors, a lecture on "Some of the Liabilities of the Medical Profession."

DR. AUGUSTUS WALLER has recently made a number of experiments, showing that it is possible to detect, by existing electrical instruments, the electric currents generated at each beat of the heart.

THE Jefferson Medical College and Hospital will soon add a third building to the two already owned by it, and this structure will be erected on Walnut Street, between Tenth and Eleventh, on the north side.

AT the meeting of the Executive Committee of the Congress of American Physicians, held at the College of Physicians, Dr. S. Weir Mitchell was elected President of the Congress which is to convene in 1892.

A RECENT writer, M. Ungerer, expresses his belief that the perfume of flowers, and their essences, have a healthy effect on the constitution, and that residence in a perfumed atmosphere tends to prevent pulmonary affections.

THE Civil Service Examining Board will meet at their rooms in the new City Hall upon Wednesday, October 9, at 11 A.M., for the purpose of holding a competitive examination of candidates for the position of Resident Physician, Insane Department, Philadelphia Hospital.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from September 24, 1889, to September 30, 1889.

POPE, BENJAMIN F., Major and Surgeon. The leave of absence granted, by direction of the Secretary of War, in S. O. No. 54, August 17, 1889, Department Texas, is extended one month. Par. 6, S. O. 224, A. G. O., September 26, 1889.

LORING, LEONARD Y., Major and Surgeon. By direction of the Secretary of War, the station is changed from Fort Mojave, Arizona Territory, to Fort Wingate, New Mexico, and he will report for duty at the latter accordingly. Par. 7, S. O. 219, A. G. O., September 20, 1889.

ADAIR, GEORGE W., Captain and Assistant-Surgeon. Is granted leave of absence for one month. S. O. 90, Headquarters Department of the Platte, September 25, 1889.

BURTON, HENRY G, Captain and Assistant-Surgeon. Will report in person, by direction of the Secretary of War, on the expiration of his present sick leave of absence, to the commanding officer, David's Island, N. Y., for temporary duty at that station, and by letter to the Superintendent of Recruiting Service. Par. 3, S. O. 223, A. G. O, Washington, September 25, 1889.

CHAPIN, ALONZO R., Captain and Assistant-Surgeon. Leave of absence for fourteen days is granted, with the approval of the Secretary of War. Par. 10, S. O. 223, A. G. O., September 25, 1889.

Changes in the Medical Corps of the United States Navy for the week ending September 28, 1889.

GORGAS, A. C., Medical Director. Detached from Examining Board and ordered to Hospital, Philadelphia, Pa.

HORD, W. T., Medical Director. Detached from Hospital, Philadelphia, Pa., and wait orders.

BOGERT, E. S., Medical Inspector. Detached from New York Navy Yard and ordered to Examining Board.

MCMURTRIE, D., Surgeon. Detached from U. S. S. "Vermont" and ordered to Navy Yard, New York.

BABIN, H. J., Surgeon. Ordered to the Receiving-ship "Vermont."

HALL, C. H. H., Passed Assistant-Surgeon. Resigned from the Naval service, to take effect November 1, 1890, and resignation so accepted.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Accoucheur and his forceps, the, Barnes. The Cincinnati Lancet-Clinic, September 21, 1889.

Action physiologique et therapeutique de la méthyl acétanilide (exalgine), Gaudineau. Bulletin Général de Thérapeutique.

Alcohol in medicine, the use of, Farrington. N. Y. Med. Journal, September 28, 1889.

Beitrag zum Studium über das Paraldehyd, Gordon. Deutsche Medizinal-Zeitung, 19 September, 1889.

Botanische Bakterien-Studien I, Klein. Centr. f. Bakt. & Parasitenkunde, vi., Band., No. 13.

Chronic endocarditis, Delafield. The Med. Record, September 28, 1889.

Chronic tonsillitis, Ingalls. Med. News, September 28, 1889.

Cinchonism, some of the graver and rarer forms of, Atkinson. The Journal of the American Medical Association, September 28, 1889.

Colon flushing in typhoid fever, Buchman. Med. Record.

Climate of Southern California, the, in its relation to renal diseases, Remondino. Southern California Practitioner, September, 1889.

Cocaine in surgery, the status of, Wyeth. Practice, September 20, 1889.

Disposal of the dead. The Northern Lancet, September, 1889.

Disturbed equilibrium of the muscles of the eye as a factor in the causation of nervous diseases, Friedenwald. Maryland Med. Journal, September 28, 1889.

Des dèplacements de l'uterus et des nouveaux procédés opératoires propres à y remédies, Deberre. Gazette de Gynécologie, 13 Septembre, 1889.

Die Pharmacopœa Austriaca Edito, vii, nebst den in derselten vorkommenden Aenderungen und Neuerungen-Nevinny, Wiener Medizinische Presse, 15 Septembre, 1889.

Der Weingeist als Heilmittel, Binz und Jaksch. Deutsche Medizinal-Zeitung, 19 Septembre, 1889.

Die Theorie und Praxis des Hypnotismus, Wagner. *Ibid.*

Die Pathologie und Therapie der Mundothmung, Bloch. Internationale klinische Rundschau, 15 Septembre, 1889.

Early exploratory incision, a plea for, Macphatter. Cleveland Medica Gazette, September, 1889.

Enamel, growth of, Abbott. The Dental Cosmos, October. 1889.

Erysipelas, an epidemic of, Holder. Weekly Medical Review, September 21, 1889.

Extra-uterine pregnancy, the early diagnosis of, Baldy. The Medical Record, September 21, 1889.

Food, on the choice and preparation of, Ardoch. Northwestern Lancet, September 15, 1889.

Foreign bodies in the air passages, intubation in cases of, with remarks concerning feeding after intubation, Meltzer. The Medical Record, September 21, 1889.

Hæmatoma of the dura mater, a unique case of, Dercum. University Med. Magazine, October, 1889.

Hot-air inhalations in pulmonary tuberculosis, Trudeau. Medical News, September 28, 1889.

Insufficiency of the internal recti, the so-called, Smart. Southern California Practitioner, September, 1889.

Incontinence nocturne d'urine chez les enfants, traitement de la, Ollivier. Bulletin Général de Thérapeutique, 15 Septembre, 1889.

Laparo-hysterectomy for multiple fibroids of the uterus, a case of, Glasgow. Weekly Medical Review, September 21, 1889.

Laryngeal paralysis, two cases, with a consideration of the points involved, Wright. N. Y. Med. Journal, September 28, 1889.

Microscopy, the future of, Heitzmann. The Brooklyn Med. Journal, October, 1889.

Maladies graves du larynx, la mort subite dans les, Ricards Botey. Revue de Laryngologie d'Otologie et de Rhinologie, 15 Septembre, 1889.

Migraine, the treatment of, Overend. Lancet-Clinic, September 21, 1889.

Maternal impressions, Wetherby. The Medical Record, September 21, 1889.

Operations for vesical calculus, the choice of, Agnew. University Medical Magazine, October, 1889.

Ovary, a hitherto undescribed disease of the. N. Y. Med. Journal, September 28, 1889.

Peritonitis, treatment of, Baldy. Northwestern Lancet, September 15, 1889.

Papillomes des fosses nasales (suite), contribution à l'étude des, Lacoarret. Revue de Laryngologie d'Otologie et de Rhinologie, 15 Septembre, 1889.

Rheumatism of the ocular muscles, Wright. The Med. Record, September 28, 1889.

Sulfures sur le chloral et sur le chloroforme, action des, Prunier. Bulletin de l'Académie de Médecine, 10 Septembre, 1889.

Tampon, the use of the, in pregnancy, Noble. The Alabama Medical and Surgical Age, September, 1889.

Two cases of abdominal section (in the practice of Dr. Joseph Price, Philadelphia), reported by J. E. Carpenter. Practice, September 20, 1889.

Travaux originaux, Debove. Revue de Thérapeutique, 15 Septembre, 1889.

Ueber Stigmata bei Verbrechen, Hansen. Deutsche Medizinal-Zeitung, 16 Septembre, 1889.

Ueber und gegen das Gift der Schlange und Thège. Rudeck-Wigandsthal. *Ibid.*

Ueber innerliche anwendung des chloroforms, Stepp-Nürnberg. Deutsche Medizinal-Zeitung, 19 Septembre, 1889.

Ueber neurasthenie und ihre Behandlung, Hirt. Wiener Medizinische Presse, 15 Septembre, 1889.

Ueber anthrarobin und Chrysarobin, Weyl. Deutsche Medizin-Zeitung, 9 September, 1889.

Ueber das Theophyllin einen neuen Bestandteil des Thees, Kossel. Deutsche Medizinal-Zeitung, 9 September, 1889.

Ueber die Weiksamkeit und Anwendung von Nervin oleander, Pouloux. *Ibid.*

Ueber Jurubeba, Kohert. *Ibid.*

Ueber den Mechanismus der diuretischen Wirkung des Kalomels, Silva. *Ibid.*

Ueber Mittel zur bekömpfung endemisch vorkommender Echinokokkuskronkheit, Mosler. *Ibid.*

Ueber den Perubalsam, Binz. *Ibid.*

Ueber die antibacilläre kraft des Perubalsams, Bräutigam und Nowack. *Ibid.*

Ueber die Physiologische Wirkung des Borneol, Stockmann. *Ibid.*

Ueber die diuretische Wirkung des Kalomels und der Digitalis bei einigen Fällen von besonderem Klinischen und semiotischen Interesse, Lipari. *Ibid.*

Ueber die physiologische und therapeutische Wirkung von Strophantus hispidus, Delsaux. *Ibid.*

Ueber Lokaltuferkulse noch Traumen, Lilienthal. Deutsche Medizinal-Zeitung, 12 Septembre, 1889.

Ueber Neurasthenie und ihre Behandlung, Hirt. Wiener Medizinische Presse, 8 Septembre, 1889.

Ueber den Gehalt der Organe und Gewebe an Wasser und festen Bestandteilen bei hungunden und durstenden Tauben im Vergleich mit dem bezüglichen Gehalt bei normalen Tauben, Lutjanow. Centralblatt für die Medicinischen Wissenschaften, 7 Septembre, 1889.

Urethral stricture of large calibre, the diagnosis of. The New Orleans Medical and Surgical Journal, September, 1889.

Zur Lehre von den Antiseptics, Geppert. Berliner klinische Wochenschrift, 9 Septembre, 1889.

Zur Bildung von Kuminsäure aus Cymol, Schultz. Deutsche Medizinal-Zeitung, 9 Septembre, 1889.

Zur Kenntniss des Bacillus enteritidis Gärtner, Karlinski. Centralblatt für Bakteriologie und Parasitenkunde, 3 Septembre, 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 579. NEW YORK AND PHILADELPHIA, OCTOBER 12, 1889. The Medical Register. Vol. VI, No. 145.

PAGE

CLINICAL LECTURE.

AMPUTATION OF THIGH FOR ELEPHANTIASIS ARABUM. By J. W. Croskey, M.D - 553

ORIGINAL ARTICLES.

RHEUMATIC PERICARDITIS. By Joseph M. Patton, M.D., Chicago, Ill. - - - - - - 555

A CASE OF ENORMOUS FIBRO-CYSTIC TUMOR OF THE UTERUS. Laparotomy—Recovery. By X. O. Werder, M.D., Pittsburgh, Pa. - 558

BRIGHT'S DISEASE WITHOUT URINARY SYMPTOMS. By W. W. Knight, M.D. - 559

HYDROTHERAPEUTICS.

QUERIES AND OBJECTIONS ANSWERED. Contra-indications Considered. By S. Baruch, M.D. - - - - - - - - - - - 561

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL: Pulsating Bronchocele. *Waugh* - - - - 563

MT. SINAI HOSPITAL, NEW YORK: Parametritic Abscess and Incision. *Mundé*, 563

EDITORIAL.

LAYING OF THE CORNER STONE OF THE NEW YORK ACADEMY OF MEDICINE - - 564

PAGE

MEDICAL ORATORY - - - - - - - - - 564

CO-EDUCATION IN MEDICINE - - - - - - 565

ANNOTATIONS.

Amylene Hydrate - - - - - - - - - - 566

Non-retention of Urine by Young Girls and Women - - - - - - - - - - - - 566

LETTERS TO THE EDITOR.

Antifebrin. *Endicott* - - - - - - - - 566

Supposed Neuralgia. *Rosenthal* - - - - - 567

Double Amputation of the Feet. *Stephens* - 567

SOCIETY NOTES.

ALLEGHENY COUNTY MEDICAL SOCIETY: Treatment of Pulmonary Phthisis. *Lange*, 567
Improved Urethragraph. *Stewart* - - - 568
Fibro-cystic Tumor of the Uterus. *Werder*, 568

NEW YORK STATE MEDICAL SOCIETY - - 569

BOOK REVIEWS.

Wood's Medical and Surgical Monographs - 570

The Retrospect of Medicine. *Braithwaite* - 570

PAMPHLETS - - - - - - - - - - - 570

THE MEDICAL DIGEST.

Naphthol-camphor. *Pharm. Jour.* - - - - 570

PAGE

The Distribution and Duration of Visceral New Growths *Moore* - - - - - - - - 571

Glycerin - - - - - - - - - - - - - - 571

Secondary Post-partum Hemorrhage. *Misrachi* - - - - - - - - - - - - - - - 572

Treatment of Diphtheria. *Gaucher* - - - 572

Iodoform in Cystitis. *Frey* - - - - - - - 572

Abortive Treatment of Carbuncle by Iodoform - - - - - - - - - - - - - - - 572

Political and Moral Sciences. *Lavalle* - - 572

Treatment of Placenta Prævia. *Hicks* - - 572

For Acne. *Gailleton* - - - - - - - - - 572

For Infantile Eczema. *Delapert* - - - - - 572

Hints in Urinary Disease. *Ultzman* - - - 573

For Phthisis. *Rueff* - - - - - - - - - 574

Incompatibility of Antipyrin with other Drugs *Charles* - - - - - - - - - - 574

Treatment of Diphtheritic Conjunctivitis. *Blanch* - - - - - - - - - - - - - - 574

Hydrate of Chloral. *Blainville* - - - - - 574

MEDICAL NEWS AND MISCELLANY, 574

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,

Changes in - - - - - - - - - - - - - 575

MEDICAL INDEX - - - - - - - - - - 576

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

AMPUTATION OF THIGH FOR ELEPHANTIASIS ARABUM.

BY JOHN W. CROSKEY, M.D.,
Chief of Clinic, Medico-Chirurgical Hospital.

(Reported by GRIFFITH J. THOMAS.)

GENTLEMEN: In the absence of the surgeon of this clinic, Prof. Goodman, I have the honor of appearing before you to-day with a case no less interesting than it is rare in this country and latitude. The patient came under my observation about one month ago. The leg presented the enormous size that you now witness, and bears, as you see, a marked resemblance to the leg of an elephant. It measures seventeen inches around the calf. The integument is white and lustrous, and upon closer inspection the epidermis is seen to be desquamating, a condition produced by lack of nutrition, consequent to the hypertrophy of the skin and subcutaneous tissue—the structures pathologically involved in this affection in connection with the lymphatics. To affections of this kind the name elephantiasis is given, a name significant of the enormous hypertrophy of the affected part. To designate the different varieties of the disease, epithets are used which are chiefly the names of the different countries in which the disease occurs in its various forms. Thus, the case before us corresponds more closely with the kind known as elephantiasis arabum, which prevails chiefly among the Arabians, and in whose country it is believed to be hereditary and contagious. It is, as I have already remarked, a chronic hypertrophy of the skin and subcutaneous tissue, occasioning enormous enlargement and deformity. It is supposed to be the result of repeated attacks of inflammation of the lymphatics and skin. The term elephantiasis is applicable to any enormous hypertrophy of the skin from whatever cause it may arise. It is not common in this country, but is endemic in tropical countries. It occurs more frequently in males than in females, and affects those who are poor and ill fed rather than those who are well fed and obey the laws of hygiene.

When the disease first appears there are severe constitutional symptoms, resembling those of intermittent fever. Inflammation of the part usually follows the fever, and the skin becomes red, tense, tender, attended by an intense burning sensation and discharge of a serous or chyle-like fluid, and, on the whole, presenting all the characteristics of an attack of erysipelas. These symptoms subside, but the part remains swollen and distorted, although free from pain and heat. The condition of the limb after the first few attacks, is apparently œdematous, pitting upon pressure, but after several attacks the part becomes hard and dense, with an anæsthesia of the skin. In the case before us the inflammatory condition still exists, and that stage has not yet been reached when heat and pain are absent, since the patient cannot endure the pressure of his clothes upon the limb, all that he can bear upon it being a

piece of mosquito bar. The disease is rapidly extending up the limb, and to stay its progress is the object of the operation to be performed before you to-day.

To the naked eye a section through a limb affected with elephantiasis arabum presents an appearance of layers, enormously thickened, of the corium, subcutaneous tissue, fasciæ and periosteum. The muscles, however, become atrophied from long continued pressure and want of use. As to the treatment of this disease, it can be said that medicines have little or no effect upon it. Martin's elastic bandage has been used successfully in the prevention of the hypertrophy. Electricity has also been tried with some success. Compression of the main artery by digital pressure, ligation of the main artery, and section of the nerve, are other methods that have been tried. The latter was done in the case of a negro, aged fifty, at the Pennsylvania Hospital, in this city. He had elephantiasis of the right leg. Dr. Morton excised a portion of the right sciatic nerve. The operation was followed by a rapid diminution in the size of the leg, the calf being reduced from twenty-three inches to seven inches in seven weeks. This patient, some time after the operation, was attacked by pleuropneumonia, and later by a deep-seated suppuration in the opposite limb. The pulmonary trouble developed into a catarrhal phthisis, from which he died five months after the section of the nerve. Amputation is another mode of treatment by operative means, and such an eminent authority as Agnew tells us that only excision and amputation appear entitled to confidence.

Our patient presents a very interesting history, which I will read: Capt. Chas. D. Foy, born at Downingtown, Pa., aged sixty-three years. Served in the Mexican war, during which he was wounded in the knee. Later, served in the war of the Rebellion. While quartermaster at Falmouth, Va., was accidentally thrown from a train, sustaining a fracture of the os calcis of the left foot, on account of which he was laid up in a hospital for three months. Upon being discharged from the hospital he returned to the front, but was unable to endure long marches, as his foot thereby became weak and painful. Upon expiration of the period of his enlistment he came to Philadelphia, and placed himself under the treatment of an electrician, who did him so much good that he returned to the front once more. He was not actively engaged, however, during his second enlistment, but his foot began to grow worse, giving him much pain. Returning to the city in 1865, he again tried electrical treatment, but experienced no relief. About a year later his ankle began to swell, attended with an increase of pain. He was engaged for many years as a railroad conductor, but was obliged to give it up on account of his leg, which continued to enlarge from the time the swelling first began in the ankle. As the leg grew in size, it also grew more painful. In 1885 the leg began to grow more rapidly. It soon became so cumbersome that patient was unable to go around. The pain also became so intense that the pressure of clothes upon limb could not be endured. In 1886, suppuration set in, and pus was freely discharged from two openings beneath the internal malleolus. These running sores continued for six weeks, when they dried up. In 1887, upon recommendation of the Surgeon-General, he consulted Prof. Goodman, who advised him to have the limb amputated, when it could have been saved about six inches below the knee. Vainly hoping for relief, he deferred having it done. But within the last two years the limb continued to grow worse, increasing in size, the swelling gradually ascending. It would frequently break down into suppurating sores, which would discharge a while and then dry up. The skin became very much thickened, and covered with small vesicles containing a serous fluid. He has been unable to go about the house, being obliged to sit in the one place continuously. In this condition I found him, and at his request he was brought to this Hospital to have done that which it would have been wise to do two years ago. He has been in the Hospital about a week, during which time especial attention has been paid to getting him in that constitutional condition best calculated to endure to-day's ordeal.

The patient being now well under the influence of ether, the leg is held up to allow it to be drained of its blood, as the patient needs all the blood we can possibly preserve him. Ordinarily, we would apply a Martin's bandage to the whole limb to a point a little above the line of amputation, but owing to the condition of the limb, the bandage is applied just from the knee up. The Martin's bandage drains the blood more thoroughly from the part to be removed than it can possibly be done by manual pressure. To control the hemorrhage incident to the operation, we apply a tourniquet, with the pad pressing upon the femoral artery. We will make antero-posterior flaps of the integument and fasciæ, and circular of the muscle, in the lower third of the thigh. In this wise we secure two things that are desirable, viz.: cicatrix, or line of union, behind the bone, and the section of nerves and vessels at right angles to their main axis. We will ligate with chromatized catgut, the vessels which we find are difficult to ligate in this case, being in an atheromatous condition. The hemorrhage being stopped, we apply, before closing the wound, boroglyceride to the raw surfaces to secure asepsis. The flaps are sutured together with softer catgut, which we will also use for drainage. The wound will now be dressed antiseptically with iodoform and bichloride gauze. The dressing is not to be removed until complete union has taken place, unless suppuration sets in, which, should it occur, will be indicated by a decided and continued elevation of temperature.

The following is the daily record of the case after the operation, from which it will be seen that the dressing was retained twelve days before being removed:

August 29.—Evening temperature, 99° F.

August 30.—Morning temperature, 98.8° F.; evening temperature, 99.4° F.; one movement of bowels by injection. Was given the following: Hydrarg. chlor. mitis, gr. j; sodii bicarbonatis, grs. xi; sacchari albi, q. s. m. ft., chart No. VI. One every hour.

August 31.—Morning temperature, 99° F.; evening temperature, 102.4° F. Continued at this point for

about an hour, then fell to 100.6° F. One movement of bowels by injection.

September 1.—Morning temperature, normal; evening temperature, 99.4° F.

September 2.—Morning temperature, normal; evening temperature, 99.8° F. Was given elix. quininæ, ferri et strychninæ, teaspoonful thrice daily.

September 3.—Morning temperature, normal; evening temperature, 99° F. One movement of bowels.

September 4.—Morning temperature, normal; evening temperature, 99.2° F.

September 5.—Morning temperature, normal; evening temperature, normal. Two movements of bowels.

September 6.—Morning temperature, normal; evening temperature, normal.

September 7.—Morning temperature, normal; evening temperature, 99° F. One movement of bowels.

September 8.—Morning temperature, normal; evening temperature, 99° F.

September 9.—Morning temperature, normal; evening temperature, 99° F. One movement of bowels; some little discharge from dressing; removed; perfect union; no suppurating points; catgut drainage entirely absorbed. Redressed.

September 10.—Morning temperature, normal; evening temperature, 99° F. Two movements of bowels, morning and night; patient sitting up.

September 11.—Morning temperature, normal; evening temperature, 99.4° F. One movement of bowels.

September 12.—Morning temperature, normal; evening temperature, 99.4° F. One movement of bowels.

September 13.—Morning temperature, normal; evening temperature, 99.8 F.

September 14.—Morning temperature, normal. Two movements of bowels. Patient looks and feels well, and is rapidly going on to recovery.

Original Articles.

RHEUMATIC PERICARDITIS.

(Read before the Chicago Pathological Society, September 9, 1889.)

By JOSEPH M. PATTON, M.D.,
CHICAGO, ILL.

In considering the subject of rheumatic pericarditis, I have endeavored to confine myself as closely as possible to pericardial inflammation of rheumatic origin; but as the distinction is chiefly an etiological one, the symptoms and course being much the same as in pericarditis arising from other causes, you will pardon such general observations as are necessary in the elucidation of the subject.

Etiologically, inflammation of the pericardium stands in much the same position as it did ten years since, the pericardium having generally escaped investigation in the hunt after microbes. Recently this subject has been investigated in a few instances; one observer has succeeded in inducing pericarditis through culture from an inflamed pericardial surface, in a pericardium previously irritated by turpentine; the relation between cause and effect, in this instance, is rather characteristic of some of the theories given in regard to the etiological relations of micro-organisms and disease. Bacteria have been found in the products of pericardial inflammation when they were not present in the blood. The most we are warranted in assuming at present, is that microbes in the system may produce some poisonous substance or alteration in the tissues or the blood, so as to result in inflammation of that point in the physical economy, which, for the time, is below the power of successful resistance. The artificial production of such a point previous to the introduction of a microbe simply proves that they will attack such a point, and not that they will actually produce it. The doctrine of *phagocytes* is a tempting one in this connection—that to a destruction of phagocytic cellular action is due the production of a point of deficient resistance. At all events, the necessity for a specific bacillus for the production of pericarditis is not recognized as yet.

In regard to rheumatic pericarditis, we know as much as we do about rheumatism. According to Bamberger, about 30 per cent. of the cases of pericarditis occur in connection with acute articular rheumatism. Clinically, we are not able to tell which cases are liable to this complication, further than that it more often occurs in those where several joints have been successively attacked, and the rheumatic manifestations shifting in character. Da Costa states that endo- and pericarditis generally attend each other, and that pericarditis without endocarditis is more frequently met with than the contrary condition. This statement is misleading; proportionately, it may be true, but actually endocarditis, uncomplicated by any other cardiac lesion, is much more frequently obtained in rheumatism than is a similar condition of the pericardium. Debilitated persons are more likely to have pericarditis complicating rheumatism than robust persons; in the latter the cardiac trouble is generally endocarditis.

Pathologically, the cause rests in an inflammatory nutritive derangement, resulting in proliferation of the pericardium, interstitial exudation, or free exudation, plastic, or serous, depending upon the condition and extent of the inflammatory process. The anatomical changes wrought in the pericardium are important, and have much to do with our prognosis. The small hypertrophies of the connective tissue—subepithelial, as well as the whitish tendinous spots called by Sehnenflecke *maculæ albidæ lactæ*, are of no clinical interest. The vascular injection of the tissue, loss of epithelium and of luster, the villous appearance due to proliferation of young connective-tissue cells, the exudation of serum, clear or flaky, or heavily charged with fibrin, which may become fibrillated on the walls of the pericardium—cor villosum or cor hirsutum, the latter being the condition most frequent in acute articular rheumatism; these appearances are all familiar and need not be dwelt upon. When the plastic exudation has been considerable, thickening of the pericardium may result from connective-tissue organization, incomplete absorption of the inflammatory products; there may be masses of cheesy material covering the thickened fibrous pericardium. This condition will be further considered hereafter. Small amounts of effusion are said to accumulate around the base of the heart, but unless there

should be adhesions limiting the pericardial space, I do not see why this should be. Large amounts of effusion may distend the sac, interfering greatly with cardiac motion, besides softening the cardiac tissue. Myocarditis frequently results from inflammatory extension; ventricular dilatation may result from weakening of muscular tissue.

The subjective symptoms occurring in the course of acute articular rheumatism are not at all characteristic. There is nothing to particularly emphasize the onset. As a rule, there will be no rigor, little or no additional rise in temperature; the pulse may be accelerated or retarded; pain to the left of the epigastrium, and over the cardiac region, palpitation and dyspnœa are the chief signs, yet they may be absent. Again, the symptoms may be marked, with a sense of impending danger. The pain is dull or lancinating in character, and when excessive is due to pleurisy. The palpitation varies in character. In the early stages there may be forcible, irregular, irritable heart's action, which is not due to loss of muscular integrity. This palpitation is at times pronounced, and while it may be a theoretical explanation only to ascribe the cause to irritation of the cardiac ganglia, it is still the most plausible one that can be advanced. The three largest of the minute ganglia, which are found on the nerves in the heart tissues, are the ganglion of Bidder, near the mitral valve; the ganglion of Ludwig, in the inter-articular septum; and the ganglion of Remak at the mouth of the vena cava. According to Kolliker, they are connected only with the sympathetic; according to Beale only with the fibers of the vagus. The afferent branches furnished by the vagus are cervical and thoracic. The first, second, and third cervical nerves anastomose with the carotid plexus of the sympathetic and inferior laryngeal; the thoracic branches with the cardiac filaments of recurrent and branches of great sympathetic. The middle cardiac nerves of Hirschfeld are an indirect communication by way of the recurrent, anastomosing with superior cardiac nerves of vagus and with the sympathetic. The superior, middle, and inferior cardiac nerves of the sympathetic from the superior, middle, and inferior ganglia and first thoracic ganglion anastomose with each other, with laryngeal plexus and the cardiac thoracic branches of vagus. Physiologists have described centripetal branches with the depressor nerve of Cyon, centrifugal branches with the accelerator nerve of Cyon, and accelerator branches from the spinal cord going to loop of Vieussens—a double branch connecting last cervical ganglion with the first thoracic ganglion—which, according to Bezald and Cyon, is the center of accelerator nerves. These various nerves, with their intricate series of plexuses and planes of communication, serve to make any direct theory, as to the exact route of a nervous influence, more or less problematical. It would seem, however, in view of the various symptomatic cardiac disturbances which arise in a reflex manner, as from the stomach, that the irregularity is one which involves the cardiac portions of the sympathetic; and if the cardiac ganglia belong to this system, and they probably do, then irritation of these ganglia may be the cause.

With much effusion the heart's action is wavy and indistinct, conveyed over a considerable area; with muscular degeneration and dilatation there is labored cardiac action, lifting a considerable portion of the cardiac area, with some epigastric motion, the whole being out of proportion to the vascular tension.

Dyspnœa may result from passive congestion of the lung, or from pressure or effusion, and from the latter cause may be very severe, when there is comparatively little disturbance of cardiac action. The patient assumes that position which allows of the freest action of the right lung.

Every case of acute rheumatism should be carefully and frequently examined for pericarditis, as it may come on so quietly as to allow of the accumulation of a large effusion before it is discovered.

Inspection will reveal the character of the cardiac action as given above, or there may be some bulging of the cardiac region with large effusion in young subjects; in older persons ossification of the cartilages may prevent this. Palpation reveals the above conditions, the apex may be in the proper position, or may be displaced, it may be forcibly, or almost imperceptibly, and somewhat lower down as the effusion distends the sac. Bending forward and allowing the heart to gravitate against the chest wall may increase the force of the impulse.

Percussion is negative unless there is effusion; if the effusion is small in quantity, there would be a line of dulness extending from the fourth rib to the apex, obliquely beneath the sternum, and would be very difficult of detection. Some writers claim that small effusions give dulness about the base of the heart, at or above the second rib. This view, I believe, is due to faulty appreciation of the anatomical conditions. In a number of autopsies which I have made, where there were several ounces of fluid in the pericardial space, I had not observed dulness over the base, and in most instances was not able to diagnose the presence of fluid *ante mortem*. Rotch gives dulness to right of sternum in fifth intercostal space as a valuable sign in small effusions; with a healthy heart this may be a useful sign, but with right ventricular hypertrophy it would probably be difficult to determine its value. Large effusions give pyramidal dulness, extending from the second to the sixth, and from the right of the sternum to the left of left mammary line. The dulness may change somewhat with changed position, the lung closing over the heart as it gravitates backward in the recumbent position, and lessening the area of dulness, or the compression of a large effusion may allow of no change; in this instance the heart may gravitate back within the sac, and by forcing the fluid forward distend the sac one-third larger than in the erect posture; extension of dulness to left of apex beat may give good evidence of effusion. Auscultation gives the most distinctive sign when it can be obtained, and it generally is present in rheumatic pericarditis. This is the friction sound. This sound is synchronous with the heart sounds, but is longer, and can be heard after their cessation; it is harsh, grating or creaking in character, and may at times be very difficult of detection. It is heard over the ster-

num from the second to the fourth rib, is increased by bending forward, and diminished in the recumbent position. It may be present during a portion, or the whole, of the disease; also when there is considerable fluid present, it is then heard about the base of the heart. Great distention of the sac by fluid may displace it entirely. The friction sound is to be distinguished from valvular murmurs, pleuritic frictions and cardio-respiratory murmurs. From valvular murmurs differentiation is easy; their character, direction of transmission, and other evidences of organic disease will prevent confusion. From pleuritic friction the cessation of sound with suspension of respiration affords a clear distinction. Here it must be borne in mind that pleuritic friction may be caused by cardiac action, and would then continue during suspension of the respiratory act. The so-called cardio-respiratory murmurs, inspiratory and expiratory, produced in the tongue of lung overlying the heart, and caused by the impulse given the air in the lung by the cardiac systole during expiration, cardio-expiratory, and by the suction action of the vacuum, caused by the systole during inspiration, cardio-inspiratory, can hardly be mistaken for pericardial friction by one accustomed to the sound; still as they occur at the same time they should be remembered. They, of course, cease during cessation of respiration.

The heart sounds may be exaggerated, or when there is much effusion, very distant and indistinct. This faintness of the heart sounds, entirely incompatible with the action of the heart and tension of the vessels, is one of the most characteristic signs of pericardial effusion. Intensification of the second sound over the aortic area is at times quite marked. If, during the course of acute articular rheumatism, the heart becomes irritable, with palpitation and precordial pain, it should be carefully and frequently examined. Your examinations may be negative, and then you will find a friction sound developing, or you may find suddenly all the evidences of extensive effusion, or the effusion may come on gradually, displacing the friction sound, or the friction may remain, the dulness gradually increasing.

There are other forms of pericardial inflammation which may be confounded with conditions not mentioned, but they do not properly come within the bounds of this paper. Chronic pericarditis with adhesion of pericardial surfaces may result from the acute form; this occurs where there is considerable plastic effusion. This may not disappear as rapidly as a sero-fibrinous or serous effusion; the young connective tissue organizes rapidly, until there may be a firm mass of fibrous tissue surrounding the heart. The parietal layer is usually more thickened than the visceral; the two may be bound together by bands of tissue, or they may be almost entirely agglutinated; the epicardium may be transformed into plates or masses of bony hardness. The possibility of this condition must be borne in mind in making a prognosis where recovery is slow, as the additional labor imposed on the heart under the circumstances may cause hypertrophy.

Various signs have been given as diagnostic of this condition, such as a lack of alteration in the area of percussion dulness in inspiration and expiration, sinking in of intercostal spaces, and end of sternum with systole of heart; but there are no characteristic signs of this condition.

The treatment is, to a large extent, symptomatic. In recent cases of rheumatic pericarditis, it is well to adopt an expectant line of treatment. If the onset is active with great pain, the local application of a dozen leeches will give great relief. Digitalis, when the heart's action is labored, is very useful; it should be given carefully, and if myocarditis be present, very sparingly or not at all, as it would be impossible to give enough to be of any use without danger of toxic results. Iron and a nutritive diet are necessary. Iodide of potassium, with the bicarbonate (when the more active rheumatic trouble has already been controlled), is very useful. Rest should be strictly enjoined until exercise can be taken without cardiac excitement. Paracentesis should be performed when pressure from the effusion causes great dyspnœa, or interferes greatly with the action of the heart. The operation may be performed with a trocar, by incising the skin in the fifth intercostal space about an inch from the left edge of the sternum, and passing in the trocar; the stylet should be sheathed as soon as the pericardium is reached; the trocar being passed obliquely, the canula can then be pushed further in, if necessary. The aspirator is the preferable instrument for this operation; a needle about one millimetre in diameter should be used; or if the diagnosis of the quantity and location of fluid is not clear, one-half as large as puncture of the heart would then probably cause no trouble. The reversible aspirator, with siphon attachment, is preferred by some, as the fluid may be flaky and obstruct the needle, in which instance the action may be reversed and the needle cleared without removal. The patient may be in the sitting or recumbent position. The precise spot for introduction of the needle varies according to the ideas of the operator. Some prefer the fifth interspace, an inch or inch and a half from left edge of sternum; others prefer the very apex of the space between the free end of the sternum and the cartilage of the ribs. This is a good point in proper cases, the diaphragm is attached just above this point, but the weight of a considerable effusion may push it down sufficiently to allow a needle inserted in the apex of this space to pass through its tendinous insertion into the pericardium. The space existing between the muscular slips, which attach the tendinous insertion of the diaphragm to the cartilages of the ribs on either side, and which is filled by areolar tissue, probably lessens the resistance at this point, and allows the pericardial sac to descend lower than it otherwise would; but with a small effusion it would probably be easier to obtain fluid in the fifth interspace. As soon as the point of the needle is well engaged in the tissues, the stop-cock should be opened, allowing the vacuum to extend to the needle point, as the first intimation of being into the sac may be the presence of fluid in the tube. As a rule, however, the sensation of non-resistance conveyed to the hand in pushing the needle, will tell plainly when the pericardial space is entered. Be-

tween sixteen and eighteen ounces of fluid have been removed at one aspiration. The instruments should be aseptic, and care should be taken that they be in good working order. This operation may be demanded simply as a palliative in cases where death must shortly ensue, and the relief obtained from it fully justifies the small risk which may attend it.

A CASE OF ENORMOUS FIBRO-CYSTIC TUMOR OF THE UTERUS.

LAPAROTOMY—RECOVERY.

By X. O. WERDER, M.D.,
PITTSBURGH, PA.

JUNE 14 last, I was consulted by Miss W. C., aged twenty-three, in regard to an abdominal tumor which had been growing for the last eight months. The abdomen was enlarged to the size of pregnancy at full term, and below the umbilicus were a number of striæ, such as you find at the end of gestation. The right side of the abdomen was more rounded than the left, the tumor apparently having developed from that side. Dulness extended from the pubes to the ensiform cartilage, and to both hypochondriac regions, leaving a tympanitic area in both flanks. The tumor was uniform, soft and elastic, and distinctly fluctuating. The largest circumference of the abdomen was between the umbilicus and pubis. Digital examination per vagina revealed a normal nulliparous cervix, high up in vagina; fundus uteri could not be felt; sound was not introduced. Vaginal examination very difficult and painful on account of a rather rigid hymen. Examination per rectum negative.

Miss C. first menstruated at thirteen years, always regular and painless, lasting five days. Has been more profuse since appearance of tumor than before. Had typhoid fever five years ago, then dyspepsia for a time after, but not since. Was confined to bed with rheumatism eight weeks; otherwise in good health. No sign of tumor until eight months ago, and then it was only noticeable about two weeks before each menstruation, when she felt bloated; this feeling always disappeared before the next menstrual period. She was not conscious of the tumor, however, until two or three months before the operation. The tumor never gave her any trouble except about two weeks after each menstruation, when it always became distinctly larger, making her quite uncomfortable. From this history, and from the fact of the rapid growth of the tumor, and its apparent development from the right side, I did not hesitate to pronounce it an ovarian cyst. Several physicians of ability, who had examined the case before I did, had already made the same diagnosis.

June 24, I opened her abdomen at Mercy Hospital. The tumor was covered by a fold of the peritoneum, traversed by a large number of bloodvessels, some of them of enormous size, and studded by numerous small cysts. It was at first rather difficult to determine whether this was the omentum adherent to the tumor, or some other structure, but on pushing my hands down between the tumor and the abdominal walls, I could feel it spread out on each side of the tumor like two wings. There was, therefore, no doubt that it was the broad ligament which was enveloping the lower portion of the tumor. This fact, in addition to the tumor—which though even now distinctly fluctuating, seemed to have a thick-set muscular wall, a fold of which, picked up between the thumb and finger, felt like the walls of an enlarged pregnant uterus—made it evident that the growth was something else than an ovarian cyst: that it was either a pregnant uterus or a soft tumor growing from the uterus. A hypodermic needle was passed into the tumor, but nothing but a few drops of serous fluid was withdrawn. Pregnancy was excluded on account of her regular menstruation, rigid hymen and virginal condition of vagina and cervix, appearance of her breasts, absence of fœtal sounds and ballottement, etc. Concluding that we had to deal with a myoma, we proceeded to deliver it. This, however, was a difficult task. The abdominal incision was enlarged above and below, some adhesions to bowels and abdominal parietes were tied off as they were encountered, but all attempts to deliver the tumor failed until the incision had been carried up to the ensiform cartilage. By all these manipulations a great deal of time had been consumed before the tumor had been rolled out of the abdominal cavity, and the hemorrhage was alarming because of the extremely vascular nature of the tumor. The patient had become very anæmic, and at times almost collapsed, requiring constant stimulation by hypodermic injections of whiskey, of which she received from thirty to forty during the operation. The broad ligaments, the right of which reached higher on the tumor than the left, and folds of peritoneum connecting the bladder and the tumor were now separated from the tumor as far as necessary to form a pedicle, and were secured by small forceps and an elastic ligature passed tightly around the tumor, just above the attachment to the fundus uteri, and the myoma cut off above the ligature. After trimming the pedicle, which was about the size of two fists, it was brought into the lower angle of the abdominal wound, and the parietal peritoneum stitched to it just below the elastic ligature, in order to shut it off from the peritoneal cavity. The broad ligaments and the peritoneal folds, secured by the artery clamps, were also brought out below the pedicle; the forceps, six in number, were not removed, but were wrapped in iodoform gauze. In the absence of proper instruments for extra-peritoneal treatment of the pedicle—I having been prepared for an ovariotomy only, and not for a myomectamy—I compressed the upper part of the pedicle by two large Spencer Wells' forceps, one on each side, covering their handles with iodoform gauze. They were made to take the place of the clamps ordinarily used in the treatment of the pedicle by the extra-peritoneal method. The abdominal wound was then closed by silk-worm gut sutures, deep and superficial, a glass drainage tube was inserted immediately above the pedicle, the wound was covered with iodoform, and an antiseptic dressing was applied. The pedicle was seared with the actual cautery and covered with iodoform.

The patient rallied well from the shock of the operation, On the first evening temperature was 102°, pulse 120; afterward the temperature never reached that point again, and became normal after the first week. The patient suffered very little pain, except from flatulency the first few days; the large Spencer Wells' forceps attached to the pedicle gave her most of her trouble, as they prevented her from turning on either side, keeping her constantly in the dorsal position. The drainage tube was removed about thirty hours after the operation. The small artery forceps attached to broad ligaments and peritoneal folds were removed on the seventh day; large Spencer Wells' forceps on the eleventh day on one side and on the thirteenth day on the other; the elastic ligature came away with the pedicle on the nineteenth day, leaving a large funnel-shaped opening, covered with healthy granulations. There was never any suppuration from the pedicle, it becoming dry and mummified, but on the twelfth day a small fecal fistula formed on the side of the pedicle, discharging small quantities of fecal matter at first, which ceased, however, after about ten days, nothing but some flatus coming from it now occasionally. Abdominal incision was healed by first intention when sutures were removed on tenth day.

There is now, eight weeks after the operation, only a small granulating surface left at the seat of the pedicle, not larger than a five-cent piece, which is rapidly cicatrizing. The patient has gained flesh since the operation, and feels perfectly well, so that she will be able to leave for her home in Ohio in a few days.

The tumor weighed twenty-six pounds, not including the pieces cut away in trimming the pedicle; they, in connection with the blood lost during the operation, would have probably increased its weight to forty pounds. The tumor was a fibro-cyst, but contained large cystic cavities; it presented rather an œdematous, spongy condition. Even when lying on the table distinct fluctuation could be obtained, and on its cut surface small drops of serous fluid were observed, like drops of sweat. No microscopical examination of the tumor was made; I had intended to harden it in alcohol and preserve it, but the weather was intensely hot, and it spoiled in a few days.

The interesting points of this case are: 1, the youth of the patient; tumors of this kind are rarely found at a less age than thirty-five; 2, the rapidity of its growth; it attained this enormous size in eight months, without causing much local or constitutional disturbance; 3, its distinct increase in size always two weeks after each menstruation; periodical enlargement of fibroid tumors is not uncommon, but this occurs generally during menstruation. The question naturally suggests itself whether swelling of the growth in this case did not correspond to the time of ovulation.

That a diagnosis of ovarian cyst was made in this case is not surprising. The fact is that it is impossible to differentiate fibro-cystic tumors of the uterus, especially when of such large size as this, from ovarian tumors, as all the physical signs are almost identical. Gusserow, in his book on fibroids of the uterus, "Encycop. Obstetrics and Gynæcology," says: "The diagnosis of these tumors has only been made in the most exceptional cases, and even then has been the result of accident rather than of correct appreciation of the symptoms. Fibro-cysts so closely resemble multilocular ovarian cysts, particularly in their location and in their fluctuation, that the frequency with which they have been mistaken for ovarian tumors is not astonishing."

BRIGHT'S DISEASE WITHOUT URINARY SYMPTOMS.

By W. W. KNIGHT, M.D.
Pathologist to Hartford Hospital, Hartford, Conn.

THE physiological function of the kidneys would seem to be a comparatively simple one; mainly the excretion of urea with a small amount of other excrementitious matters, all being held in solution in a suitable amount of water. But when the kidneys become diseased and their function hindered or suppressed, we observe a variability in the resulting symptoms which hardly occurs in disease of any other organ.

The term Bright's disease includes several different pathological processes, but even where the disease process is apparently precisely the same, the systemic effect is manifested by a great diversity of symptoms. In some cases dropsy is the prominent symptom, in others it does not occur at all, in some cases convulsions or coma, in others sometimes headache, or eye troubles or dyspnœa, etc., none of them pathognomonic, and frequently all conspicuous only by their absence. In consequence of this variability we depend upon the urinary symptoms for a positive diagnosis. We look for changes in the amount and specific gravity of the urine, for albumen and casts, and finding them we are sure of our diagnosis. Their temporary absence is well known to be of not infrequent occurrence in cases of nephritis, but if after several examinations we find none of these urinary symptoms, the most careful of us ordinarily feel justified in excluding Bright's disease, and of course in the great majority of cases we make no mistake; but post-mortem examinations occasionally show that we do have cases of Bright's disease which run their course without at any time anything abnormal in the water being shown by more than ordinarily careful urinary examination. While our authorities all speak of the temporary absence of urinary symptoms, the only one I have seen who refers to their persistent absence is Porter, and he merely refers to it casually as one of the possibilities in this disease. So little is written on this point, and so seldom is it referred to, that it has seemed to me worth while bringing it before this Society for discussion, by the relation of two cases in which an autopsy showed the existence of nephritis, but where frequent examinations of the water for some time before death, failed to detect anything abnormal; no albumen, no casts, specific gravity normal and the amount in due proportion to the amount of fluid ingested.

CASE I.—Was that of a woman whom I was called to see December 15th, 1888. She had been taken

sick in the preceding September, with inflammatory rheumatism. Under homœopathic treatment, this ran its usual course of five or six weeks During this time there had been little actual vomiting, but considerable nausea and inability to take food. After the subsidence of the inflammatory symptoms the patient did not recover strength and was still confined to her bed. She continued in this condition with no prominent symptoms except loss of strength and flesh, until about the first of December, when persistent vomiting became a marked symptom, and after a little the vomited matter became bloody. During this time the water was frequently tested for albumen, but none found. It was somewhat scanty and at times of rather low specific gravity, but never persistently low and the amount as much as would be expected in a person taking as little nourishment. When I visited her I found persistent vomiting, the ejected matters frequently containing blood. The patient was much emaciated; pulse and temperature normal, no symptoms of any brain trouble. The hematemesis of course led to suspicion of gastric cancer, but no tumor could be detected, neither was there the severe pain indicative of cancer. In short, there were no symptoms except the gastric ones, and the great weakness that would naturally follow upon an almost complete inability to take food for three months. During the last ten weeks of this time she had been nourished solely by enemata of beef tea.

A specimen of the water showed a specific gravity of 1020, contained no albumen and no casts. Subsequent specimens gave the same results. After a few days the vomiting lessened and the hematemesis stopped, but the patient died of pure exhaustion, December 25th, 1888.

At the post-mortem examination, nothing was found abnormal in the stomach except a slight congestion. The heart was slightly hypertrophied, the kidneys were a little smaller than normal, dark red in color, firm in texture, capsule easily removed, but tearing slightly the surface of the kidney, which was slightly granular, cortical portion diminished in size, striations indistinct. These changes thus indicate typically the contracting stage of a chronic interstitial nephritis. The brain was not examined.

Case II.—Was that of a patient of Dr. Storrs, to whom I am indebted for the following ante-mortem history: Male, aged 62, first seen in June, 1887; was called on account of vomiting. The patient was pale, sallow, and anæmic; had not felt quite up to usual condition for some time previous, but had not been sick enough to consult a physician. There were no symptoms aside from the vomiting, which was obstinate. The urine was examined, with negative results; no albumen, no casts, specific gravity 1018; the amount about two pints, as much as would be expected where the stomach was retaining so little. After a time there was some improvement, and the patient spent the summer at different health resorts, but was subject to frequent attacks of vomiting. At no time was there dropsy or any other symptom of Bright's disease. During the winter the vomiting became more troublesome, and the patient died of simple exhaustion in March, 1888. During these nine months the water was frequently examined, both chemically and microscopically, and at no time was the least abnormality detected. At the request of Dr. Storrs I made an autopsy with the following results: Body fairly well nourished; heart, lungs and stomach normal; no hypertrophy of the heart; the kidneys were enlarged, capsule easily removed, surface smooth, cortical portion increased, light colored, presenting all the appearances of the second stage of chronic interstitial nephritis, commonly called "large white kidney."

It is unnecessary to relate in detail two other autopsies I have made to determine the cause of death resulting from persistent vomiting, and found that the cause was Bright's disease. The urine in these cases had been frequently examined for some time previous to death, with negative results.

These four cases are illustrations of that class to which I wish to call your attention, and they seem, too, not to be so very uncommon. It would be idle to deny that albumen and casts might have been found at some time in the course of the disease in these cases, but the water was examined much more frequently than we ordinarily do such work, so that for diagnostic purposes, at least, they may fairly be called cases of Bright's disease, running their course without urinary symptoms. Case II is especially interesting, in that it presented the large white kidney, a form of Bright's disease in which we are most certain to get a large amount of albumen. None of these were cases of true cirrhotic kidney, where we get a large amount of water of a low specific gravity, with little, and frequently no, albumen.

Just how to explain a case of Bright's disease, running its course without the appearance of albumen and casts in the water, is a difficult matter. The explanation usually given by writers, of the temporary absence of these symptoms, namely: that the diseased tubules are so completely plugged with casts that no urine is secreted by those tubules, and so no albumen and casts can reach the water, may, possibly, apply to these cases.

All of the cases to which I have referred were cases of protracted vomiting. We would be hardly justified in concluding from this that these are the only cases in which there is absence of albumen and casts. Such cases become prominent, because we are more apt to get a post mortem examination in such cases, by reason of the persistent vomiting being such a prominent symptom. I think it very probable that some other fatal cases of obscure troubles are cases of Bright's disease without albumen or casts in the water. I have never made an autopsy in such a case, but I have seen deaths from convulsions, for example, where nothing was found wrong with the water, but where it seemed as if nothing else than Bright's disease could be the cause of the symptoms.

The immediate cause of the symptoms, especially the vomiting, in such cases as have been related, is obscure. The post-mortem examination showed no local trouble with the stomach, and the peculiar character of the vomiting is indicative of the constant action on the nerve centers of some chemical toxic substance. In common parlance we call this condition

uræmia, but no one at the present day believes that it is due simply to the retention in the blood of urea, and in the cases related the amount and specific gravity of the urine indicate, when we consider the amount of food retained, the elimination of a proper amount of urea. When the true explanation does come, it will very likely locate the trouble somewhere in that complex series of changes by which the nitrogenous elements of the body are converted into urea and uric acid. Preceding or accompanying the formation of these final substances, there are produced numerous little known alkaloids named leucomaines, some of them poisonous, others requiring little chemical change to render them toxic. Under normal conditions we either excrete or further oxidize these toxic bodies into harmless substances, but in Bright's disease we may suppose that this metabolic process is interfered with in some way, so that some poisonous alkaloid accumulates in the system in quantity sufficient to cause the symptoms we call uræmia. If we put the cause here, we can see why our ordinary eliminative treatment, especially in these cases where apparently a normal amount of solid material is excreted, is of so little benefit, and I think you will all agree that these vomiting cases are most difficult to benefit.

In regard to the diagnosis of these cases, it is not easy to be positive. Here the practically pathognomonic symptoms of albumen and casts fail, as we must depend on the general appearance of the case, and especially upon the exclusion of other diseases. To a certain extent, the character of the vomiting is diagnostic. It would be difficult to mention another disease in which such continuous and persistent vomiting, nausea and retching stand alone as the prominent symptoms. The patient gets no relief; vomits whenever anything is taken into the stomach, or when a little mucus accumulates there. During all this there is not the pain of gastric ulcer, nor the pain and tumor of cancer. Hematemesis is not common, but does sometimes occur, as in case I. In sixty-eight cases of chronic Bright's disease, described by Dickinson, it was present in only three. By excluding other causes, and paying attention to the character of the vomiting, we shall be able, in many cases, to make at least a probable diagnosis.

Allied to these cases of complete absence of albumen and casts, are those cases where these symptoms are temporarily absent. This is well illustrated by a case now under my charge. I was called to see a woman on account of vomiting. There was no œdema, no brain symptoms, in fact, nothing except the vomiting. I examined a specimen of the water and found it normal. The vomiting persisting, two days later I examined another specimen and found an abundance of albumen and casts; two days later another specimen showed no albumen, and only a few casts. Such cases are common, and are referred to only for the purpose of calling attention to the necessity of making several examinations of the urine, in doubtful cases. The results of post-mortem examinations have shown me that this necessity is sometimes overlooked.

There is another class of cases where renal complications are apt to pass unnoticed. This includes those people, especially elderly persons, whose kidneys perhaps cannot be called diseased, but in whom these organs are, during health, worked to their full capacity in order to excrete all effete material. In this condition, when some acute disease comes, and sometimes only a very slight trouble, the kidneys are unable to do the extra work required in eliminating the increased amount of excrementitious materials, and an acute parenchymatous nephritis is set up, which becomes an important factor in the case. Unless the water is thoroughly examined, these persons seem to die from very slight causes.

I have brought forward this subject, not for the purpose of saying anything new or original, but because the making of post-mortem examinations had shown me that Bright's disease is frequently overlooked, sometimes no examination of the water had been made, sometimes because only one specimen had been examined, and sometimes in those more rare and more excusable cases where there had been no urinary symptoms.

Hydrotherapeutics.

By S. BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

Omission.—In describing the technique of Brand's method in the last article, a serious omission occurred which I desire to rectify. During the continuance of the bath, a pitcher or basinful of the bath water should be gently poured upon the patient's head and allowed to flow over his neck and shoulders while he is held in a half-sitting posture. To prevent the water running over the face, which is unpleasant, a napkin or large handkerchief should be made into a bandage after folding it into a triangle. The middle portion passing over the forehead, the ends are tied upon the nucha, forming a trough, as it were, which leads the water poured upon the head down upon the neck and shoulders. This gentle affusion should be repeated twice during the bath. As the patient emerges from the bath a large basinful of colder water should be poured over his shoulders for the stimulating effect, which aids in producing reaction.

These affusions are an important element of the Brand bath, and should never be omitted.

VI.

QUERIES AND OBJECTIONS ANSWERED.

CONTRA-INDICATIONS CONSIDERED.

THE intelligent student of the cold-bath treatment of typhoid fever, finds himself perplexed by many questions which imperatively demand solution, when he is called upon to make an actual clinical demonstration at the bedside.

To forestall these difficulties, which the reader will surely encounter, and enable him to overcome them, I propose to discuss several queries and objections, which correspondence, personal experience and discussion have brought to my attention.

Is the rule to bathe every three hours in winter, at 65° F., whenever the temperature reaches 103° F., absolute, and not to be modified to adapt it to each case? Most assuredly, I would never deviate from the rule, with one exception (noted below), because this rule has been established by deduction from large clinical material, carefully gathered by numerous observers in different localities in private, hospital, and in military practice. It must always be borne in mind, too, that the object of the bath is prophylactic; its aim is not a mere reduction of temperature, but a suppression of the violence of the febrile movement until it has spent its force.

Whoever expects to throttle the fever by the bath will surely be disappointed, for its course is as steady and inexorable as any law of nature. The temperature will almost invariably fall from one to three degrees after each bath, only, however, to rise again to within a fraction of its former rate when the three-hourly examination is made. But from day to day there will be a gradual, yet steadfast diminution of the *average temperature*, which indicates that the resisting power of the system is gaining sway over the disease. This is the usual effect of the systematic cold bath, administered without fear and without favor. Whenever we attempt to substitute another form of hydriatic procedure, to raise the temperature of the bath water, to shorten the duration of the bath, or otherwise to change the rule, we must expect a change in the result. If the case comes under treatment late, the resisting power of the disease will be greater, hence the result of the bath will deviate from that here depicted. The type of severity of the disease, too, will exert its influence upon the latter. If the temperature fails to be favorably influenced by the systematic baths at 65°, a lower temperature, not below 60°, will be found useful in the first two weeks of the disease. Occurring later, a persistently high temperature will probably be due to complications, in the prevention of which the systematic cold bath has far more influence than in their treatment. One point should be ever present in the mind of the attendant—viz., the chief aim of the cold bath is to endow the system with power to resist the disease; hence it is all important to begin it early, and not to expect so much (though still a considerable effect) from it, when the disease has already made decided inroads upon the blood and the vital organs.

One correspondent has said that "this is a very delicate adjustment of treatment, when a patient is saved or doomed, according as it is inagurated on the fourth or fifth day." As I have elsewhere said, this objection, if valid, would apply to much of our therapeutic endeavor. *Obsta principiis* is the first principle of rational therapeutics. Disease has often been likened to a conflagration, the ease of whose subdual is in proportion to the stage at which it is attacked. In the severe types of malarial fever, for instance, one day's—yes, even one hour's—cinchonization may save the patient's life; its delay doom him to death, or to a long-continued invalidism. Brand has demonstrated as clearly as anything can be demonstrated by clinical data, not from his own practice only, but from that of others also, that *out of two thousand cases treated before the fifth day not one died.* The uncertainty of diagnosis here steps in to mar possible success. Before the appearance of the spots, we cannot pronounce definitely whether we have a case of typhoid fever, acute tuberculosis, gastric fever, pneumonia, acute nephritis, or one of the exanthemata. We have the satisfaction of realizing, however, that in the large proportion of cases these diseases may readily be excluded. But we may escape from the dilemma entirely if we adopt the rule laid down in the early portion of this series, to subject every case of fever whose temperature persistently marks as above 103°, for several hours, to cold bathing in a mild form. Experience has taught that no harm will ensue from such a course. The systematic bath may aid us in reaching a diagnosis. In acute tuberculosis, for instance, the symptoms will not be ameliorated as in typhoid, and even if the bath were capable of damaging the patient's prospects, the latter cannot be done, because the disease is invariably fatal. In the low forms of the initial stage of some of the exanthemata, with high temperature, cold affusions have been found so effective by Currie, and later by Ziemssen and others, that a few ablutions or baths will surely not damage the patient's chances, but rather rescue him from the ataxic condition and save his life.

All cases of typhoid fever should be subjected to the bath. One correspondent asks "if a patient has a temperature of 104° for an hour or two every evening, but with moderate fever for the rest of the time, and without "Functionsstoerung," should you then think it necessary to insist upon the bath? This is a question that will frequently arise in the mind of the practitioner, who would fain shrink from the trouble, annoyance and possible criticism of the bath procedures, so long as the case presents a mild aspect. It will not be difficult for the attendant to order and insist upon the cold bath, if the patient has a temperature of 105°, with delirium, stupor, but when he appears to be comfortable, with a temperature ranging from 102° to 103°, or 104°, it does seem so glaring a violation of the long-established expectant treatment, to disturb his comfort by a cold bath, that few men will have the temerity to advise it. The experienced practitioner, however, knows, but too well, how sadly his prognosis, derived from an early, mild course, sometimes fails to be verified, when, in the beginning of the third week, the first sound of the heart begins to fail, the pulse becomes rapid, the lung becomes hypostatic, hemorrhage, perforation, and death close the scene. We rarely witness the death of a case of typhoid in the first week from excessive temperature or from failure of the nervous system; the chief danger lies in the infective process, which undermines the system slowly but surely. To meet this danger, the cold bath is our shield and ever-ready weapon. In mild cases, the rise of temperature and pulse are readily combated by it; the resisting power of the disease is feeble. Hence the temperature rises only at long intervals to 103° F., but *whenever it does so rise, the rule should be inexorable;* the bath must be administered. Clinical ex-

perience demands it, and if we would receive its benefits we must obey the behest.

Is there not danger of producing lung complications by cold bathing? This question has also been abundantly answered by clinical demonstration. There can be no more threatening conditions than exist in the military hospital of Vogl, in Munich. If a combination of cold air and very cold baths do not produce bronchitis, pneumonia and pleurisy in typhoid fever, the bath alone may be regarded as free from such accusation. Vogl places his infectious cases in barracks, which are built of wood, as summer pavilions, resting upon pillars, which support a double floor, whose ventilation is complete; the roof, ceiling and walls are also arranged for perfect circulation of air.

During the severest part of the winter he closes the open spaces under the roof and between the floors by simple boarding up, and starts a fire in the cast-iron stoves, *all the windows remain open*, unless strong winds, rain or snowdrift forbid, which the neighboring buildings somewhat prevent. The patient is only protected against direct drafts of cold air; the windows adjoining the tubs are always closed. As the entire length of the barracks consists of windows, without intervening walls, the patients pratically lie in the open air. "In severe weather we rarely can raise the temperature above o C. (32° F.). The fear of cold and circulating air is unjustified. I am so accustomed to hear from my visitors expressions of apprehension on the point, that I do not wonder if the reader feels the same. Just as I have convinced the former, so I hope to convince the latter, that a thorough lung ventilation protects against adhesive processes; the cooling effect of the cold air and increase thereby of heat dissipation from the whole body, forms together with the baths the basis for our success. An experience of ten years' conscientious observation without prejudice is surely entitled to consideration. I have never heard complaints nor experienced anything but benefit from the extensive and thorough ventilation of our barracks, and I feel that I have not departed from the useful. Bronchial catarrh, angina, are just as rare here as in the large wards; we have never seen severe erysipelas. A very anæmic, pleuritic patient, who was sent to the barracks with a sub-febrile temperature, was transferred into the large ward when cold weather commenced. His temperature rose at once and remained high for five days, with strong morning remission. The high temperature ceased at once on his being returned to the barracks. The unpleasant effect upon the anæmic patient, but not upon the accompanying bronchitis, drove him back to the ward, where his temperature again rose, so that he asked to be transferred to the barrack, where he recovered. There was not a single death from pneumonia or bronchitis, and only one from pleurisy, in cases treated by strictly cold bathing and this open-air method. I could cite much other striking testimony on this point, but none more convincing, I trust."

On the contrary, so far from producing lung complications, the numerous cases detailed in extenso by Brand, and by Tripier and Bouveret and others, go to prove that we have in the cold bath the most effective treatment of these complications, when they occur *during* typhoid fever. Only when they occur in far advanced stages of the fever with great adynamia, the cold bath should be exchanged for that of a milder temperature and more brief duration.

Many complications arising in the course of the disease may cause the practitioner to pause in the strict pursuit of the cold bath treatment. The work of Tripier and Bouveret refers to these in extenso, entering upon the discussion of each so minutely that it is a mine of information from which I draw on this subject, because there exists no English translation.

Nose-bleed is not a contraindication; even in severe cases it usually ceases after bathing. Hæmoptysis is so rare that it occurred only eleven times in five thousand cases. If it occurs in an advanced stage of the disease, or with cyanosis and pronounced heart feebleness, it is well to desist from cold baths, even if there be a high temperature and severe cerebral symptoms, which is a rare occurrence.

In the early stages a bloody or streaked expectoration does not forbid the bath.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

PULSATING BRONCHOCELE.

WAUGH presented at his clinic a case of pulsating bronchocele. The left lobe was much larger than the right. The upper central part presented a heaving pulsation, a thrill, and a bruit heard on auscultation, which he described as typical of the signs of aneurism. They came, however, from a part of the goitrous mass, which rose upon the patient's swallowing; and there were none of the pressure symptoms of aneurism present. The lecturer stated that there was probably a dilated condition of the arteries present; probably an anastomotic aneurism of this portion of the gland. He recommended the use of iodine internally and externally, and the inunction of an ointment of biniodide of mercury in lanoline; to be applied twice a week, the patient to expose the neck to the rays of the sun for an hour afterwards. The condition of the bloodvessels rendered the use of coagulating injections dangerous, while removal of the tumor would probably be followed by the occurrence of myxœdema. He considered the safest treatment to be that he then prescribed.

MT. SINAI HOSPITAL, NEW YORK.

PARAMETRITIC ABSCESS AND INCISION.

IN this case of parametritic abscess, I call your attention to its large size, its high situation in the iliac fossa extending nearly up to the lower ribs, and to the fact that it cannot be felt from the vagina.

The treatment is very simple. Incision; a drainage-tube will be inserted, the cavity irrigated with an antiseptic solution; in a few days the tube will be removed, and the cavity packed with iodoform gauze; left to heal by granulation.

—*Prof. Paul F. Mundé.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Oct. 12, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

LAYING OF THE CORNER STONE OF THE NEW YORK ACADEMY OF MEDICINE.

WEDNESDAY afternoon, the 2d inst., was a red letter day in the medical history of New York. The ceremony of laying the corner stone of the New York Academy of Medicine, attracted a large audience to West 43d street, near Fifth avenue. A platform, erected upon the sidewalk and a portion of the street, was occupied by representative members of the profession, among whom were a fair sprinkling of the gentle sex. Within the foundation limits of the building another platform contained the President and Ex-Presidents of the New York Academy of Medicine, and of other local societies, besides Ex-President Cleveland, Bishop Potter, and the Rev. Dr. John Hall. Among the audience were noticed Mr. J. H. Schiff and a number of other philanthropic gentlemen, who are ever foremost in all good deeds.

Dr. Loomis introduced Bishop Potter, who offered a fervent invocation. He was followed by Dr. A. Jacobi, whose address recounted the struggles and aims of the New York Academy of Medicine in fitting terms, and made a manly appeal for support of an institution to which the lay public owes much more than the physician. He dwelt upon the great importance of thorough education of physicians, and urged laymen to be wary in their selection of medical attendants. The latter, he said, should not be chosen because he is an agreeable companion in the theatre or club, but with a view to his capacity for protecting the family against disease. The address was couched in that earnest and sound language and diction; which is the characteristic of Dr. Jacobi's utterances. It cannot fail to impress the public with a due sense of its interest in the erection and maintenance of the new academy.

Ex-President Cleveland made a favorable impression by his remarks, whose text was the importance of aiding in the maintenance of the free institutions, to the existence of which we owe the possibility of erecting such shrines to Science. He said that physicians do not discharge their full duty by their devotion to their science alone, but that it is incumbent upon them also to give to political topics and movements the benefit of their trained thought and well-informed judgment. In this way alone, he claimed, the foundations upon which professional success rests, may be rendered secure. He hoped that, when the discovery of our continent shall be celebrated in this city two years hence, the completed academy building may be pointed out as a splendid monument of the progress of our medical education.

The corner-stone, upon which "N. Y. A. M., 1847–1889," is cut, was placed in position by Dr. Loomis, together with a box containing the documents relating to the academy. The new building will be a substantial but modest piece of architecture, five stories high, of modified Romanesque type. Its front will be of fine grained red sandstone and brick. Beside the large "Hosack Hall" (named in memory of Dr. Alex. Hosack, whose widow gave the academy $70,000), whose dimensions will be 28 x 31 feet, and another hall of 42 x 57 feet, there will be some thirty-five other smaller rooms, and a number for the meeting of the sections. The library will have a capacity for 250,000 volumes. There is a prospect of having the building completed in a year. We wish the New York Academy of Medicine, whose discussions have added vastly to the progress of medical science, God speed.

MEDICAL ORATORY.

ONE of the reasons why students become drowsy and find it difficult to give continued attention to lectures is, as we have intimated in a previous editorial, that the brain and circulation have become sluggish in their actions from insufficient fresh air and outdoor exercise. But there is another explanation more forcible still—namely, the sluggish manner in which many lecturers deliver what they have to say. It is the same with speakers as with writers:

> Un style trop égal et toujours uniforme
> En vain brille á nos yeux, il faut qu'il nous endorme.

Once we enjoyed listening to a spirited debate upon the question of oratory in the pulpit. One side maintained that divine truth itself was quite sufficient to rivet the attention of any thinking audience, when presented without oratorical ornamentation. The other side simply rested upon the stronger argument of facts, and had but to apply the *argumentum ad hominam* in asking their opponents if they never felt the leaden weight of their eyelids grow weightier during a sermon in which there was neither gesticulation nor eloquence. Of course, the latter side won; but in regard to the delivery of medical lectures, arguments similar to those of the former debaters are continually being advanced and most strenuously, we

fear, by those who are defective themselves in the art of graceful speaking.

Eloquence of the best sort consists of the use of plain and refined language, impressive and pleasing modulations of the voice, the employment of apt and terse illustrations, and the use of appropriate gesticulations harmonizing with the thoughts expressed. Mere florid imagery and hyperbole of speech is but a debased form of oratory and the refuge of ambitious weaklings. It has no place either upon the public platform or in the halls of science.

Undoubtedly, the best means of imparting simple knowledge is the laboratory and the work-room, but since the didactic lecture still remains, and for certain reasons is likely to remain a part at least of collegiate methods of teaching, it should be made more beneficial by the use of style in its presentation. Many of our finest instructors upon medical subjects have been those who would say what they had to impart in a way that fixed the attention of every student. However dull or indifferent the latter might be, the charm and force of the speaker's manner compelled him to listen and to receive the knowledge being offered. What a treat it is to listen to a man who, perfectly acquainted with and enthusiastic about the subject of his lecture, makes it glow and burn into the minds of his hearers by reason of his well-chosen words, impassioned manner, and clear illustrations. We are positive that much of the opprobrium that has been cast upon the didactic lecture as a mode of teaching has been caused by the stale, sleepy, halting, and indifferent way that most of them are delivered. A man may be a master in the laboratory and a mere dead weight in the lecture-room, his aptitude should place him where he belongs for the best interests of medical teaching. Unfamiliarity with the subject is not unfrequently the cause of bad lectures, for,

> Ce que l'on concoit bien s'enonce clairement,
> Et les mots pour le dire arrivent aisément.

In commenting upon a recent editorial upon this same question in the New York *Medical Record*, Dr. Roberts even goes so far as to say that no student ought to be compelled to attend lectures of this stupid sort, particularly when they are simply the reading of that which might be quite as well obtained from any ordinary text-book. He thinks if such a leniency were granted the student, it would act as a wholesome stimulant to lecturers for the improvement of their powers of delivery.

As the best means of teaching scientific subjects, we only favor the didactic lecture in a certain few particulars, as, for instance, when they are to be illustrated by experiments before large classes, and when they contain particularly original ideas, the result of individual experience and study. But we do maintain that among medical teachers there is a positive need of more eloquence, or rather, graceful style of speaking. What a noble opportunity is afforded for it, in the picturing of disease, in portraying the various symptoms, in illustrating the effects of drugs, in developing the history of maladies and epidemics, in exhibiting by cumulative arguments the attainment of certain great medical facts, in demonstrating the wonders of the human body, in showing its marvellous activities in life, and in impressing the dangers and advantages of surgery? Some of the dullest subjects in the medical curriculum have been made the most attractive, some of the minutest details have been raised to their merited importance, and some of the most difficult problems have been rendered the easiest, by the employment of so simple a means as a better style of delivery in the lecture. Above all, the scientific lecturers should take heed of the advice of Horace when he says:

> Quidquid præcipies, esto brevis, ut cito dicta
> Percipiant animi dociles, teneantque fideles.

Brevity and eloquence will make any lecture, however dull the subject of it may be, a thing to be enjoyed, and consequently to be remembered.

CO-EDUCATION IN MEDICINE.

THE announcement was made last week that the University of Pennsylvania contemplated throwing open her classes for the admission of women. No exceptions were mentioned, and the wording of the resolution, which was passed by the Faculty with but two dissenting votes, warrants the inference that the school of medicine was included.

As to the other departments, the action is only to be blamed on account of its lateness. The University cannot claim the honor of the pioneer in this matter, as many reputable schools have for years admitted women to their privileges, and the ability of the fair sex to cope with the male students, in the college classes and in the subsequent battle of life, has been fully demonstrated. With every movement looking towards the emancipation of woman, and giving her the opportunity to fit herself for any position she has the ambition to aim for, we have the heartiest sympathy. If she wishes to be a designer, an artist, an engineer, or a doctor, then, in the name of that liberty for which our fathers fought, throw open to her the doors of the schools, and allow her every opportunity and privilege which the male student enjoys.

In many respects, also, we approve of the system of co-education of the sexes. The advantages to both have been so fully discussed that we need only stop to allude to them here. Competition is stimulated and courtesy developed by the presence of both sexes in the same class. The sentiment of those who have taught mixed classes is practically unanimous in its favor. In fact, so many schools have admitted women to their classes, that it is doubtful whether the action of the University is most notable as an advance in the matter of female emancipation, or as an illustration of Philadelphia conservatism.

In the department of medicine, it appears to us

that the women have come to stay. They have surmounted every obstacle, overcome the most deeply rooted prejudice, and their success in the field of practice has demonstrated their fitness. The work of Mary Putnam Jacobi is alone a full justification of the claim of women to enter the medical profession.

But in this study we cannot approve of co-education. We cannot but believe that this would tend to weaken the barriers of delicacy, and create a degree of familiarity which is not conducive to morality. Men are men, women are women, and the fact that both are engaged in the high and noble study of the art of healing by no means frees them from the instincts of their animal nature. The study of the problems of physiology and pathology might possess too vivid an interest under such circumstances. Nor is there any necessity for such co-education. We have in Philadelphia a well equipped school for women, which affords all requisite facilities for the study of medicine; and if any further opportunities were needed, it should be by the opening of another school for women rather than admitting them to the classes with men. The impulses which would lead the students of either sex to prefer to enter a school with mixed classes are precisely those which would render such association most objectionable.

Annotations.

ACCORDING to Merck's *Bulletin*, amylene hydrate, an excellent hypnotic, is devoid of accessory or subsequent symptoms, when it is of a very high degree of purity. Having a formula $C_5H_{12}O$, it is a very mobile, colorless liquid, of specific gravity 0.81, and boiling point 100° C. (212° F.). It is soluble, *when pure*, in eight parts of water, and may be mixed with alcohol in all proportions. It has an ethereo-camphoraceous taste, followed with a peppermint-like after-sensation. After an extensive experimentation, von Mering (*Therapeutische Monatshefte*, July) gives as its physiological action a perfect hypnotic effect, resembling natural sleep, without any alteration of the heart-frequency and blood-pressure. In medium doses it affects principally the cerebrum; in excessive doses it acts upon the spinal cord and medulla, and causes a disappearance of the reflex actions, cessation of respiration and an arrest of the heart. It is principally used in cases of nervous wakefulness, and occupies a place intermediate between chloral hydrate and paraldehyde. It is best administered by mouth or by rectum. The following is the most recent formula recommended by von Mering for its administration:

℞.—Amylene hydrate . . . . . ℈vss.
Orange-flower water . . . . . ʒj, ʒv.
Syrup of bitter orange-peel . . . ʒj.
Take *one-half* at bed-time.

An easy mode of giving it is to stir a teaspoonful of simple amylene hydrate with a wineglassful of beer for several minutes; then drink the mixture, and follow it by a mouthful of beer alone. Sometimes sugar may be added. Capsules containing 15 grains may be followed by a mouthful of water, beer, or wine each. Congestion, headaches, nauseas, and vomitings, are liable to be engendered by impure brands of the drug.

IN a paper on the Non-Retention of Urine by Young Girls and Women, by H. Marion Sims, in the *American Journal of Obstetrics*, for September, 1889, this troublesome condition is attributed to the contraction of the walls of the bladder due to the hypertrophy of the muscular coat and the consequent loss of its holding capacity.

He has treated a number of cases in both children and adults, and has had the satisfaction of curing all but two of the cases completely, with no other aid than forcible dilatation by warm water. This was done by using an ordinary silver catheter, to which was attached a Davidson syringe. The quantity of water injected was measured by knowing that the bulb of the syringe, when completely emptied, threw into the bladder exactly one ounce of water. The water used was just comfortably warm. In one of these cases the bladder would hold at the first time but one and three quarter ounces, and the quantity was increased gradually each day, until it would hold eighteen ounces of water, and that without severe pain. The treatment lasted three months.

BY means of our ready facilities for research, we are enabled to call attention to an oversight, and credit the proper authorities with the method for collecting bacteria and other microörganisms in drinking water, for biological examination and analysis, described on page 695 of the September number of the *University Medical Magazine*. The use of sterilized asbestos in glass tubes, as there suggested by Prof. Dixon, was recommended some three years ago by Petri, chief-assistant to Prof. Koch in Berlin, with a full account of the same in the *Zeitschrift Für Hygiene*. The method has been employed ever since in the regular examination of the water supplied to the city of Berlin.

Letters to the Editor.

ANTIFEBRIN.

IN reply to Dr. Saylor on "antifebrin" in your issue of September 7, I would say that a temperature of 102 to 103 in a child, is not of sufficient magnitude to cause much anxiety, nor would it be even in an adult; though I can see no fault in an administration of antipyretics to a moderate degree. The Doctor states that authorities claim that the effect of the drug lasts six hours, and asks if I would not commit the same error as Dr. Penny, if I repeated the dose every three or four hours. I think I stated that I repeated the dose every three or four hours until I got the desired effects, and, inasmuch as the drug manifests its effects in from thirty to sixty minutes, there would hardly be any danger in giving the drug as I suggested.

R. H. ENDICOTT, M.D.

OAKDALE, Cal.

SUPPOSED NEURALGIA.

MR. H—, age twenty-three, who had been suffering from neuralgia on the left side of the face, for the last two years, called on me for treatment, and gave the following history: Two years ago in July, he had been troubled with an abscessed tooth, and had the same extracted; the pain had ceased for about a week, but came on again, and he has had it since, periodically, it being more severe in damp weather, but never leaving him for more than a few days at a time. He had taken all kinds of drugs, but did not get much relief from them, and finally called on me, suggesting that he thought the pain was caused by a wisdom tooth next to the space of the extracted molar. I examined the same and found it, as well as the surrounding tissue, in a healthy condition. That it might be a lesion of the floor of the antrum next suggested itself to me; I therefore opened up the gum freely and immediately upon my doing so the pus began to flow; I cleaned it out thoroughly, and upon probing into the cavity, I struck a hard substance, which upon removal proved to be one of the roots of the extracted abscessed tooth. It was lying horizontally in the gum and was pressing against the floor of the antrum. After removing the root and pus from the cavity, I thoroughly antiseptic ized it. It healed very nicely, and the patient has been free from pain ever since. As a local anæsthetic in this operation I used:

℞.—Olei cinnamomi . . . . . ʒj.
Olei gaultheriæ . . . . . ʒiij.
Acidi carbolici . . . . . ʒij.
M.—Applied until the part turns white.

I have used the same in tooth extractions and other minor operations with general success.

DR. W. U. ROSENTHAL.

CHICAGO, ILL.

DOUBLE AMPUTATION OF THE FEET.

THE patient, forty-four years old, a man of dissipated habits, had been guilty of a misdemeanor and in order to evade arrest, had slept out of doors in a straw stack during a very cold night, freezing all of his toes as well as the contiguous parts of his feet so severely as to require amputation. When I first saw him his toes were black, dry, and could have been disarticulated by slight torsion. Immediately above the metatarso-phalangeal articulations of both feet a line of demarcation was quite apparent with a very free and offensive discharge of pus, coming mostly from the joints. After putting the patient under the influence of an anæsthetic, I amputated one foot through the tarsus so as to remove the navicular and cuboid bones with all of the parts in front, according to Chopart's method, procuring a good flap from the sole of the foot. Dr. C. McCracken, of this place, who was assisting, amputated the other in the same way with same results. By the time the stumps were dressed, the patient had rallied from the anæsthetic and shock without any of the unpleasant effects which often follow operations. Local treatment consisted of sol. hyd. corros. 1 to 1000 used as a spray at each dressing. As an ointment for dressing:

℞—Cerati resinæ,
Copaibæ . . . . . partes equales
Fiat unguentum.
Sig. To be used pro re nata.

The stumps healed rapidly, and in a few weeks the patient was able to be around on crutches and shortly after went to work, his trade being that of a cooper. When I last heard from him, one year after the operation, he could walk very well, and his lameness did not prevent him from doing a full day's work.

T. G. STEPHENS, M.D.

SIDNEY, IOWA.

Society Notes.

ALLEGHENY COUNTY MEDICAL SOCIETY.

Special Meeting, August 20th, 1889.

JAMES MCCANN, M.D., IN THE CHAIR.

TREATMENT OF PULMONARY PHTHISIS.

DR. LANGE reported a new method for the treatment of pulmonary phthisis. "The method consists in the inhalation of vaporized mercury and iodine. Of the results of this method I have nothing to say. I cannot forget that grass has not yet grown upon the grave of gaseous enemata, and I am aware that many men, many years and many cases, are required to produce evidence of the usefulness of any remedy or method in the treatment of anything, even when the remedy or method possesses usefulness. I report this method because I desire co-workers.

It suggested itself to me that vaporized mercury, if brought into more or less direct contact with the bacillus of Koch, might destroy it, and that iodine, if applied directly to the ulcerating surfaces of lung tissue might effect a more powerful beneficial action than that resulting from its ordinary method of administration. I have had, and still have, the valuable assistance of Dr. Tingley in the preparation of apparatus and in devising ways and means by which these vapors may be satisfactorily administered to patients. This has presented many difficulties. A principal one is, that I know of no manner, as yet, by which a definite, a known quantity, can be given. The vaporized mercury salts are resublimed and deposited upon the cooler parts of the apparatus. This is particularly true of the inhaling tube, which is always the coolest part of the apparatus. The consequence of this is that patients receive always an unmeasured, an accidental quantity, of these salts or vapors, and not a quantity which is measured or known. To this fact are due two accidents, namely, that one very feeble patient was violently purged, and another was salivated. However, we hope to overcome this defect of apparatus and to be able soon to give patients exact quantities of these salts. The desideratum is an inhaling tube which will bear the temperature necessary to hold the mercury salts vaporized up to the lips of the patient, and which at the same time shall be flexible. Flexibility is almost a necessity; a feeble patient cannot breathe deeply

and persistently from a stiff tube, a glass tube, such as I now use.

I have found that the only salts of mercury available for this purpose are the red oxide and calomel. All others are reduced before being volatilized. I began with the iodide of mercury. This and all others when used result in the vapor of metallic mercury only. I have found no objection, however, to the use of metallic mercury, only it is to be noted that when other salts than calomel and the red oxide are used, the patient receives the vapor of metallic mercury.

Can the vapor of mercury, or can anything inhaled, reach the bacilli in a tuberculous lung? Those bacilli which are in consolidations, provided such a consolidation is connected with a pervious bronchial tube, those in lung cavities furnished in the same manner, those in the bronchial tubes, those in the alveoli, and those in the sputum may be reached by this vapor, or by anything which may be deeply and persistently inhaled. But these bacilli are comparatively inert; they are harmless; they have already accomplished their mission of destruction, and are being extruded from the body. Those whose destruction is very much more desirable, those which have not yet, but which certainly will, produce consolidation and softening, *i. e.*, destruction of lung tissue, those in the pulmonary connective tissue, and the lymphatic sheaths of the bloodvessels, can these be reached by anything that may be inhaled? Again, if we grant that in a certain patient every bacillus has been destroyed, this is by no means synonymous with his cure. Evidences of this fact are presented daily; patients die of non-tuberculous phthisis very readily. And the tuberculous patient with every bacillus in his lungs destroyed, possesses still that fatal predisposition, and will be reinfected.

It is a question also whether mercurial vapor is a germicide. No one will deny this property to corrosive sublimate. But corrosive sublimate is not volatilizable, and volatilized mercury, volatilized calomel, and red oxide, are very different substances indeed.

Despite these theoretical objections I am encouraged to proceed with this treatment of phthisis, and when I have perfected the apparatus, and have a series of cases certainly tubercular, as demonstrated by the discovery in the sputum of the bacilli, which Dr. Matson has kindly consented to do for me, I shall report again to the Society."

Dr. R. W. Stewart exhibited his

IMPROVED URETHRAGRAPH,

and announced that it was now as nearly perfect as he could make it, and that he had made arrangements by which the profession could be supplied. As at present constructed the instrument can be introduced within the bladder, and by merely withdrawing it, it will give a tracing of the entire length of the urethra. He exhibited tracings taken from a single patient under the care of Dr. Carrington, the first before operation, and the second after operation with Holt's divulsor. The result of the operation was evident on the tracings.

Dr. J. D. Thomas complimented Dr. Stewart on the construction of the instrument, and stated that he had long since recognized the defects in Dr. Otis' urethrometer; it was too stiff; the distal side as well as the distal portion of the stricture was easily enough detected and measured, but as the "meter" was brought forward the variations in the caliber and the proximal termination of the stricture required very delicate manipulation and much experience, to gain the desired information. In this connection Dr. Thomas exhibited to the Society an improved urethrotome of his own invention. In his experience the Otis urethrotome had three defects:

1. After the blade was drawn forward and the stricture divided it was necessary to push the blade back into its sheath or recess and thus, although not intentional, make two incisions—the second one likely to be a lacerated one.

2. If more than one stricture existed the instrument had to be adjusted for each stricture, thus causing unnecessary irritation of the urethra, and

3. As the instrument opened on the principle of a parallel ruler, there was more or less displacement after the instrument was opened. Dr. Thomas demonstrated the working of his urethrotome and showed that by its use the above objections were overcome. The instrument of Dr. Thomas is made by Tiemann & Co., of New York.

Dr. Werder read a paper reporting a case of

FIBRO-CYSTIC TUMOR OF THE UTERUS.

(See page 558).

Dr. J. J. Buchanan: This operation, at which I was present, was a very difficult and interesting one. From the appearance of the patient prior to operation, I do not believe that it would have been possible for anyone to have made a diagnosis other than ovarian cystoma. The fluctuation was as distinct as though the tumor had been a single sac filled with fluid. The tumor was markedly at one side of the abdomen. It lay in front of the uterus, and in every respect that I can now think of, it exactly imitated the behavior of an ordinary ovarian cyst. With regard to the pathology, I think it rather unfortunate that there was no microscopical examination made. As to the treatment, I think it was everything that could be desired, as the result proved, although I believe that a large proportion of these cases when so treated are fatal on account of the extensive amount of tissue which has to be left to slough in the neighborhood of the peritoneal cavity. The suggestion of Dr. Werder that probably the enlargement of this growth midway between the menstrual periods was coincident with the period of ovulation, I think is hardly susceptible of proof.

Dr. Blume: Doctor Werder is to be congratulated for his successful operation. His case offers some interesting points as regards diagnosis and treatment. All authorities tell us, that an exact diagnosis in cases of large abdominal tumors often is impossible, and every one who has had an opportunity to examine such cases will confirm this. I desire to call your attention to a diagnostic symptom which has not yet been mentioned in our textbooks. Recent investigations by competent men have proven,

that in all cases of uterine tumors the endometrium is diseased. Clinical experience has taught this long ago. Hemorrhage in form of menorrhagia or metrorrhagia is known to be often a prominent symptom of fibroma and myoma. The endometritis in these cases is usually the consequence of the growth and therefore secondary. In diseases of the ovaries—oophoritis and cystic ovaries, as well as in tubal diseases, endometritis is constantly met with, and here often as a primary malady. Malignant growths of the ovaries, sarcoma and carcinoma, are also complicated with a diseased endometrium, while this complication is seldom found in cases of ovarian cystoma.

Although there are patients with large fibroma or myoma, who never lose an excessive amount of blood, and the case under discussion is an example, endometritis nevertheless always exists as a complication.

I therefore suggest, that in all cases of large abdominal tumors, after all diagnostic means to arrive at an exact diagnosis are tried in vain, the endometrium should carefully be examined. If endometritis is found to be present, the tumor may originate from the uterus. If the endometrium is found to be healthy, the tumor is proven not to be in connection with the uterus.

The treatment resorted to in this case appears to be somewhat different from the usual modus operandi. The tumor, if I understood the doctor right, was a myoma interstitialis, developing from the fundus and the right uterine wall. The ligaments were tied, the tumor cut away, and a large pedicle treated extra-peritoneally. Tumors of this kind are either enucleated and the uterine walls stitched together, or removed by supra-vaginal amputation, the pedicle treated either intra—or extra-peritoneally. The extra-peritoneal method, strongly advocated by Hegar and Kaltenbach, has given the best results. Kaltenbach lost 1 of 22 cases, equal to to 4½ per cent., Keith 2 of 38, equal to 5¼ per cent. I am in doubt, like Doctor Buchanan, whether or not it is indifferent to form a thick pedicle, as was done in this case.

A few months ago I saw a similar operation performed by Dr. Burns. The tumor, a large fibroma, broadly attached to the fundus uteri was not enucleated, but removed by a wedge-shaped incision. The remaining portion was carefully sewed, and the patient made a rapid recovery.

NEW YORK STATE MEDICAL SOCIETY.

(Concluded from page 545.)

THE second day opened as follows:

Address on Surgery (read by title), by Francis Bacon, of Connecticut.

Alcoholic Paralysis, by T. D. Crothers, of Hartford, Ct.

A Few Fads, by H. N. Didama, of Onondaga Co.

Some of the Uses of the Transfixion Ligature, by T. H. Manley, of New York Co.

The Shadow-line of Insanity, by John Shrady, of New York Co.

Then came the interesting discussion on the "Treatment of Hernia," in which the writers were Joseph D. Bryant, William T. Bull, Charles W. Brown, T. H. Squire, Wm. S. Tremaine, Roswell Park, Charles McBurney, Charles L. Squire, D. M. Totman, Frederick S. Dennis, and John A. Wyeth, all of New York State. The points of the debate related to the special mechanical treatment, the injection, open and non-open methods, the technique and the plan of procedure when gangrene of the sac or its contents becomes a complication.

"The Lantern Views" of Edward K. Dunham, of New York City, showing the details, methods and technique of microbic culture, awakened considerable enthusiasm. A collation which pleasantly accentuated the fellowship of the occasion, encroached somewhat upon the sleeping hours.

On the third and last day the "Address on Medicine," entitled the "Bacteriological Test of Drinking-Water," was delivered by Edward K. Dunham, of New York Co., and further elaborated his efforts of the previous night. The other papers were:

"The Cure of Hæmorrhoids by Excision, and Closure with the Buried Animal Suture," by Henry O. Marcy, of Massachusetts. An especially commendable one.

"Report of a Case of Ataxic Paraplegia," by Darwin Colvin, of Wayne Co.

"Observations on Dislocations of the Hip," by U. C. Lynde, of Erie Co.

The discussion on the "New Hypnotics," *e. g.*, Sulphonal, Amyl Hydrate, Hydrobromate of Hyoscine, Hypnone, Paraldehyde and Urethan then followed. The participants were William H. Flint, Austin Flint, E.G. Janeway, Charles Rice (Ph.D.), Charles G. Stockton, John G. Truax and Edward R. Squibb, all of New York State. These contributions are worthy of a very wide circulation among the profession. Then followed: "Extraction of Cataract without Iridectomy," by Charles Stedman Bull, of New York Co.; and "Two Cases of Angular Deformity of the Knee Joint," by Lewis Hall Sayre, of New York Co., in which the compensatary results of amputation with the view of wearing an artificial leg were admirably shown in the person of a patient who wore his substitute for the first time at this session.

The following nominations were announced and unanimously elected: John G. Orton, of Binghamton, President; Douglas Ayres, of Montgomery County, W. H. Burton, of Troy, E. Mott Moore, Jr., of Monroe County, William B. Eager, of Orange County, Vice-Presidents; John H. Hinton, of New York, Treasurer; E. D. Ferguson, of Troy, Secretary; John W. S. Gouley, Director of Library. First District, C. M. Klock and W. H. Biggam, of Montgomery County; Second District, Thomas Wilson, of Columbia County; Third District, H. O. Jewett, of Cortlandt County; Fourth District, Simeon T. Clark, of Niagara County; Fifth District, John J. Truax, of New York, as members of the Council. The meeting then adjourned. By way of finale, we may say that this association has a glowing future before it.

PROF. TYSON gave the introductory lecture at the University of Pennsylvania.

Book Reviews.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Volume III, No. 2, August, 1889. Containing: The Treatment of Syphilis at the Present Time, by DR. MAXIMILIAN VON ZEISSL; The Treatment of Inebriety in the Higher and Educated Classes, by JAMES STEWART, B. A.; and Manual of Hypodermic Medication, by DRS. BOURNEVILLE and BRICON. Price $1.00. Pp. 544. William Wood & Co., New York, 1889.

The first of the above monographs is an admirably prepared exposition of the more highly endorsed methods of treating syphilis at the present day. Though positive in his own views, and relying largely upon his own wide experience, the author has, nevertheless, carefully and impartially represented the opposing opinions upon this much-vexed question. He is a firm believer in the unicist theory of the disease, holding that the primary lesion is merely the local expression of a general infection. Hence he insists upon the uselessness of excision with or without implication of the neighboring glands. In certain cases the primary soil may be cut out, simply to remove a source of auto-infection, and so avoid unnecessary prolongation of the constitutional treatment. Likewise is he opposed to the preventive methods of treatment, either by injections into the glandular regions before their implication, or by the administration of the erroneously called antisyphilitics or antidotes to syphilis. Statistics have not established their efficacy. They simply act in this disease somewhat as they do in cadaveric or gonorrhœal poison, to place the organism in a position to wage a more successful struggle. He favors the milder methods of treatment, save in exceptional cases, and recommends the continuation of the treatment as with iodine, for at least six months or a year after the disappearance of the special symptoms. In regard to Neisser's plan of deep injections of calomel, he expresses a favorable opinion, though as yet a guarded one, in the absence of a more extensive experience with it. We commend Dr. von Zeissl's brochure to the careful consideration of those who wish to be acquainted with the views of a fearless and impartial specialist in this department of medicine.

Mr. Stewart's is a short paper, strenuously endorsing the treatment of inebriates in the homes of rural practitioners, where they may be entirely separated from relatives, sympathising friends and customary influences, and be under the constant supervision of a kind but strict supervision. Inebriety is a positive disease, and must not be confounded with mere drunkenness. Its treatment with drugs, such as capsicum, bark, etc., amounts to little more than a farce. The author recommends the complete withdrawal of the stimulus, and declares that it is perfectly safe, when the patient is constantly under the eye of a medical man. The paper is full of excellent suggestions in regard to the general management and dieting in inebriety, and, being written by one who has had a large experience in this field, will be read with special interest by the profession.

The Manual of Hypodermic Medication occupies about three-fourths of the volume. It is a translation of the second edition of this justly popular work among our foreign confrères. Among the new preparations, not to be found in the first edition, are chrysarobin, osmic acid, agaricin, antipyrine, convallaria maialis, eucalyptol, ichthyol, kairine, phenacetine and others. After a short history of hypodermic medications, and an illustrated chapter upon the methods and instruments employed, follow the descriptions and formulæ of the principal drugs administered in this way. The text has been made more available for American practitioners by the transmutation of the metric system of weights and measures into the English. Several useful tables and indexes add materially to the practical value of the work.

THE RETROSPECT OF MEDICINE. A Half-Yearly Journal, Containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by JAMES BRAITHWAITE, M.D. Lond. Vol. XCIX., Jan.—June, 1889. London: Simpkin, Marshall, & Co. 444 Pp.

This old friend makes its appearance this month in a new and greatly improved form. Instead of the usual paper back book, it is now presented by the publishers in the form of a compact, neatly bound volume in cloth, an improvement which at once commends itself to the reader. The long-established reputation of the "Retrospect" needs no further enhancement or recommendation by us. Each volume as it appears takes at once its place in the highest estimation of the profession, as a valuable encyclopædia of the latest advances made in the medical sciences.

Pamphlets.

Practical Notes on Urinary Analysis. By William B. Canfield, A.M., M.D., Lecturer on Normal Histology, University of Maryland. Reprint from *Maryland Medical Journal.* Baltimore, 1887.

Retained Debris as one of the Causes of Puerperal Fever. The Intrauterine Douche and Curette. By Chas. H. Earle, M.D., Chicago.

Suicide and Legislation. By Clark Bell, Esq., President of the Medico-Legal Society of New York. Reprint from the *Medico-Legal Journal*, June, 1888.

The Treatment (non-preventive) of Puerperal Fever. By Chas. H. Earle, M.D., Chicago. Reprint from the *Chicago Medical Journal and Examiner.*

The Medical Digest.

NAPHTHOL-CAMPHOR is a valuable antiseptic, whose application is not followed by pain. Salol-camphor has similar properties. They are prepared by adding 200 parts of camphor to 100 parts of betanaphthol or 300 parts of salol; reduced to a fine powder and gently warmed until they liquefy. The product is filtered and preserved in a well-closed bottle. They are miscible in fixed and volatile oils, ether, and alcohol. They have some solvent power, over iodine, cocaine and the cinchona salts. They are useful for preserving instruments, as they affect neither wood nor metal.—*Pharm. Jour.*

THE DISTRIBUTION AND DURATION OF VISCERAL NEW GROWTHS. The above was the title of the Bradshawe Lecture, delivered by Norman Moore, M.D., F.R.C.P. at the Royal College of Physicians of London, recently. After a systematic review of the evolution of our knowledge of visceral growths, from Hippocrates down to the present day, and a study of some of the well-ascertained facts in regard to their structure and natural history, the lecturer proceeded to give the results obtained from the examination of one hundred and twenty-three cases of new growths in the internal organs of the body, which had come under his observation, and included one hundred and two cases of carcinomata, and twenty-one sarcomata. As a result of this series of examinations, he arrives at the following conclusions:

1. That the *œsophagus* is a common seat of new growth in men, a very rare one in women.

2. That, in carcinoma of the œsophagus, the new growth is rarely confined to that organ.

3. That it may grow, along with the œsophagus, into the stomach.

4. That it may grow directly into the lung, and that this is a frequent occurrence.

5. That it may grow directly into the mediastinal glands.

6. That it may, though rarely, infiltrate the dorsal vertebræ.

7. That it is frequently associated with widespread secondary growths, of which the commonest seat is the liver, and that, after the liver, the lungs, heart, and kidneys are more often affected than any other viscera.

8. That the *stomach* is a common seat of new growth in both sexes.

9. That carcimona of the stomach generally grows from the pylorus towards the cardiac end of the cavity.

10. That the growth is rarely continued into the œsophagus, but more often than into the duodenum.

11. That, in about one-fourth of the cases, the growth extends directly into the lymphatics, along one or both curvatures of the stomach, forming dense masses, which may often be felt through the abdominal wall.

12. That, after these lymphatics, its most frequent seat of growth in continuity is the liver.

13. That it may also grow in continuity, though with less frequency than into the liver, into the diaphragm, omentum and mesentery, pancreas and transverse colon, and less often still into the ascending colon, spleen, vertebral column, and vena cava inferior.

14. That in two-thirds of the cases there are secondary growths, and that in one-third these are widespread, affecting one or more regions.

15. That the commonest seat of secondary growth is the liver, and next to it remote lymphatics, especially the glands in the hilum of the liver, the lumbar and mesenteric glands, and those of the mediastinum.

16. That after these the pancreas and lungs are most often the seat of secondary growth, and with nearly equal frequency.

17. That secondary growths are rare, but may also occur (in the order of frequency) in the peritoneum generally, and in the kidney, and least often and with equal rarity, in the heart, spleen, and supra-renal bodies.

18. That carcinoma of the *colon* tends to spread, by direct continuity, and may thus, according to its situation, penetrate the stomach, duodenum, ilium, or abdominal wall.

19. That it rarely has secondary growths, and that when these occur they are commonest in neighboring lymphatics, and may rarely be found in the liver.

20. That, in carcinoma of the *rectum*, a majority of the cases have neither growth in continuity nor secondary growths.

21. That the lumbar glands and the liver are the most frequent regions of secondary growth when occurring.

22. That the pancreas is sometimes infiltrated.

23. That the stomach is a more frequent seat of new growth than the œsophagus, and the œsophagus than the colon, and that, notwithstanding its greater length and therefore greater area of epithelium, the small intestine is the least frequent of all.

24. That new growths of the œsophagus lead to most widespread secondary growths, and new growths of the colon to the least widespread.

25. That new growths of the colon have the greatest tendency, perhaps owing to their situation, to grow directly into the other parts of the alimentary canal.

26. That carcinoma of the *gall bladder*, and *large bile duct* (generally the common duct) usually grows directly into the liver.

27. That secondary deposits, if present, are not widespread.

28. That their most frequent seat is the abdominal lymphatics, but that they may occur, in order of frequency, in the lungs, the liver, and the peritoneum.

29. That the *liver* is a rare seat of primary new growth.

30. That primary new growth in the *pancreas* occurs in both sexes.

31. That, in carcinoma of the pancreas, growth in continuity is rare, but may take place into the stomach, gall-bladder, transverse colon, or duodenum.

32. That secondary growths are not usually widespread, and that their commonest seat is the liver.

33. That they may also occur in the lungs, kidney, peritoneum, and heart.

34. That primary new growth in the *lungs* may be a carcinoma or a sarcoma.

35. That endothelioma of the *pericardium* may grow directly into the lung.

36. That its secondary deposits are usually widespread, and may include the liver, pancreas, spleen, kidney, and supra-renal body.—*Medical Press and Circular*, September 4.

GLYCERIN reduces the causticity of carbolic acid, provided no water is present. In cases of burns by this acid the skin should be washed with alcohol or pure water-free glycerin.

In a paper published in the *Bul. Gen. de Ther.* upon secondary post-partum hemorrhage M. Misrachi arrives at the following conclusions :

1. Secondary post-partum hemorrhage is an accident always alarming, often dangerous, and important to be stopped with the least possible delay.

2. Intra-uterine injections, which are an enormous improvement over former methods of treatment, are not always efficacious, and often require considerable time before effecting a cure.

3. The antiseptic dressing of the uterus by means of a species of curette or some other convenient instrument, is a method of treatment as inoffensive and much more rapid and effectual than intra-uterine injections.

Treatment of Diphtheria.—M. Gaucher employs the following formula :

℞.—Camphor . . . . . 20 grammes.
Castor oil . . . . . 15 grammes.
Alcohol at 90° . . . . . 10 grammes.
Phenic acid (crys.) . . . . . 5 grammes.
Tartaric acid . . . . . 1 gramme.
M.—Sig. Apply locally.

—*La Tribune Médicale.*

Iodoform in Cystitis.—

℞.—Iodoform . . . . . 50 gr.
Glycerine . . . . . 40 gr.
Distilled water . . . . . 10 gr.
Tragacanth . . . . . 25 gr.
M.—D. S. Add a spoonful of this emulsion to one-half liter of warm water and shake thoroughly.

The injections should be repeated every three days until four have been given, when once a week will suffice.—*L. Frey, Revue de Ther.*

An Abortive Treatment of Carbuncle by Iodoform.—This treatment consists in :

1. Disinfecting the diseased part with a carbolic solution of 1 part to 40, or with a solution of 1 part in 2000 of sublimate.

2. Spreading upon the surface a layer of powder prepared as follows :

℞.—Fine powdered Iodoform,
Oxide of Zinc . . . . . equal parts.
M.—S. A.

This dressing should be made with a brush dipped in phenic oil, and repeated twice daily and continued until the complete drying up of the tumor.

In a report read by M. René Lavalle at the Academy of Political and Moral Sciences, was the following :

At Reichemberg in Bohemia 6 per cent. only of the recruits were found good for the service, and of 365 weavers, not more than 9 per cent. At Berlin in 1000 recruits scarcely 40 were fit for service. War and manufacturing work—these are the two factors in the degeneration of the race ; war because it destroys the strongest and best constituted men ; industry because it atrophies them. The people to whom the future belongs are the agriculturalists.—*Revue de Ther.*

The Treatment of Placenta Prævia.—In a paper read before the Obstetric Section of the British Medical Association at Leeds, in August, Dr. J. Braxton Hicks advances the following rules which should be observed by obstetricians when dealing with that dangerous complication of pregnancy, placenta prævia :

1. After diagnosis of placenta prævia is made, proceed as early as possible to terminate pregnancy.

2. When once we have commenced to act, we are to remain by our patient.

3. If the os be fully expanded and the placenta marginal, we rupture the membranes and wait to see if the head is soon pushed by the pains into the os.

4. If there be any slowness or hesitation in this respect, then employ forceps or version.

5. If the os be small and placenta more or less over it, the placenta is to be carefully detached from round the os; if no further bleeding occur we may elect to wait an hour or two, but should the os not expand, and if dilating bags are at hand, the os may be dilated. If it appears the forceps can be admitted easily, they may be used, but if not, version by combined external and internal method should be employed, and the os plugged by the leg or breech of the fœtus ; after this is done, the case may be left to nature, with gentle assistance, as in footling and breech cases.

6. If the os be small, and if we have neither forceps nor dilating bags, then combined version should be resorted to, leaving the rest to nature, gently assisted.

7. If during any of the above manœuvres sharp bleeding should come, it is best to turn by combined method in order to plug by breech.

8. Where the death of the fœtus occurs before the end of the seventh month, version by combined method, no force following, is the best plan.

The after treatment must be conducted on the modern principles. Should oozing occur after the expulsion of the placenta, the swabbing of the lower uterus by styptics will be easy, and inasmuch as the outlet of the uterus is liable more especially to be blocked by adherent clots, it will be wise to irrigate the uterus daily with some antiseptic solution, or insert iodoform pessaries in the vagina, particularly if the irrigation cannot be done.

—*Medical Press and Circular.*

For Acne.—Gailleton has employed with success the following pomade :

℞.—Iodochloride of mercury . . . . . gr. ivss.
Ung. simp . . . . . ℥j
M.—S. Apply with prolonged frictions. The reaction is very energetic.

—*Revue de Ther.*

For Infantile Eczema.—

℞.—Acid boric . . . . . gr. lxxxj.
Vaselini . . . . . ℥j.
Bals. Peruan . . . . . gr. vijss.
M.—S. Apply to the parts affected.

—*Delapert, Revue de Ther.*

HINTS IN URINARY DISEASE. — Ultzman's work on "Urinary Disease" contains a number of excellent suggestions which, without being novel, present the treatment of some more common forms in a concise modern light. *Urethritis anterior gonorrhoica* is due to invasion of Neisser's gonococci and has a typical course, beginning at the external orifice, and gradually invading backward, until, in the fourth week, the bulbous urethra is attacked, and thus, in some cases, the case terminates. The treatment required is really, besides careful diet and rest, only cleansing of the canal with a gently astringent injection of alum, zinc or potass permanganate. The object is to render the cyclical course of disease free from complication. Meat should be avoided, except white meat; stimulants, coffee and spices, to be avoided. A suspensory bandage should be used. In active inflammation, cold compresses and injections of three per cent. boric acid solution; later a solution of alum, sulph. zinc and carbolic acid, about one grain each to the ounce, urinating three to six times daily. This solution is to be increased in strength as the tenderness ceases. Chronic gonorrhœa Ultzman treats by sounds, splitting of external meatus if necessary, by deep irrigation through a catheter, or by bougies of tannin and zinc with cocoa butter.

For treatment of strictures Ultzman advises either temporary or permanent dilatation, with the following rules:

1. Only new, perfectly disinfected sounds or bougies should be used.

2. Always begin with a number which on the previous day passed easily, then use the larger ones.

3. When a catheter can be introduced, it is useful to irrigate the canal for disinfection after each dilatation.

4. If bleeding occurs, all attempts should cease, order patient to be quiet, refrain from urinating several hours, and apply cold compresses to the perineum.

5. No sound should be introduced without previous examination of the fresh urine. If albumen is found present or increased, it is safer to defer treatment.

In very narrow strictures, Dunreicher's method is to be commended, viz.: to introduce a number of filiform bougies in succession, retaining all until one passes.

Elastic bougies should lie ten minutes; From No. 1., English, a stricture should be dilated to fifteen with bougies; then sounds up to twenty-four should be used. Now patient may introduce lead-rubber bougies, before retiring to bed, allowing them to remain one-quarter to one-half hour, first daily, later twice a week. *Permanent*, slow dilation is executed by allowing the instrument to remain twelve hours, the urine being evacuated alongside the bougie. Each day two numbers may be advanced, taking care to retain a size which passes easily. In this manner Ultzman claims to dilate strictures in four to five days without danger.

In retention due to stricture he recommends warm applications, baths and narcotics, followed by injections of a few drachms of oil, which is gently forced back by stroking. The penis is now firmly drawn forward, and a filiform bougie is introduced and retained ten minutes. The patient now rises and is ordered to pass urine, while the bougie is being withdrawn slowly. This process is repeated several times until the bladder is emptied. He regards this method as "excellent and always to be applied."

Ultzman regards internal urethrotomy as not to be prefered to dilatation in results. External urethrotomy cannot be dispensed with in some cases.

VAGINAL MYOMECTOMY.

Vaginal enucleation of uterine fibroids has gone out of vogue, since laparotomy has become so fashionable. Chrobak (*Med. Jahrbuecher*, ix, 535) regards enucleation as more in accordance with modern conservative surgery than laparotomy.

As a first condition all operators demand a short, wide, soft cervix; a narrow, long rigid one is a contraindicator. This may be correct when very large tumors are involved. But he advises enucleation in ordinary sized tumors, whenever it seems feasible to deliver them without great force. For this purpose a capacity for dilatation of the cervix suffices, and in one case (13) an absolutely virgin uterus did not prevent the enucleation of an egg-shaped growth 6 by 4.5 cm. diameter. He begins dilatation by tupelo tents; when the cervix is almost dilated, he increases the opening by making with scissors five or six radiating incisions, which are stitched after the operation. The best time for operation is immediately after the menstrual period. Submucous fibroids are the most suitable, but he has enucleated two multiple subserous tumors. Instruments should be avoided as the fingers must do most of the work.

A speculum is rarely used; the cervix is grasped high up by hooks, and the uterus drawn down. The incision is best made across the point where the tumor clearly leaves the uterine wall; in high tumors the most accessible point is chosen. The splitting is done by a probe-pointed knife or with a curve polypus scissors; the incision being widened by the finger or dull raspatory. The cautery iron is dangerous.

Enucleation should be made with the fingers, which may be aided by twisting with hooks, rarely by cutting.

Chrobak deprecates the use of violence, although a certain amount is needed. Instruments for grasping the tumor securely are, however, required. Very large tumors may be compressed by the cephalotribe or cranioclast, or they may be removed piecemeal, after applying elastic ligature. Patients' nates, vulva and vagina are rendered aseptic by irrigation and brushing with sublimate solutions, an iodoform pencil is put into the uterus, iodoform gauze tampon into the vagina, which is removed just before operation. During the latter a weak salicylic stream is played upon the parts; the hands are dipped in cold sublimate solution when they become numb. After enucleation the uterine cavity is thoroughly irrigated and swept with cotton tampons dipped into sublimate or carbolic solution. Loose remnants are not removed; they shrivel. Chrobak tampons the uterus and drains it with iodoform wicks, and gives ergotin

subcutaneously. On the fourth or fifth day the dressings are removed, unless earlier demanded by a rise of temperature. Chrobak publishes nine cases in addition to his previous eleven cases, of which one died. His communication certainly deserves attention in this day of indiscriminate laparotomies.

For Phthisis.—

℞.—Hydrarg. biniodid . . . . . gr.xv.
Potass. iodid . . . . . gr.xv.
Aquæ dest . . . . . oij.
M.—S. For use with the atomizer.

—Rueff, Revue de Ther.

Incompatibility of Antipyrine with other Drugs.—M. Charles has called attention to the precipitate which is formed by mixing solutions of antipyrine and cinchona, and M. Ferand has made later some experiments which warrant him in saying, that in mixtures containing antipyrine and cinchona all the active principles of the potion are precipitated and leave in the filtered liquid scarcely a perceptible trace of antipyrine and the alkaloids. He notices, as did M. Charles, that the precipitate is readily soluble in weak acids, from which he concludes that the potion does not become inert, as the precipitate should dissolve in the gastric juice.

Treatment of Diphtheritic Conjunctivitis.—M. Agnifor Blanch considers this disease first as a local and then a general disease, and favors the increase of the conjunctival secretion as a means of detaching and eliminating the false membrane. This treatment consists of lavings of boric acid or of sublimate 2 to 1000 solution, the detachment of the false membrane with a forceps, the cleaning of the mucus with a linen cloth dipped in lemon juice or tartaric acid, and then the application upon the conjunctiva of a substance intended to prevent the false membrane from being reproduced. This substance is Helentine, which appears to act specially upon the microbes of diphtheria, and which besides increases the vascularity of the conjunctiva and its secretion. Then it is necessary to avoid absolutely from moist heat.

—La France Médicale.

M. Blainville, pharmacist, records a new incompatible with antipyrine; having had occasion to mix 4 grammes of antipyrine and 5 grammes of hydrate of chloral, and 15 grammes of water, he found the mixture became milky, then clearing deposited an oleaginous liquid. Decanted, this liquid possessed neither the taste of antipyrine nor of chloral, but resembled coriander seeds.

Upon the subject of incompatibles, which are discovered each day by pharmacists, M. Ferand remarks, that they should avoid mixing substances as complex as antipyrine with chemicals capable of modifying its composition, and consequently its physiological action.

Formulas the most simple, said he, such as distilled water sweetened, should be the rule when prescribing a new body used in therapeutics before all its chemical characteristics are thoroughly studied.

—La France Médicale.

Medical News and Miscellany.

Dr. F. D. Castle has removed to 1502 Walnut Street.

Dr. Andrew Graydon has removed to 1338 Walnut street.

Professor Keen was too ill to give his introductory lecture.

There were twenty-one deaths from starvation in London last year.

Foot-ball playing has commenced at the University of Pennsylvania.

It has been stated that next year the University is to have a new Provost.

The outbreak of cholera in Mesopotamia is exciting apprehension in Russia.

Artificial cloves have appeared in the market. Theatre-goers, take warning!

In La Grasse, France, where perfumes are largely made, phthisis is said to be unknown. (?)

Citron cream is a good application for cracked lips. Ung. hydrarg. ox. rub. is another.

English medical journals herald the opening of the foot-ball season with the record of a death.

By slowly sipping cold water it is said that many cases of headache may be cured,—Psychotherapy?

The authorities of Queen's College, Belfast, have decided to admit female students of medicine during the ensuing session.

George P. Thomas has been elected Resident Physician of the Jewish Hospital, in place of A. W. Rocap, resigned.—*Record.*

A case of smallpox has appeared in Chicago, in the person of a young man who had just come from Havre, where the disease now prevails.

In the report of the proceedings of the *Mississippi Valley Medical Association*, Dr. Francis Dowling's name was erroneously spelled with a B.

Elementary instruction in medicine shall hereafter be given in the Orthodox seminaries of the Russian Empire, by decree of the Holy Synod.

Eighteen premature infants have been saved by the couveuses at the Philadelphia Woman's Hospital. No cases of failure have as yet been recorded.

We regret to hear of the death of the senior partner of the firm of Lutz & Movius, of New York. Mr. Lutz was one of those gentlemen with whom a business interview was a pleasure.

Sir Edwin Arnold says that in India, with 200,000,000 inhabitants, a love-match never occurs; and yet there are more happy marriages, happy homes, and pure domestic relations than anywhere else in the world.

We judge that Mr. Arnold must be about 80 years old.

In our recent report of the proceedings of the *Mississippi Valley Medical Association*, the name of the treasurer should have been Dr. C. F. McGahan, of Chattanooga, Tenn., instead of Dr. Chapman, who was former treasurer.

The following are the selections for this season's Health Talks to Young Men in the Hall of the Young Men's Christian Association, upon the evenings of the dates assigned. Music or gymnastics will precede the lectures: Dr. Frank Woodbury, Digestion and Diet, October 8. Dr. J. P. Crozier Griffith, Respiration and Circulation, October 17. Dr. Charles K. Mills, The Brain and Its Functions, October 24. Dr. De Forest Willard, Some Emergencies and How to Meet them, October 31.

The recent session of the International Congress of Medical Jurisprudence was successful beyond the most sanguine expectations of its promoters. It perfected a permanent organization and provided for the selection of an additional vice-president from each State and Territory of the American Union, and from each foreign province, State and country who had members in the organization that took an interest in the success of the movement.

The expenses of publishing all the papers read at this Congress, with a record of its transactions and the proceedings at the banquet, will fill a large volume, the expense of which is estimated will be about $700. The Executive Officers were authorized to elect additional members into the organization, the only expense of which is the enrolling fee of $3.00, which entitles the member to the *Bulletin* free.

Co-operation is earnestly solicited in all localities, and names will be laid before the Executive Officers for enrollment as members on receipt of the enrolling fee, which can be sent to any officer of the body.

The officers elected by the Congress, held June 4th to 7th, 1889, in New York, were as follows: President, Clark Bell, Esq., of New York; Secretary, Moritz Ellinger, Esq., of New York.

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from September 29, 1889, to October 5, 1889.

Kendall, William P., Assistant-Surgeon. Granted leave of absence for one mouth. S. O. 93, Dept. of the Platte, October 2, 1889.

Tremaine, William S., Surgeon. Relieved from temporary duty at Fort Leavenworth, Kansas, and will return to his home, Buffalo, N. Y. Par. 13, S. O. No. 230, A. G. O., October 3, 1889.

Billings, John S., Surgeon. Detailed as delegate to represent the Medical Department of the Army at the annual meeting of the American Public Health Association, to be held at Brooklyn, N. Y., October 22, 1889. Par. 10, S. O. No. 230, A. G. O., October 3, 1889.

Poindexter, Jefferson D., Assistant-Surgeon. Granted leave of absence for one month. S. O. No. 113, Headqrs. Dept. of Dakota, September 30, 1889.

Pope, Benjamin F., Surgeon. Relieved from duty at Fort Clark, Texas, and will report for duty to commanding officer, Whipple Barracks, Arizona Territory. Par. 11, S. O. No. 230, A. G. O., October 3, 1889.

Adair. George W., Captain and Assistant-Surgeon. Leave of absence for one month. S. O. 90, Headqrs. Dept. of the Platte, September 25, 1889.

Pope, Benjamin F., Major and Surgeon. By direction of the Secretary of War, the leave of absence granted in S. O. No. 54, August 17, 1889, Dept. of Texas, is extended one month. Par. 6, S. O. 224, A. G. O., September 26, 1889.

Chapin, Alonzo R., Captain and Assistant-Surgeon. With the approval of the Secretary of War, leave of absence for fourteen days is granted. Par. 10, S. O. 223, A. G. O., September 25, 1889.

Burton, Henry G., Captain and Assistant-Surgeon. By direction of the Secretary of War, will report in person, on the expiration of his present sick-leave of absence, to the commanding officer, David's Island, New York, for temporary duty at that station, and by letter to the superintendent, recruiting service. Par. 3, S. O. 223, A. G. O., Washington, September 25, 1889.

Loring, Leonard Y., Major and Surgeon. Station is changed by direction of the Secretary of War, from Fort Mojave, Ariz. Ty., to Fort Wingate, N. Mex., and he will report for duty at the latter accordingly. Par. 7, S. O. 219. A. G. O., September 20, 1889.

Changes in the Medical Corps of the United States Navy for the week ending October 5, 1889.

Harmon, George E. H., Surgeon. Detached from the U. S. S. Constellation, and ordered to Naval Academy.

Lownes, C. H. T., Assistant-Surgeon. Detached from the U. S. S. Constellation, and to Naval Academy.

Winslow, George F., Surgeon. Ordered to Marine Rendezvous, Boston.

Henry, Charles P., Assistant-Surgeon. Ordered before the Retiring Board for examination.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the six weeks ended October 5, 1889.

Fessenden, C. S. D., Surgeon. Granted leave of absence for thirty days. October 3, 1889.

Wyman, Walter, Surgeon. Granted leave of absence for thirty days. September 3 and 21, 1889.

Sawtelle, H. W., Surgeon. Granted leave of absence for seven days. September 26, 1889.

Austin, H. W., Surgeon. Granted leave of absence for thirty days. September 9 1889.

Gassaway, J. M., Surgeon. When relieved at New Orleans, La., to rejoin station at Cairo, Ill. September 30, 1889.

Goldsborough, C. B., Surgeon. Leave of absence extended thirty days, on surgeon's certificate of disability. September 16, 1889.

Armstrong. S. T., Passed Assistant-Surgeon. Relieved from duty at New York; ordered to command of service at Cleveland, Ohio. September 17, 1889.

Ames, R. P. M., Passed Assistant-Surgeon. Assigned to duty at New Orleans, La., upon expiration of leave of absence. September 30, 1889.

White, J. H., Passed Assistant-Surgeon. Leave of absence extended thirty days, on surgeon's certificate of disability. September 21, 1889.

Norman, Fenton, Assistant-Surgeon. Granted leave of absence for thirty days, to take effect when relieved. October 4, 1889.

Pettus, W. J., Assistant-Surgeon. Ordered to Portland, Me., for temporary duty. September 26, 1889. Granted leave of absence for twenty-six days, to take effect when relieved. October 6, 1889.

Kenyoun, J. J., Assistant-Surgeon. Granted leave of absence for thirty days. September 28, 1889.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Accoucheur, the, and his forceps, Barnes. The Practitioner and News, Sept. 28, 1889.

Acute intestinal obstruction complicating strangulated hernia; herniotomy, with subsequent laparotomy recovery, Way. Med. News, Oct. 5, 1889.

Adénites aigues, par le Dr. Daudois. Revue Medicale de Louvain, Juillet, 1889.

A few clinical cases, showing the value of oxygen combined with nitrogen-monoxide, in the treatment of pulmonary and other troubles. E. C. Titus, M.D. N.Y. New York Medical Record, Oct. 5, 1889.

Aseptic surgery, Burrell. The Boston Med. and Surg. Journal, Oct. 3, 1889.

Angular curvature, nature of the physiological failures which superinduce vertebral deformity, Taylor. New York Med. Journal, Oct. 5, 1889.

Antipyretics in various diseases, attended with abnormal elevation of animal heat; general propositions with reference to the employment of, Jones. Virginia Medical Monthly, Oct., 1889.

Antiseptic treatment and protection for the membrana tympani in perforations, the result of otorrhœa, the value of, Turnbull. Virginia Med. Monthly, Oct. 1889.

Cæsarean section, a case of, Hays. N. C. Med. Jour., Sept., 1889.

Calcul vesical. Taille hypogastrique; par le Dr. Thisguen. Revue Medicale de Louvain, France, Juillet, 1889.

Chlorosis, simple anæmia, and pernicious anæmia, including leucocythæmia and Hodgkin's disease, Henry. Medical News, Oct. 5, 1889.

Chronic diseases of the upper air-passages, on the connection of, Freudenthal. The Journal of the Amer. Med. Ass'n. Oct. 5, 1889.

Cocaine, as a local anæsthetic, Long. The Peoria Medical Monthly, Sept., 1889.

Colon, flushing of the, Etheridge. The Peoria Medical Monthly. Sept., 1889.

Creasote, in fifty cases of disease of the air-passages, the value of, Watson. Virginia Med. Monthly, Oct., 1889.

Deafness, its causes and prevention, from a rational standpoint, Hays. N. C. Med. Journal, Sep., 1889.

De la nephrorraphie, M. le Prof. Trélat. La France Medicale, Sept. 21, 1889. Paris.

De la pluralité des experts; par A. Cesné. La Normandie Medicale, Sept. 15, 1889. Rouen, France.

Der unregelmässige Bau des Brustkastens als Faktor in der Disposition zur Tuberkulose, Maszkowski. 23 Sept., 1889.

Des affections réflexes provenant de la muqueuse nasale, etc. Par le Dr. Palo. Gazette Medicale de Nantes, Sept. 9, 1889.

Des toniques du cœur, par M. Bucquoy. La France Medicale, Sept. 19, 1889. Paris.

Deux cas d'ostéomyélite infectieuse, ayant comme portes d'entrée: l'un une lymphangite d'origine traumatique, l'autre une blennorrhagie ancienne; par le Dr. Cauchois. La Normandie Medicale, Sept. 15, 1889. Rouen, France.

Die Therapie der Augenmuskellähmungen, Mauthner. Wiener Medizinische Blätter, 19 Sept., 1889.

Die Zukunft der Mikroskopie, Heitzmann. *Ibid.*

Digitalis, therapeutic value of, Smart. The Toledo Medical and Surgical Reporter, October, 1889.

Eclampsia puerperal de familia, Murillo. Revista Médica de Chili.

Etiology and treatment of pelvic abscess, Dunning. Indiana Medical Journal, Oct., 1889.

Evolution in the causation of disease, G. N. Best, M.D. Lehigh Valley Medical Magazine, Oct., 1889.

Forensic microscopy, or the microscope in its legal relations, Lewis. The American Monthly Microscopical Journal, Sept., 1889.

Gangrenous lipoma operation, clinical remarks on a, Nisbet. N. C. Med. Journal, Sept., 1889.

Gastric neurasthenia, Garland. The Boston Medical and Surgical Journal, Oct. 3, 1889.

Gonorrhœa, the principles that should guide us in the rational treatment of, Lewis. American Practitioner and News, Sept. 28, 1889.

Greffe zooplastique faite avec la peau de poulet. Cicatrisation rapide. M. Bilhaut. Annales d'Orthopédie, Sept., 15, 1889.

Hypertrophie de la jambe droite, Marc Sée, rapporteur. Bulletin de l'Academie Medecine, Sept. 17, 1889. Paris.

Idiosyncrasy to quinine, peculiar case of, Evans. Medical News, Oct. 5, 1889.

Influence and work of the Academy; being an address delivered at the laying of the corner stone of the New York Academy of Medicine, Oct. 2, 1889, by A. Jacobi, M.D.N.Y. New York Medical Record, Oct. 5, 1889.

Intussusception and the use of injections. H. E. Forest, M.D.N.Y. New York Medical Record, Oct. 5, 1889.

Is Senn's gas test infallible and always devoid of danger? Dalton. Weekly Medical Review, Sept. 28, 1889.

La Croix-Rouge française; feuilleton par le Dr. Every Body. Journal d'Hygiene, Sept. 12, 1889. Paris.

Laparotomy, in a case of dermoid cyst, Darey. Med. News, Oct. 5, 1889.

Le gaiacol, M. L. Jumon. La France Medicale, Sept. 12, 1889. Paris.

Le lavage de la vessie par la voie sus-pubienne comme complétement de la jonction évacuatuce; par le Dr. F. Verchére. La France Medicale, Sept. 1889.

Le sort des tuberculeux dans l'avenir; par Henry Bennet, D.M.P. Journal d'Hygiene, Sept. 12, 1889. Paris.

Litholapaxy, in children, Allen. The Journal of the Amer. Med. Ass'n., Oct. 5, 1889.

Lymphangite chez un diabétique. Annales d'Orthopédie, Sept. 15, 1889.

Massage, Spink. Indiana Med. Journal, Oct., 1889.

Medical practice in the United States, the legal restrictions of, Millard The Journal of the Amer. Medical Ass'n., Oct. 5, 1889.

Nasal differentiation, Woolen. American Practitioner and News, Sept. 28, 1889.

On the bacteriological test of drinking-water. Edward K. Dunnam, M.D.N.Y. New York Med. Record, Oct. 5, 1889.

Osteo-myelite de l'humérus, hemorrhagies, mort; par le Dr. Bellonard. Gazette Medicale de Nantes, Sept. 9, 1889.

Physician and specialist, North. The Toledo Medical and Surgical Reporter, Oct., 1889.

Rectal cystotomy, Bauer. American Practitioner and News, Sept. 28, 1889.

Rein kystique, cancer ano-rectal. Prof. Trélat. La France Medicale, Sept 17, 1889.

Remarques sur l'hérédité; par le Dr. Hervonet. Gazette Medicale de Nantes, Sept. 9, 1889.

Sur l'action physiologique et thérapeutique de la methylacétanilide (exalgine); par le Dr. Gaudineau. Bulletin Général de Thérapeutic, Sept. 15, 1889. Paris.

Sur une tumeur de la parotide, M. Campenon. La France Medicale, Sept. 10, 1889. Paris.

Railway shock and its treatment, F. X. Dercum, M.D. Lehigh Valley Medical Magazine. Oct. 1889.

Traitement de l'hydrocile avec ou sans épaississement de la tunique vaginale; par le Prof. Verneuil. Annales d'Orthopédie, Sept. 15, 1889.

Traitement de l'incontinence nocturne d'urine chez les enfants; par le Dr. Auguste Ollivier. Bulletin Général de Thérapeutique, Sept. 15, 1889. Paris.

Trepanation du crâne en dehors du traumatisme; par M. Lucas-Championniere. Annales d'Orthopédie, Sept. 15, 1889.

Ueber die Prophylaxis durch Nahrung, Dujardin-Beaumetz. Wiener Medizinische Blätter, 19 Sept., 1889.

Vaccine ulcereuse, par M. Hervieux. Bulletin de l'Academie Medecine, Sept. 17, 1889. Paris.

Vomissements de la grossesse, par M. Gueniot. Bulletin de l'Academie Medecine, Sept. 17, 1889. Paris.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 580.

NEW YORK AND PHILADELPHIA, OCTOBER 19, 1889.

The Medical Register Vol. VI, No. 146.

PAGE

ORIGINAL ARTICLES.

HÆMATOMA OF THE VULVA IN THE NON-PUERPERAL STATE. By Kingman B. Page, M.D., New York City - - - - - - - 577
THE MODE OF ENTRANCE OF THE BACILLUS TUBERCULOSIS INTO THE SYSTEM. By Lawrence F. Flick, M.D. - - - - - - - 579
LUXATION OF THE FOURTH CERVICAL VERTEBRA RESULTING IN HEMIPLEGIA. Reduction and Cure. By Ernest Laplace, A.M., M.D., Paris - - - - - - - - - 582
MEDICO-LEGAL CASES. By Henry A Riley, Esq., New York - - - - - - - - - 583

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:
Chorea. *Anders* - - - - - - - - - 584
Entero-Colitis. *Anders* - - - - - - - 585
Endocarditis. *Anders* - - - - - - - - 586
Treatment of Hemiplegia. *Waugh* - - 586

EDITORIAL.

THE IMMEDIATE CAUSATION OF LABOR - - 587
A FEEBLE STEP - - - - - - - - - - 588
MILK SICKNESS - - - - - - - - - - 588

ANNOTATIONS.

Catarrhal Salpingitis - - - - - - - - - 589
Bogus Diploma Mills of Vermont and New Hampshire - - - - - - - - - - - 589
Acquitted of Felonious Assault - - - - - 589
Uterine Catarrh—Local Application of Morphine - - - - - - - - - - - 590
Treatment of Typhoid Fever by Cold Baths, 590

PAGE

LETTERS TO THE EDITOR.

Novel Design for Treatment of Fractured Clavicle. *Trimmer* - - - - - - - - 590
A Case of Criminal Abortion. *Frankhauser*, 590

SOCIETY NOTES.

AMERICAN ORTHOPEDIC ASSOCIATION - - 591
Typhoid Spine. *Gibney* - - - - - - - 591
Relation of the Thoracic and Abdominal Walls to the Spinal Column. *Weigel* - 591
Psoas Contraction as a Symptom. *Brown*, 591
The Prevention of the Short Leg of Hip-Disease. *Judson* - - - - - - - - 591
A Case of Caries of the Ankle Treated Conservatively. *Foster* - - - - - - - 592
Report of Cases of Caries of the Ankle Treated by Excision. *Scudder* - - - - 592
Rest in the Treatment of Hip Joint Disease. *Willard* - - - - - - - - - 592
Abscesses in Hip Disease, Their Prevention, Significance and Treatment. *Lovett and Goldthwaite* - - - - - - - - 592
Congenital Dislocation at the Hip. *Ridlon*, 593
The Immediate Disregard to Malposition of the Thigh in the Treatment of Hip Disease. *Barton* - - - - - - - - - 593
An Experimental Study of Distraction of the Hip Joint. *Brackett* - - - - - - 593
An Analysis of Twenty-one Cases of Hip Disease Treated by the Thomas Splint. *Huddleston* - - - - - - - - - - 594
Fixation and Traction in the Treatment of Hip Joint Disease. *Ridlon* - - - - 594
Excision of the Hip Joint. *Sayre* - - - 594
When Shall Treatment be Dispensed With in Spondylitis? *Ryan* - - - - 594
A New Exercise in the Treatment of Lateral Curvature of the Spine. *Steele* - - 595
Acute Arthritis of Infarcts. *Townsend* - 595

PAGE

BOOK REVIEWS.

An Experimental Study of Intestinal Anastomosis. *Brokaw* - - - - - - - - - 595

PAMPHLETS - - - - - - - - - - - 595

THE MEDICAL DIGEST.

Treatment of Chlorosis - - - - - - - - 595
Gargle in Quinsy - - - - - - - - - 595
Sulfonal. *Boethrick* - - - - - - - - - 595
Instantaneous Remedy for Lumbago. *Peoria Medical Journal* - - - - - - - - 596
Uses of Antifebrin. *Salhi* - - - - - - - 596
Erysipelas. *Calvelli* - - - - - - - - 596
Angina Pectoris. *Dujardin-Beaumetz* - - 596
Blennorrhagia. *Brennan* - - - - - - - 596
Suppositories for Endometritis. *Terrier* - 596
Illicium Parviflorum. *Barral* - - - - - 596
Cocaine in the Vomiting of Pregnancy. *Weiss* - - - - - - - - - - - - 596
Asthma and the Uterine System. *Peyer* - - 596
Is Leprosy Hereditary? *Ortman* - - - - 597
Chorea Attributed to Poisoning by Iodoform. *Demme* - - - - - - - - - - 597
Pathology of Miners. *Fabre* - - - - - - 597
Antipyrin in the Treatment of Diabetes. *Robin* - - - - - - - - - - - - 597
Treatment of Burns of the Eye. *Trosseau* - 597

MEDICAL NEWS AND MISCELLANY, 598

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - 599

MEDICAL INDEX - - - - - - - - - 599

NOTES AND ITEMS - - - - - - iv, xiv

Original Articles.

HÆMATOMA OF THE VULVA IN THE NON-PUERPERAL STATE.

WITH A REPORT OF THREE CASES.

BY KINGMAN B. PAGE, M.D.,
NEW YORK CITY.

Hæmatoma of the vulva, "a tumor formed by a mass of clotted blood effused into the tissue of one labium or the areolar tissue immediately surrounding the wall of the vagina."
—T. GAILLARD THOMAS.

ALL our standard text-books on midwifery mention this injury as one of the complications of labor, but the literature of the subject of its occurrence in the non-puerperal state is but scant indeed, and by many gynæcological writers of systematic treatises is totally ignored.

Authors differ widely as to the frequency of its occurrence. Thomas[1] states that, "in an experience of thirty years I have met with but three cases;" while Velpeau claims it to be as frequent in the non-puerperal as in the puerperal state. Grailey Hewitt[2] writes: "This is not by any means a common affection," and regards it in its relations to the puerpera. By West and Duncan[3] it is ignored. Nonat et Linas[4] mention it, without giving cases, as the result of blows, falls, or as an accident of awkward coitus. Barnes[1] refers to it only in its obstetrical light. Schroeder[2] briefly mentions the case of Von Franque's and dismisses the subject. Winckel[3] writes: "Altogether, I have seen five cases in the non-gravid state."

We have here the testimony of gynæcologists of great experience, several of them being residents of the great cosmopolitan cities of New York, Paris, London and Berlin, as to the rarity of the injury; while Velpeau stands alone in his opinion.

An anatomical study of the vulva discovers a large vascular plexus situated comparatively superficially, surrounded by tissues which are also exceedingly vascular.

A slight injury to these parts readily causes an extravasation of blood, and severe violence, rupturing some of the larger veins or even the bulbs themselves, causes an extravasation of blood in such quantities as to seriously collapse the patient. By its anatomy we can clearly see that in a rupture involving the larger veins and the bulbs, there is nothing but the highly elastic and distensible tissues of the labia majora to form the sac and exert a restraining influence. This explains the extraordinary size and capacity of the hæmatoma in one of the cases I shall report.

The question will now arise, How is it that, with tissues so favorably constituted for the formation of blood extravasations, they so rarely occur?

[1] "Diseases of Women."
[2] "Diseases of Women." Amer. Ed.
[3] "Diseases of Women." Eng. Ed.
[4] "Maladies de l'Uterus."

[1] "Diseases of Women." Amer. Ed.
[2] "Diseases of Female Sexual Organs." Vol. X, Ziemssen's Cyclopædia.
[3] "Diseases of Women." Parvin's Ed.

The true explanation, I believe, will be found in the following lines, quoted from Dr. Ranney's monograph:[1] "In the nude, erect female, only the mons veneris is seen; the external genitals being hidden by the thighs."

So that the violence of falls, blows, etc., is usually received on the mons veneris or thighs, the vulva escaping, except in those cases where the woman, taken by surprise, or as the result of careful and purposely delivered blows, receives them directly on the external genitals.

The nature of the injuries which have caused a vulvar hæmatoma are as many and varied as those which cause any other surgical lesion. Nonat et Linas cite awkward coition; Von Franque, straining at stool; Gempe, in a nurse, twenty years of age, who had lifted patients a good deal; Winckel, the result of a fall against the side of a bath-tub. In my cases, one was caused by a fall astride of the rung of a ladder, the second by a well-applied kick, the third the result of a fall against the corner of an ice-box.

The symptoms are the formation of a tense, elastic, non-fluctuating tumor in the labium, following local injury, accompanied by more or less collapse and pain.

The treatment: cold applications, pressure, or incision and drainage.

I have been extremely fortunate in my experience with this injury, having had under my charge three cases in the past two years, two of which are of more than ordinary interest.

HÆMATOMA—RIGHT LABIUM MAJUS.

CASE I.—Miss R. M., aged nineteen years, on December 18, 1887, while hanging a picture, slipped and fell astride the rung of a step-ladder. She managed to get up from this awkward position unaided, but was immediately seized with an attack of vomiting and faintness, with severe pain in the region of the groin.

I saw her about two hours after the accident, and on examination found that a tumor about the size of a hen's egg had formed in the right labium majus. Ice was at once applied, and cold applications kept up for several days; the pain at no time was very severe. Under this treatment the swelling diminished somewhat; the cold applications were discontinued, and mild counter-irritation used for a period of ten days, after which time all treatment was discontinued, and at the expiration of a month the patient reported the swelling to have totally disappeared.

HÆMATOMA COMPLICATED BY CHANCROIDAL INOCULATION.

CASE II.—Miss May H., aged twenty-six years (an obstetrical virgin), on the night of 6th of November, 1888, received from her "friend," as a slight punishment for inoculating him with a chancroid, a well-applied kick on the vulva. The woman went into a state of depression almost amounting to collapse, on which her gallant "friend" immediately deserted her. She was found in this condition some hours afterward by the other inmates of the house, by whom she was dosed liberally with brandy without her true condition being understood.

A physician resident in the locality was called in, and seeing the serious condition of the patient, recommended her removal to the hospital, refusing to take charge of the case. Late in the afternoon of the next day I was requested to see the case. The patient was a finely-developed blonde, syphilitic. By this time she had recovered somewhat from the shock, but was too much "exhilarated" to give any sensible account of herself, or to admit of any extended local treatment. Ordered ice-bags to the vulva, and abstention from liquor. November 8 the patient had somewhat recovered from her debauch. Complained of severe pain and throbbing in genitals. The woman was placed on a table; a thorough examination revealed a shocking condition. The whole vulva was greatly swollen, especially the left labium majus which was swollen to the size of an orange. The nymphæ were torn, the frenum torn from the clitoris, and the clitoris itself lacerated. There had been quite a profuse hæmorrhage from these lacerations. The edges of several of the larger tears were trimmed off and united; the whole vulva freely irrigated with corrosive sublimate solution, 1–2000, then covered with iodoform gauze, and the ice-bag reapplied. She then passed out of my hands until December 1, when I was again requested to take the case. As to what had been done in the meantime I have little knowledge, as Miss H. was very non-communicative, save that she had gone to the country, and the "thing had burst." Professional interest was the only inducement which I had to take the case, and it rewarded me.

Examination revealed, if possible, a worse condition than before. The hæmatoma had discharged, as the patient stated, and had undoubtedly become infected (from the chancroid, which she admitted having at the time of the injury). In place of the tumor was found a large cavity, whose walls were sloughing, and formed on one side by the vagina, superiorly by the abdominal skin, externally and inferiorly by the skin and subcutaneous tissue of the thigh. The inguinal and femoral glands had suppurated, the labium of this side was totally destroyed, the right side was comparatively in good condition.

Nitric acid was, as freely as compatible with safety, applied to the sloughing tissue, constant irrigation with corrosive sublimate solution 1–3000, used for nearly a week, at the end of which time the wound looked somewhat cleaner and better. Strong nitrate of silver solution was then applied to greater parts of the sides of the wound, and iodoform dusted on. This treatment was continued for two weeks, at the end of which time the wound looked nearly healthy. Simple iodoform dressings were used with balsam of Peru, until the whole surface of the ulcer, save a part about two inches square, had healed. This surface obstinately refused to heal; resort was then had to skin grafting, and finally, by this means, the ulcer was healed; at the expiration of five months from the receipt of original injury, as a result of which the

[1] "Topographical Relations of the Female Sexual Organs." A. L. Ranney, M. D. William Wood & Co., N. Y., 1883.

patient was left minus the left labium majus and minor, and the vagina much distorted and drawn to the left.

CASE III.—Mrs. Marie R., forty-four years of age, M. VI para. Mrs. R. had been hanging her wash from the fire escape, and in re-entering the room by the window fell, with her legs wide apart, on the corner of the ice-box. She fainted, and on gaining consciousness, had a severe vomiting attack, and suffered greatly from shock. Her family much frightened by the syncope, called in the nearest physician, who happened to be an irregular. He directed cold applications, and gave a narcotic for the painful tense swelling he found in the right labium. The case remained in his charge for ten days; the tumor gradually increasing in size and becoming more painful, the patient, in the meantime, passing but little urine —twenty ounces per diem. During this time he alternated hot and cold applications.

On June 3, the tenth day of the injury, the swelling rapidly increased in size, and the pain became intense, on which he resigned the case, stating that it necessitated the services of a surgeon.

On June 4, 3 A. M., the pain during the night had been so intense that on recommendation of a relative on whom I had recently operated, I was requested to see the case. A hurried examination showed the necessity of operative procedure, as the tumor wat the size of a large cocoanut and tense as a drumhead. I gave the patient a hypodermic of morphine to relieve the pains; by catheter obtained urine for examination, tumor interfering with micturition. Urine examined—sp. gr. 1026, no albumen, no sugar, large quantity mixed urates, reaction neutral, color deep yellowish red.

Operation at 2:30 P. M., was in presence of Dr. J. H. Forman, and one of my students, Mr. Chas. S. Woodward. When the patient was placed on the table we were all surprised at the great extent of the ecchymosis. The whole abdomen from the sternum to the pubis, round to the spine and down thigh to knee on the right side, was mottled by blue, dark green and yellowish coloration, producing a most striking appearance. The tumor, as large as a cocoanut, prevented the thighs from being brought into apposition; but it was only on separating them that the size of the hæmatoma was realized. Extending from the mons veneris to the anus, and overlapping the whole left side of the vulva was a tense, elastic, non-fluctuating, exquisitely tender swelling, involving the right labium majus, and presenting the same mottled coloration so striking on the abdomen. Ether was administered by Dr. Forman. The mons and labium were shaved, scrubbed with soap and water, washed with bichloride 1–1000, and then with iodoform ether. An incision two inches in length was made on the under side of the tumor, and twenty ounces of black clotted blood evacuated, the cavity scraped out with a Thomas blunt curette. The extent of the cavity and its boundaries was then ascertained. The bulb of the vagina had been ruptured, and the extravasated blood was effused under the subcutaneous tissue of the mons, down the internal surface of the thigh and backward to the anus. The whole hand could be introduced without difficulty. The cavity was thoroughly irrigated with bichloride 1–2000. A drainage tube was introduced, and an iodoform dressing applied, which was covered with rubber tissue, retained in place by a T bandage, vagina irrigated and tamponed to cause pressure on dressing in wound. Saw Mrs. R. again the same evening. She had recovered from the ether, but had only passed two ounces of urine; ordered to drink a glass of water hourly.

June 5. Complains of pain during the night, which passed off toward morning; passed but little urine, no albumen; has a sense of constriction in chest; examined dressing; no hemorrhage.

June 6. No pain. Moved bowels with citrate of magnesia. Quantity of urine passed in twenty-four hours about four ounces; no albumen. Has slight ether bronchitis. Pulse poor. Complains of weakness. Continued drinking cold water. No headache.

June 7. Examined wound. No hæmorrhage or suppuration. Withdrew drainage tube. Slight swelling over mons. Urine increasing in amount. No pain. Bowels moved. Bronchitis improving.

June 9. Wound healing by first intention. Swelling over mons the same. Slight induration in the perineum. Urine nearly normal in amount.

June 12. Patient sat up for a time. Wound nearly healed.

June 16. Urine normal in quantity. Bronchitis ceased. Labium still a little enlarged. Feels perfectly well.

June 20. Discharged. The vivid mottling of the abdomen still present. Patient informs me that it lasted for a period of nearly two months.

I have detailed this and the preceding case at some length for the purpose of comparison. They are worthy of it. The second case shows the result of neglect and the mutilation resulting from it, while the last case shows the results to be obtained by thorough and careful antisepsis.

My cases have been numerically too few in number to afford substantial ground for deductions as to treatment, but in any case when, after a full trial of the controlling influences of cold applications, we meet with failure, the tumor either increasing in size or not showing signs of re-absorption, as in case 3, when the tension is so great as to threaten spontaneous rupture, I believe that it is our duty to open the sac, and thus rapidly end the danger.

312 EAST 116TH STREET.

THE MODE OF ENTRANCE OF THE BACILLUS TUBERCULOSIS INTO THE SYSTEM.

BY LAWRENCE F. FLICK, M.D.

ONE of the most important questions to be settled about the etiology of tuberculosis, is how the bacilli gain entrance into the system; for the prophylaxis against the disease depends largely upon its solution. It is generally held that they gain admission through the lungs by inhalation. This view has apparently been accepted without much inquiry as to its correctness, and even many interesting experiments have been performed to bolster it up, al-

though it is upon its face entirely at variance with the teachings of physiology and of clinical experience.

It is generally admitted that the bacillus tuberculosis cannot live in the air unless protected by some foreign substance, such as pus, or, in other words, that it cannot maintain its existence when isolated. Those who hold the theory that it is inhaled, claim that it gains admission through the medium of pulverized sputa, which is wafted about as dust. Now, the first question that arises is, can pulverized sputa be inhaled? or, to put it more precisely, can it be carried to the air cells or even into the bronchioles by the inspired air? A careful study of the mechanical construction and of the physiological conduct of the respiratory tract would lead us to believe that foreign bodies of any material size cannot readily be carried into the lungs by the air. It is a law of physics that a foreign body carried by the air will be deposited upon the first obstruction that can resist the force of the air that carries the body. Nature has laid obstructions in the way of foreign bodies all along the respiratory tract, thereby indicating that nothing was to enter that tract but air. The stiff hairs in the nostrils, the formation of the nose and pharynx, offering many surfaces for the impingement of foreign bodies, and above all the high sensitiveness of the mucous membrane lining the respiratory tract, whereby an expulsive effort is brought about the instant a foreign body touches it, are all safeguards against the introduction of foreign bodies into the lungs by means of inhalation. It is questionable therefore whether enough dried up tubercular sputa could be carried into the lungs by the inspired air, and if it could be carried in whether it would be allowed to remain there for a sufficient length of time to set up tuberculosis.

But even admitting that some pulverized dried-up tubercular sputa may pass all the barriers set up by nature and gain admission into the lungs with the inspired air, and having been deposited upon the respiratory mucous membrane, may resist all expulsive efforts to dislodge it, how will the tubercular bacillus get into the lung tissue? It will have to go in either by absorption or by penetration, for in most cases of tubercular inflammation of the lungs the disease is in the lung tissue itself and not upon the mucous membrane. If it enters by absorption it is taken up by the lymphatic system and carried into the circulation, thus taking a roundabout way to get into the lung tissue. If it enters by penetration it must first escape from the pus in which it has been imbedded, and as soon as it does so it is exposed to the germicidal influence of the air. In the event of either method of entrance it must, moreover, run the gauntlet of the phagocytic power of the blood. Now, considering the small amount of dried up tubercular sputa that can gain entrance into the lungs by inhalation, and the difficulties which the tubercular bacillus necessarily encounters in its efforts to get into the lung tissue and to establish a colony there, it looks very improbable that inhalation is the ordinary method by which the tubercular bacillus gains entrance into the system.

The inhalation theory of the tubercular bacillus is equally at variance with clinical experience. The fact that tubercular inflammation mostly begins in the apices of the lungs instead of in the base, the appearance of the disease primarily in the membranes of the brain, in the alimentary tract, in the pleuræ, and in bones and such glands as the ovaries and testicles, and the immunity of the many persons who are constantly exposed to inhalation of tubercular sputa dust, are all clinical phenomena which militate against the theory. If the tubercular bacillus gains entrance into the system by inhalation, we ought always to find the primary tubercular disease in the base of lungs or in the lymphatic glands. Of all parts of the lungs the apices are the least likely to become the receptacles of foreign matter by inhalation, first because of their inactivity, and second because of their position; so that when they even do become the primary seat of tubercular disease, the bacillus does not likely first get its lodgment there. The fact that the disease so seldom develops primarily in that part of the body in which it first gains lodgment would therefore bring us to the conclusion that if the bacillus tuberculosis gains entrance into the system by inhalation, it must do so by the absorption process, and if the bacillus is absorbed we have a right to expect the primary seat of the disease to be found in the lymphatic glands. If the inhalation theory were correct, everybody ought, moreover, to die of tuberculosis; for with the amount of dried up tubercular sputa that necessarily flies about in the air in street cars and in work-shops, it is difficult to understand how anybody can escape the disease.

But what about the experiments that have been performed in support of the theory, and which seem to demonstrate it beyond question or quibble? The most forcible experiments that have come to my knowledge are those of Koch, which consisted of rubbing up tubercular matter in water, spraying it into an enclosure, and compelling animals to inhale the spray. The animals all contracted tuberculosis, which result proved that when tuberculous matter is introduced into the system, tuberculosis results; but proved nothing more. The weak point in the experiments was that there was no precaution taken against the entrance of tubercular matter into the stomach. Spray readily condenses upon obstructing surfaces, and in these experiments considerably more tubercular matter must have been deposited in the pharynx and found its way into the stomach than was carried into the bronchial tubes by the inspired air.

Another theory about the manner in which the bacillus tuberculosis gains entrance into the system, and one which seems to have few believers is, that it gains admission through the stomach. Everybody apparently admits that it can gain entrance in this way, but few are willing to concede that this is the ordinary or usual way. Whether it is or not will, of course, remain for future experiments to positively determine; but physiology and clinical phenomena certainly seem to indicate that it is.

In the first place, it must be conceded that the alimentary tract is the ordinary avenue into the system for all extraneous matters. Its construction, machinery, and mechanism are all adapted to the ex-

peditious conveyance of matter from without the body into the body. Its purpose is to supply the body with food, and in health and the complete performance of its functions it is capable in a measure of discriminating against deleterious matter, or of rendering it innocuous. The stomach has the power of destroying animal life, and stands sentinel to all that enters the body; but only exercises that power when in possession of all its faculties. In the mechanical process of conveying food into the body, micro-organisms and parasitic animals of all kinds, either in the larval or developed state, likewise find their way in, and unless they are deprived of life by the stomach, will get into the system, seek out a congenial soil, and develop and reproduce themselves. In this way all parasitic animals which prey upon the internal organs of man, of which we have anything like definite knowledge, gain their admission into the body. Is it likely that the bacillus tuberculosis forms an exception? Certainly the stomach is the physiological way for it to enter.

Upon the theory that the bacillus tuberculosis gains entrance into the system through the stomach, the clinical phenomena of tuberculosis are quite intelligible.

From the days of Hippocrates it has been observed that the forerunner of phthisis is a disordered stomach. So close is the relation between the two diseases, that many have been led to look upon dyspepsia as the cause of consumption. The part which the stomach plays is, however, entirely a passive one. Because of its deranged condition, and its consequent inability to destroy the bacillus tuberculosis, the latter gains entrance into the system, by being allowed to pass unharmed into the intestines, being absorbed by the lacteals into the thoracic duct, and being carried with the chyle into the circulation. The bacillus in taking this course into the body, encounters no obstruction or difficulties after passing the stomach, at least until it encounters the blood corpuscles, and is well supplied with the necessary pabulum for its subsistence on the way.

The clinical facts that tuberculosis appears most frequently in the lungs, that its favorite site in the lungs is the apex, that in children it appears most frequently in the intestinal canal and the membranes of the brain, that its primary seat may be in the periosteum, the ovaries or testicles, the pleura, or, in fact, in any remote part of the body, can all be explained upon the theory that the bacillus gains its entrance through the stomach. The contents of the thoracic duct, after mixing with the venous blood, are first of all carried into the lungs; consequently, a larger number of tubercle bacilli enter the lungs, than any other organ or part of the body. It has been shown that the blood exercises a phagocytic influence over bacteria, hence, the farther the bacilli advance in the circulation, the fewer survive, and the more remote an organ or part of the body is from the entrance of the contents of the thoracic duct, the less its chances are of becoming infected with tuberculosis. The brain, the intestines, and the various organs in the abdominal cavity, probably receive the largest supply of arterial blood in the order mentioned, and, practically, receive it about the same distance from the entrance of the contents of the thoracic duct. We would, therefore, expect that the lungs, the brain, and the intestines, would be the most frequent seats of primary tuberculosis, in the order mentioned, and so we find them in practice. But the number of bacilli that enter an organ or part of the body, is not the only factor that determines the primary seat of the disease; the nature of the soil plays an important role. It has long since been recognized that anything which interferes with the free active circulation of an organ or tissue, predisposes it to tuberculosis. Hence we find the apices of the lungs, the congested membranes of the brains of teething children, the irritated alimentary canal of bottle-fed babies, the bruised periosteum, the thickened pleura, the congested ovaries, spleen, liver, and kidneys, becoming the selected soil for the development and reproduction of the bacillus tuberculosis.

It is also easily understood upon this theory, why so many persons who are exposed to tuberculosis, fail to contract it. The immunity is generally ascribed to improper soil, and whilst this may be part of the reason, it is not the whole reason; for it has been frequently proven by experiment on animals, that the disease will develop in any soil, if the bacilli are introduced in large enough numbers into the circulation. There are two factors in operation in the non-occurrence of tuberculosis in those persons who are exposed, first the bacilli-destructive power of the healthy stomach, and second the phagocytic power of the blood. Persons who have healthy stomachs, and who do not overburden them with too much or improper food, and who take sufficient exercise in a pure atmosphere to secure them a free circulation of well-oxygenized blood, will not contract tuberculosis, no difference what the exposure. To contract the disease it is necessary first, to be in such contact with infected persons or objects as to enable the bacillus to get into the stomach; second, to possess such a stomach as will, because of temporary or permanent disability to destroy the bacillus, allow it to pass into the circulation; third, to have in some parts of the body localized spots or a spot of torpid circulation, which offer a congenial soil for the development and propagation of the bacilli.

In my paper on the contagiousness of phthisis I have shown that some social relations between parties are probably necessary for the conveyance of tuberculosis from person to person, and that proximity of habitations and casual contact are in themselves not sufficient. It will not be difficult to understand, how tubercular matter finds its way into the stomach, if we for a moment reflect upon social customs. Because of the universal practice on the part of consumptives, of expectorating into handkerchiefs, or into open space, it is almost impossible to come in contact with them, or to remain for any length of time in a place occupied or frequented by them, without getting some bacilli into one's stomach. The lips and hands of consumptives who use handkerchiefs extensively, are necessarily smeared with tubercular sputa, and any persons kissing them, or shaking hands with them, can scarcely avoid conveying the disease

germ into their own stomachs, unless they wash themselves before partaking of food or drink. Drinking out of the same vessels and eating with the same utensils as consumptives, without prior cleansing; swallowing the dried-up tubercular sputa that is deposited upon the pharynx by the inspired air; the handling and serving of food by consumptives, such as that by waiters, cooks, grocers, fruiters, and milk dealers, suggest some of the ways in which tubercular matter may find its way into the stomach.

Whilst I do not wish to be understood that consumption cannot enter the system by way of inhalation, I claim that the stomach is the usual mode of entrance, and that there is ordinarily very little danger of contracting the disease through the lungs themselves. The part which inhalation plays in the etiology of the disease, is the mechanical part of carrying the tubercular sputa into the nares and pharynx, from whence it finds its way into the stomach. The whole question can, however, I think, be satisfactorily settled by experiment, and I hope at some future time to be able to illustrate what I have set forth in theory.

LUXATION OF THE FOURTH CERVICAL VERTEBRA RESULTING IN HEMIPLEGIA.

REDUCTION AND CURE.

By ERNEST LAPLACE, A.M. M.D. Paris.

Professor of Pathology in the Medico-Chirurgical College of Philadelphia; ex-visiting Surgeon to the Charity Hospital in New Orleans.

ALL injuries of the vertebræ are fraught with great interest to the medical profession, but none should claim our attention and deep observation more than those that result in pronounced functional disorder, and which under a rational therapeutic procedure have ultimately left no trace of their presence.

On March 17, 1889, while still visiting surgeon to the Charity Hospital in New Orleans, there was sent to me for consultation by a medical friend, a patient, George H., aged forty, a cotton-bale roller by occupation. While loading a ship with cotton-bales, one accidentally fell upon our patient's neck, crushing him to the floor in the ship's hold. He remained unconscious for six hours, and on regaining consciousness, the attending physician noticed that the patient's head was drawn considerably towards the left side, that it was immovable, and that there was complete paralysis on the left side of the body. The patient remained in this condition about two weeks, when he gradually recovered sensation and motion in the paralysed leg, but no improvement took place in the left arm. Electricity was applied for one month, but to no avail. There were tingling sensations throughout the limb, but scarcely any motion.

Two months after the accident, there being no further improvement, the patient was sent to me, and on examination the following condition was found: Anesthesia all over the left arm and ranging up the shoulder to the middle of the neck on the left side. Slight power of flexion in the fingers. Cannot, however, grasp anything. Evidences of slight atrophy in the arm and hand, the well-known glossy appearance being marked. There was considerable pain in the neck. This and the fact that the head was much drawn towards the left side, directed me to a more minute examination of the spinal column in the cervical region.

Beginning at the occipital protuberance and pressing with both thumbs, the underlying tissues appeared of a doughy consistence, and seemed congested. This appeared to extend as far down as the first dorsal vertebra. No fluctuation could be detected. There was one spot in the course of the cervical vertebræ which seemed much more sensitive, and this was over the fourth cervical vertebra. When pressing gently, but firmly, on either side of this point, a strange feeling of deep crepitation was detected. This was lost when looked for one inch above or below that spot.

We were naturally led to believe that there was a fracture of the spinous process of the fourth cervical vertebra, or perhaps of the transverse processes, and that the paralysis in the arm was maintained by the compression of one of the fragments against the spinal cord.

Having thus established the apparently real diagnosis, we proposed to the patient an operation to remove the compression upon the cord by extracting the loose fragments of the fractured vertebra. To this he readily acquiesced.

Being chloroformed. an incision four inches long was made in the middle line back of the neck, extending from the first to the sixth cervical vertebra, deep through the tissues to the spinal column, the parts were carefully retracted and the cervical vertebræ clearly laid to view, with all the proper aseptic conditions. It was then discovered that the spinous process of the fourth cervical vertebra was considerably to the right of that of the fifth cervical vertebra, and that whilst undergoing this luxation it had ruptured the posterior common ligaments and the capsular ligaments connecting these two vertebræ. There was no mobility of the spinous process, and no fracture could be detected. The patient's head was bent forcibly and by manipulation the luxated vertebra was restored to its normal position. The wound was disinfected with acid bichloride of mercury solution,[1] and closed with catgut sutures. Union by first intention was obtained and the dressing was removed on the eighth day.

From the day after the operation the patient's arm seemed to gain more mobility. Sensation also improved. This gain was constant and increased steadily until three months after the operation, when there was scarcely any difference between the function of the left and right, or uninjured arm. The remarkable history of this case and the gratifying results of the plan of treatment resorted to, offers the surgeon the following instructive points for consideration:

1. Before the operation improvement had taken place in the arm to a slight extent, but seemed to come to a sudden halt; this in connection with the traumatic cause of the disorder suggested the proba-

[1] Acid sublimate of mercury as a disinfectant, published from Koch's laboratory in 1889, in No. 40 of the *Deutsche Med. Wochenschrift*, by Dr. E. Laplace.

bility of some sort of compression existing upon the spinal cord.

2. The crepitus that was distinctly felt over the injured veriebra, proved to be due, not to fragments of bone, but to the friction of the overlying tissues upon ruptured ligaments; recalling to mind the false crepitus often felt over sprained joints, and due to the same cause as found to be present in our case.

3. The rapid improvement and cure resulting from the simple operation resorted to shows that, with the aseptic means now at the command of the surgeon, having established a plausible diagnosis he should be prepared to meet such an emergency with the resolute and radical surgical procedure that is indicated, at the same time exposing the patient to a merely insignificant danger by the operation.

MEDICO-LEGAL CASES.

By HENRY A. RILEY, ESQ.,
NEW YORK.

THE Maybrick trial in London has given rise to many comments on expert and other evidence, and also on the right of judges to instruct juries as to facts. It is the recognized province of judges to inform the jury about all law-points, and of juries to decide all questions of fact.

It seems that in the trial of Mrs. Maybrick Justice Stephen trenched upon the rights of the jury, and very likely caused the adverse verdict by so doing.

The following are some of the paragraphs of the Justice's charge: "Coming next to consider the alleged motive, it is not always possible or desirable to do so. In this case I am bound to say that there is evidence of a motive strong and disgraceful . . . That is how it stands, and how the matter of motive presents itself to my mind."

"Here was the man craving for the powder, begging to have it—no doubt he was in a terrible condition at the time—and the woman goes to get it, and when she gets it she does not give it to him. If the story were true, if they could accept it, it was a matter for them to decide; but they must take account of the imputations of falsehood made against her in those letters. In that state of things was it natural that an affectionate wife should all of a sudden give way to that which her sick husband suggested, and do so extraordinary a thing as to put an unknown powder into her sick husband's meat-juice? This was a point which pressed hard upon her."

In concluding his charge, Justice Stephen said: "There was no doubt that the propensity which leads persons to vices of this kind did kill all the more tender, all the more manly, or all the more womanly feelings of the human mind.

"That was a comment upon which he would not insist. He would spare them what would be painful to him, exquisitely painful to her, and not necessary to them. He could not say anything about it except that it was easy enough to conceive how a woman in so terrible a position might be assailed by some fearful and terrible temptation. When they took that into account, they must look to some extent at the feelings which were shown, and which the evidence showed remained in her mind."

These expressions and others in the charge bore so heavily on the unfortunate woman on questions of fact, that it is difficult to see how the jury could have failed to be impressed by them; and if they were, just to that extent did the Justice exceed his privilege. It is partly on account of the evident prejudice in the mind of Justice Stephen that there has been such an outcry, both in England and this country, against the verdict, an outcry which has been at last effectual in securing a commutation of the sentence of death to life imprisonment.

THE ALABAMA SUPREME COURT has decided that the conclusive test as to the character of bitters and ordinary liquors was the general use to which they were put, whether as a medicine or beverage.

In the case at bar, the article contained twenty per cent. of alcohol, and eighty per cent of herbs, barks, roots, water, etc. If it cannot be used as a beverage, if the other ingredients are medicinal, and the alcohol is a necessary preservative or vehicle for them, the sale is lawful.

The court quoted with approval a decision in Kansas, where it was said: "There may be cases where the *bona fide* use of a moderate quantity of spirituous liquor in a medicinal tonic would not alone bring a beverage (or decoction) within the statute."

The Kansas statute prohibited the sale of "all liquors and mixtures, by whatever name called, that will produce intoxication." It is not held to embrace standard medicines and toilet articles not ordinarily used as beverages, such as tincture of gentian, bay rum and essence of lemon, although containing alcohol.

Whether it embraced certain cordials or bitters was held to be a question of fact dependent on the evidence as to their intoxicating qualities and ordinary use.

If the compound or preparation be such that the distinctive character and effect of intoxicating liquor are gone; that its use as an intoxicating beverage is practically impossible, by reason of the other ingredients, it is not within the statute. The mere presence of alcohol does not bring the article within the prohibition. The influence of the alcohol may be counteracted by the other elements, and the compound be strictly and fairly only a medicine. On the other hand, if the intoxicating liquor remain as a distinctive force in the compound, and such compound is reasonably liable to be used as an intoxicating beverage, it is within the statute, and this though it contain many other ingredients, and ingredients of an independent and beneficial force in counteracting disease or strengthening the system.

A similar doctrine has also been proclaimed in Mississippi. The article sold there was "Home Bitters," a decoction composed of thirty per cent. of alcohol, and the rest of water, barks, seeds, herbs, and other like ingredients. It was alleged by the defendant to have been sold as a medicine. It was held that if the compound was intoxicating and was sold as a beverage, the jury should convict; but if it was sold in good faith only as a medicine, they should acquit.

The courts in Massachusetts and other States have had similar decisions, and the prevailing doctrine is

that, where there are prohibitory or license laws, it is a question for the jury to decide whether any particular article is a medicine or a beverage, and its general character and use is the criterion by which to decide.

THE QUESTION of the advisability of capital punishment is one which never seems to be finally settled. Some states and countries have abolished it for half a century, and find the change a desirable one, others after a short time of suspension return to the old method of punishment. It is less than a century since there were in England about one hundred different offences for which death was the penalty; now, perhaps only murder, arson and treason require the severest punishment known to the law. The Albany *Law Journal* is a firm disbeliever in the efficacy of capital punishment to check crime, and furnishes some statistics taken from different countries to prove the point. They are as follows: "Holland: Capital punishment abolished September, 1870 (as a matter of fact there has been no execution since 1860). The statistics of murder were as follows: 1861-9, 18 murders; 1871-9, 17 murders; and this notwithstanding an increase of population. Finland: There has been no execution since 1824. The judge of the Court of Appeal says: 'The security of person and property has not been in the least diminished by the suspension of capital punishment. Murders are extremely rare.' Switzerland: In 1874 capital punishment was abolished by the Federal Council. In 1879 Cantons were allowed to choose for themselves and two or three have elected to re-instate the death penalty. Belgium: No execution since 1853. In the ten years before 1863, 921 murders; in the ten years after 1863, 703 murders. Prussia: In decade 1869-1878, 484 persons sentenced to death, only one execution (Hödel). Portugal: Capital punishment abolished. Roumania; Capital punishment abolished. Tuscany: No executions for fifty years. Russia: Capital punishment only retained for treason and military insubordination. America: Michigan, capital punishment abolished in 1847; Rhode Island, 1852; Wisconsin, 1853; Iowa, 1872; Maine, 1876. In Michigan the statistics show that since 1847 murders have decreased, relatively to the population, fifty-seven per cent. As to Wisconsin Governor Washburne writes in 1873, 'It is twenty years since the abolition of capital punishment. No State can show greater freedom from homicidal crime. With a population representing almost every nationality, statistics show that crime instead of increasing with the growth of the State has actually diminished. Of Iowa Senator Jessup writes in 1876: 'Murder in the first degree has not increased, but for four years decreased. Previous to the repeal of the old law there was one murder for every 800,000 people. For the four years since abolition there has been one in every 1,200,000; There is more lynch law where the gallows is retained." The statistics given above are not in all cases the most recent, but it is not known that later experience has changed them. In the majority of the United States capital punishment is inflicted, and there is no special public sentiment against the practice; there is, however, as in New York, a feeling that hanging is not the best method, and a law has been passed making an electric shock the only legal death penalty. There has been no instance yet of the application of this new method of execution, and it cannot be said what public sentiment really is in regard to the substitution. It does not appear, however, that the people wish to have capital punishment abolished.

THE QUESTION whether an accident insurance company is liable on a policy where the insured kills himself, when insane, has now been so frequently before the courts that the law is settled in a large number of the States. The companies have very frequently set up the contention that they could not be held liable, and in some instances they have been successful. In most of the States, however, the courts have held with great emphasis that the companies must pay the policies. In a recent well considered case in Michigan this was the opinion of the court, and the doctrine reiterated that though a person kills himself, yet the mode of death is "external, violent, and accidental" as named in the policy, provided the person is insane.

This is the rule in Michigan, Maine, Georgia, Louisiana, Minnesota, Pennsylvania, Vermont and probably other States. The opposite principle of non-liability prevails in England, and in this country in Massachusetts. In New York a distinction has been taken between the two views, and it is held that impairment of mind so that a person is not conscious of the moral character of the act is not in itself sufficient to throw a liability on the company, but that the person must be so insane as not to know that his act will cause death or else he must be under the influence of some insane impulse which he could not resist.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

CHOREA.

YOU will doubtless remember, gentlemen, the case of chorea, or rather hemi-chorea, which I showed at the clinic of last week. To-day I bring the little girl before you again, that you may observe the improvement in her condition, and to add a few remarks to what has already been said. Although the question as to which side of the body chorea occurs more frequently upon is as yet not positively settled, most authorities agree that it is more common on the right side. This child, you may recollect, was ordered Fowler's solution in three-drop doses, resulting, as you notice, in a lessening of the symptoms, which were not in this case primarily aggravated by the arsenic, because of the latter being administered at so long a period as one year after the outset of the affection. We shall increase the dose of the solution to gtt. iv, until toxic effects are noticed, when the amount of the drug shall be halved, but not wholly withdrawn from the patient, as is sometimes erroneously done.

ENTERO-COLITIS.

I shall devote considerable of the hour to-day in speaking to you about entero-colitis. This disease is the scourge among the children of our large cities in summer; and, therefore, to discuss it with you at this time will be quite opportune. To begin with, the morbid anatomy of entero-colitis is, as you may infer. an inflammatory hyperæmia of the small and large intestines, but confined principally to the ileum and colon, while it is usually most intense at the ileo-cæcal valve. The mucous membrane is reddened, swollen, and softened. The redness may be confined to the injected bloodvessels and solitary glands, giving an arborescent appearance; or, the latter becoming prominent and more opaque than natural, renders the effect similar to that which would occur on sprinkling white sand over the membrane. Peyer's patches, also, become opaque. The swelling at the ileo-cæcal valve often prevents the passage of the intestinal contents; and some contend that vomiting is thereby induced. Again, not rarely we find the mesenteric glands enlarged, and blood vessels injected. The causes of entero-colitis are four-fold, namely: improper feeding, age, season of the year, and locality of residence. The disease is rare in winter, and in sparsely-inhabited districts. Children subjected to extreme changes of temperature, as living in hot rooms, situated in crowded parts of a city, then exposed to drafts from without, easily acquire this dangerous trouble. About the middle of May, or June 1st, its prevalence becomes first marked, whilst during July and August it almost assumes the proportions of an epidemic. Temperature alone does not, as some would seem to suppose, account for the affection; but over-crowded sections of our large cities, where the cubic air space *per capita* is greatly deficient, filth and degradation, undoubtedly are equally potent factors in the etiology. Between six and eighteen months of age infants are more liable to entero-colitis than before or after that period, which, it will be seen, is that of teething, when a sympathetic influence is presumed to predispose to the inflammation of the bowels. However, it may be remarked here that the time of first dentition is not nearly the bugbear to physicians as formerly it was. Finally, the ingestion of sour milk and of large quantities of starchy food by children are frequently important causative agents in this disease.

The symptomatology of entero-colitis is important. At first the child becomes fretful and peevish, crying in its sleep; the head and palms of the hands are hot; anorexia, pallor, and eructation of acid substances occur. Vomiting which may become very troublesome, is also common; diarrhœa is, of course, marked. The stools should be studied from day to day with closeness and care. At first semi-solid, yellowish, and neutral in reaction, they are called homogeneous; in a day or two or three they assume a greenish tinge, are neutral to acid in reaction, and hard, yellowish or yellowish-white masses, which are acid in reaction, may be seen floating about. In very severe cases we are apt to have offensive, watery discharges. Thus, by examining the stools, the stage of the disease may be readily ascertained. Not infrequently, slime and blood, ropy, mucoid, blood-streaked masses are passed from the rectum. The tongue is coated yellow, is dry and red at the tip and edges. Although the temperature is seldom higher than 102°, nevertheless it is continuous in range for three or four days afterwards, becoming remittent in type. Rapid and full pulse, a few days later, becoming small and feeble with about 120–140 beats per minute, is associated with the fever. When a fatal termination is pending, nervous symptoms, and restlessness, sometimes convulsions (usually unilateral), with a very dry skin, frequent discharges of feces, and all the evidences of collapse may be manifested, in one class of cases; while on the other hand, there may be a disposition towards morbid quietude and profound drowsiness, the eyelids being often *open*, along with a cessation of the diarrhœa and vomiting; yet, strange to say, the child may die on the following day. Should the child enter convalescence, it will be observed to take more interest in its surroundings, the vomiting and diarrhœa cease, whilst thirst diminishes considerably with the subsidence of fever. As this malady tends to become chronic, the prognosis must be always guarded. Nor should we hesitate to express, when necessary, an unfavorable opinion, as a sudden termination is not unlikely at any time, especially if the case be a severe one, and nervous symptoms be observed, or if progressive emaciation and a non-yielding to treatment, after two weeks' trial, are noticed.

The hygienic management of entero-colitis in children is fully as important as the medicinal treatment. To lessen the virulence of the trouble, and to favor a speedier cure, it is plainly our duty to recommend a change of air—residence at the mountains or sea-shore, if possible, although the patient should not be fatigued by too long a journey. When the parents cannot afford such change for their children —which is commonly true of these cases—the little one might be taken to a park daily; or, better still, it may be given a ride daily on a river steamboat, so as to interpose breathing spells of an uncontaminated atmosphere; and though these efforts may seem trifling, beneficial results will invariably succeed.

Bathe the child two or three times daily with sponge and water of 80° F. When there is a tendency to collapse, a general warm bath, under the supervision of the doctor or nurse, will be found to be an efficient stimulant. Mothers should feed their own babies, if possible, but not too often, as the milk has been found to be of an inferior quality when given more than once every two hours. If a wet nurse must be procured, the physician should select her himself after a rigid and careful examination, noting her moral character and health; all evidences, however slight, of constitutional taint, whether hereditary or acquired—especially syphilitic or scrofulous—should positively exclude a woman from being employed as wet nurse. Some women are refused when their milk is older than the child to be suckled; but if the milk is of good quality, we should offer no serious objection to their employment. Sterilization of cow's milk must be resorted to when the child cannot get along well with its mother or a wet nurse.

Boiling the milk for at least ten minutes is essential, to completely sterilize it. It may also be sterilized by bottling, and immersing it into boiling water for thirty minutes. Most artificial foods, which are used to a great extent at present, have for their basis cow's milk. They are often unsuccessful, and numerous chemical analyses have shown them to vary in composition from time to time; hence they are unreliable. We should be able to do without them and prepare cow's milk so that the proportion of its constituents may as nearly as possible approximate those of human milk. The formula of Dr. Arthur V. Meigs, as modified by Dr. Rotch, is well adapted for this purpose, the ingredients and their proportions to make one pint, being about as follows:

R.—Cow's milk . . . . . f℥ij.
Cream . . . . . f℥iij.
Water . . . . . f℥x.
Milk sugar . . . . . ℥vij.

Mix these together in the morning, sterilize, and render alkaline by adding f℥j. of limewater to the pint, and use during the day. Mild purgatives, such as the aromatic syrup of rhubarb, or castor oil, are indicated at the beginning of this complaint. Then, alkalies and mild astringents should be exhibited, as in the form of the following powder, for example:

R.—Cretæ præparat . . . . . gr. v.
Bismuthi subnitrat . . . . . gr. iij.
M. ft. chart.—Sig. One every hour.

When the fecal discharges become green, there is greater necessity for alkalies, combined with small doses of an opiate, thus:

R.—Tr. opii deodorat . . . . . ♏ ¼.
Bismuthi sub-carb. . . . . gr. iij.
Mist. cretæ . . . . . f℥j.
M.—Sig. To be given at a dose, every two hours.

In the event of offensive stools, calomel, about one-twelfth grain, is an invaluable remedy, and may be given, in combination with the prepared chalk and some aromatic powder, once in every two hours for about forty-eight hours, when, if no change is effected, it is useless to continue its administration. Should powerful astringents be desired, the diluted aromatic sulphuric acid, with liq. morph. sulphat., may be tried cautiously. Injections of laudanum and starch-water; nitrate of silver gr. j, or sub-nitrate of bismuth gr. iv or v to half an ounce of gum arabic water, and enough plain water to make f℥j may be used, as an enema, when drugs are not well borne by the stomach. When convalescence has been established, pepsin and dilute hydrochloric acid, or comp. tincture of cinchona, should be prescribed to hasten resolution and tone the system.

ENDOCARDITIS.

We will now consider briefly the diagnostic features of this boy's present complaint, which started a week ago with chills, followed by fever and embarrassed breathing. To determine the nature of his affection, a physical examination of the chest is clearly indicated. On inspection, we notice first the area of the cardiac impulse to be slightly increased; the force of the beat is apparently exaggerated and duplex in character, the ventricles evidently not contracting simultaneously. Palpation corroborates this view, for the heart contracts in an almost tumultuous manner. At the same time, it is observed that the apex beat is in the normal position, relatively, and hence we infer that no enlargement exists. We can account for the augmented force of the heart-beat and the appreciable systole of the right ventricle by the plausible supposition that the blood does not circulate freely through the lungs; therefore, the right ventricle has an excessive amount of work to perform, and is put to the strain. Auscultating over the region of the base and apex of the heart, successively, we hear a murmur, which in this case is transmitted as far as the left scapula.

From the previous history of the patient we glean the facts pointing to an attack of sub-acute rheumatism one year ago. That there was no endo-carditis at that time, we do not doubt in the least, since there is no cardiac hypertrophy here to signify the chronic valvular trouble which must have engendered it. Hence, we conclude this to be a case of acute endocarditis. In this disease, the murmur is always systolic in time, and, as a rule, can be heard only in front; but, as to locality and quality, it may be said that all sorts of murmurs are audible at various times. Before the systolic murmur is established fairly, many adventitious sounds—scratching, rasping, etc.—or an accentuated second sound may be heard; but the systolic murmur alone is diagnostic, in conjunction with the other physical signs, and should be listened for carefully, as its position may change from hour to hour and day to day.

—*Prof. J. M. Anders, M.D.*

TREATMENT OF HEMIPLEGIA.

For a case of hemiplegia of three months' standing, Waugh ordered mercury to be given in doses just below the line of toleration. He considers it the only really efficient means of procuring absorption of the clot and inflammatory products, when absorption is indicated, as at present.

The question of restoration of the function of nerve-fibers, now inhibited, comes later; when they have been relieved from pressure. The indications in treating a hemiplegia are, first, rest, to limit the danger and allow a clot to form; second, to keep down the resulting inflammation; third, to relieve pressure by causing absorption; and fourth, to restore to activity nerve-fibers, temporarily inhibited, by the use of electricity and strychnine. The final indication, that of repairing nerve-fibers actually broken, is one which we have no therapeutic means of fulfilling. Nature may in time bring about repair, especially in the nerves of the extremities; but it is extremely doubtful if she ever does so in the nerve-centers. In fact, it is the rule that after a hemiplegic attack the patient may recover most of his motor power, but he never recovers all.

LARAMÉE asserts that the convulsions of uræmia are, so to say, concentrated more than in the other convulsive diseases.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Oct. 19, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE IMMEDIATE CAUSATION OF LABOR.

FROM the earliest times this subject has been the *quæstio vexata* among physiologists. Some have attributed the termination of pregnancy and the beginning of labor to one cause, some to others, and not a few to a whole group of causes dependent upon certain conditions, both of the fœtus and of the mother's genital organs. Up to the present time no single theory has been accepted as the true explanation. Barnes holds that some change in the fœtal circulation produces a corresponding change in the mother's, and so institutes the process of labor. The views of Drs. Power, Depaul, Dubois and others in regard to the sphincter action of the cervix uteri and the reflex action of the latter upon the uterine walls as the ovum descends and comes in contact with it about the latter months of pregnancy, are probably those most generally adopted, though they are surrounded by more or less valid objections. Extreme distention of the uterus, advanced as a cause by Dr. King, fatty degeneration and gradual separation of the decidua, proposed by Sir James Simpson, and the ovarian theory of Tyler Smith, have each been objected to as not sufficiently plausible or scientific. Lusk temporizes by grouping all the causes in the order of their relative frequency thus; with the advance of pregnancy, the uterus becomes more irritable, the decidua less firmly attached, the carbonic acid increased in amount in the blood, the circulation more easily disturbed, the emotions and sensibilities more readily excited, and the ovum more like a foreign body requiring its own expulsion. Tarnier, without attempting to arrange them according to their relative significance, also collects a group of causes, chief of which he cites the development of the uterus at the end of the ninth month, the hypertrophy of the muscular fibres, the increase of the uterine, nervous and venous symptoms, the obliteration of the neck of the womb, the separation of the decidua membrana at about the level of the cervico-uterine canal, the direct contact of the fœtal membranes with the external os, and the repeated energetic movements of the fœtus itself. The chief factors, therefore, in the production of labor, as explained by this author, are irritability and reflex action. On the other hand, Prof. Garimond, of Montpellier, gave as his theory, so recently as last year, the single cause, irritation of the uterus at all points of its internal surface by the growing fœtus.

After all it seems we must admit our ignorance in regard to one of the commonest of physiological phenomena, for here, as in all other departments of science, the simpler the phenomenon, the more difficult often is the explanation. The action of gravitation, and the transmission of light, were everyday occurrences, and yet how long before any explanation of such common facts was afforded! It all appeared so plain and manifest that a mere figment of the mind propped up by a few specious arguments was accepted in lieu of experimental demonstration.

The question as to the immediate causation of labor belongs to this category of commonalities. It has been settled more by argument than by long and close observation. The general consensus of opinion is that irritation of the uterine nerves probably enters as the most important factor; but having scaled this first obstacle, another is encountered in our advance to the proper solution. What is the immediate cause of this irritation, and what is its *modus operandi?* Is the irritability simply a physical process dependent upon the enlarging fœtus, becoming, as it were, a foreign body, and by reflex irritation causing its own expulsion, or is it a chemical one dependent upon certain irritative changes in the blood, and the circulation? Most authors give special weight to the former statement of the case. Then, again, is there any change in the motor nerve centers of the medulla, or in the uterine nerves themselves to give rise to the heightened excitability? Such are a few of the questions still awaiting a satisfactory answer which is founded upon exact experimental research.

In the August number of the *Archives de Tocologie*, Dr. Girin, of Montbrison, published a long and exhaustive paper, in which he accepts the irritability hypothesis, believing that the gradual descent of the fœtus within the uterus, and its final contact with the sensitive surface of the cervix is the origin of the whole process of labor. The originality about the author's paper is the way in which he explains the regular, periodic descent of the fœtus, and its corresponding induction of labor at about the same, regular, fixed time. Basing his arguments upon the experiments of Preyer, Buniva and Vauquelin, Labruhe, Pinard, Gauthier, Mya and Graziadei, in regard to the comparative densities of the fœtus and amniotic fluid, showing that the latter diminishes while the former increases, he asserts that the beginning of labor is dependent solely and primarily upon the

principle of Archimedes. This is, then, the immediate cause in determining labor, and is purely a physical and mechanical one.

The density of the amniotic fluid attains its maximum during the earliest months of pregnancy, and can reach even as high as 1.030. At term it had reached its minimum, and is then but little above unity.

The density of the fœtus, on the other hand, is below or about equal to that of the amniotic fluid during the earliest period of pregnancy. The fœtus at this time is a true floating body, but its density gradually increases with the contamination of pregnancy in inverse proportion to that of the amniotic fluid. Pathological changes or improper development in either the amniotic fluid or fœtus, can therefore be cited in the majority of cases as explanatory of miscarriages or abortions not traumatic in origin. This is a simple explanation of the induction of labor and on the face of it exceedingly plausible. The author's paper contains reliable statistics and is full of close, sound reasoning. Further proof is needed, however, and if it be forthcoming, a most important factor will be obtained in explaining the immediate causation of labor in health, and in many diseased states.

—L. H. M.

A FEEBLE STEP.

A FEEBLE, yet not uncertain, step in advance has been made in the interest of higher medical education, by the recent law, passed by the New York State Legislature, entitled, An Act to Provide for Preliminary Education of Medical Students. A copy of this law has recently been sent to the physicians of the State, together with the rules adopted by the Regents of the University of the State of New York for the examinations, and the places and dates appointed by them.

The examinations are in arithmetic, geography, orthography, English grammar, American history, rhetoric, English composition and elements of natural philosophy. The candidate is expected to have a thorough knowledge of the whole of a standard text-book on each of the required subjects, but cube root will not be included in the arithmetical examination. Seventy-five per cent. of correct answers is required in all subjects except orthography, in which eighty-five per cent. is required. After successful passage of all examinations the candidate will receive a "medical student's certificate."

The enforcement of this act will, at least, prevent the entrance into the profession of men who, debarred by lack of an ordinary education from other pursuits, have hitherto sought refuge in medicine. Indeed, the very fact that the "powers that be" are at last aroused to the crying need of protecting the people, by standing guard at the very portals of medical education, is a feeble but nevertheless happy augury of higher efforts in the future.

The glimpses we occasionally receive (from publications of some of our State Boards of Examiners) into the fearful state of ignorance of their candidates, have caused us to blush for the recklessness with which some of our colleges have conferred degrees. Our lawmakers, once made alert upon this point, will be more readily impressed when we ask further safeguards to the public. Nothing short of a strict examination, by a competent State examining board, which is independent of all colleges, will afford the public complete protection.

MILK SICKNESS.

MEDICAL works, as a rule, are written by men who have acquired their experience in great cities, hence they are frequently wanting in the description of affections confined more or less to the rural districts. Milk sickness, known sometimes as simple "sick stomach," "tires," "swamp sickness," "slows," "river sickness," "bilious sick stomach," and "puking fever," is an apt illustration of this truth. Scarcely any of our leading medical authorities even so much as refer to it and yet it is among the most alarming and rapidly fatal of all diseases, unless promptly recognized and treated.

Dunglison states that milk sickness is occasionally observed in the states of Alabama, Indiana and Kentucky, to which Dr. W. M. Tuller, of Bowling Green, adds Ohio and Illinois. The latter recently read a paper, based upon his own experience in the treatment of this disease, before the Northwestern Ohio Medical Association, and has published it in the September number of the *North American Practitioner*. He claims that milk sickness is quite as common in man as in cattle, owing to the farmers' habitual use of milk and butter. It is not dependent upon the drinking of impure water as is commonly stated. In this respect the author differs entirely from Dr. Joseph Sager, of North Washington, O., who read a paper upon the same subject before the same society a number of years ago. The poison is in all likelihood vegetable in origin, as indicated by the following facts:

1. The disease prevails to a much greater extent in dry seasons when forage for animals is scarce, and they are obliged to sustain themselves, not on what their appetites dictate, but on what they can get.

2. It is never known to occur in animals that are confined on tame pasture.

3. In timber and wild land where animals have been known to be poisoned while feeding, not only for one season, but year after year, as soon as this land is cultivated, the disease disappears.

4. The disease only prevails during the summer and autumn months, the season of the year when vegetation flourishes. The particular kind or species of vegetation that contains the poison has never yet been determined, and yet a botanical description of the various plants that have been accused by the profession and laity, of producing the disease, would be quite voluminous.

Sheep seem to be more susceptible to the poison

than cattle, while the horse and fresh milch cows seldom if ever show any signs of the disease.

The poison is neurotic in its operation as shown by the character of the symptoms. For several days before the attack there is excessive languor, loss of appetite, nausea, pallor and constipation. If no relief be afforded, the patient soon goes to bed and lies on his back most of the time. Vomiting sets in and is both violent and persistent; the constipation becomes more obstinate. Next follow the special nervous symptoms. The patient grows exceedingly restless, tosses his limbs about, sighs occasionally, and becomes partially or wholly unconscious. If consciousness remain, extreme heat of the body, and great thirst are complained of. The temperature remains normal or becomes depressed; the pulse continues normal but strong; the pupils are unchanged or slightly dilated; the abdomen flattens; and the heart and large bloodvessels beat violently. The matter vomited consists first of ejecta, then of a glairy substance like mucus and finally bile, either dark or natural in color. In most cases there is a peculiar pathognomonic odor, not inaptly described as the "smell of rising used in making milk or salt-rising bread."

This disease is of short duration, terminating in recovery or death in three to fourteen days. Its diagnosis is easy and only liable to be confounded with acute gastritis, cerebro-spinal meningitis or obstruction of the bowels.

To eliminate the poison, stimulate the nervous system, and sustain the vital powers, are clearly the indications for treatment.

Dr. Tuller himself lays most stress upon early and free purgation. For this purpose nothing answers so well as calomel, given in severe cases in thirty and forty grain doses, repeated every four hours until the patient is thoroughly purged. This treatment should then be continued for three or four days, but with smaller doses of the calomel, only sufficient to cause three or four evacuations *per diem*. It is useless to give small or even average doses of the calomel, and the ptyalism which occasionally follows these massive doses is insignificant in comparison with the advantage gained. Usually the vomiting ceases and convalescence begins after the first free purgation.

For the nervous system strychnine and nux vomica, by the mouth or rectum, are the stimulants to be employed. Alcoholic liquors, so easily borne in milk sickness, have also proved most beneficial. Simple enemas, to aid catharsis and for purposes of nourishment, should also be remembered. Such remedies as bismuth, and oxalate of cerium to allay the vomiting are worse than useless, merely causing loss of valuable time. Prophylaxis, of course, consists in abstinence from milk or meat of animals known to feed on dangerous lands.

PROF. FOUCHER says that certain amblyopias are caused by uterine disorders.

Annotations.

DR. MANGIN has just published an interesting article in the *Marseilles Médical* upon the important question of catarrhal salpingitis. The following is his treatment: In the acute period of the disease, absolute rest in bed, very hot vaginal injections, ice to the stomach, according to the gravity of the symptoms; morphine, chloral, bromide or antipyrine; removal of all constriction about the abdomen and the use of revulsives. In the chronic period, medical or surgical treatment is recommended. The first named consists in combating the dangers of pelvic peritonitis by the use of hot antiseptic vaginal injections. For the inflammation of the cervix use tampons of wadding medicated with glycerine and iodoform, inter-cervical and intrauterine applications of sticks of iodoform. Add to this the administration of bitters and tonics, the use of hydrotherapy and thermal treatment (St. Sauveur, Neris, Plombieres, Luxeuil, etc.) The surgical treatment is either palliative or curative. The first is for the endometritis cervicitis and the prevention of the discharges. Careful curetting of the uterine cavity, removal of the diseased parts of the cervix and the dressing of the wound when these are removed, are the measures to be adopted. If there are old adhesions fixing the uterus in one position, they should be broken up under chloroform. In other cases, after having washed out the uterus, and freed the orifices of the tubes of any fungous growths which may almost completely obstruct them, dilatation of the uterus and drainage should be practised. Finally, the dernier resort is laparotomy and removal of the Fallopian tubes; but this operation ought never to be performed except after most careful consideration.

THE bogus diploma mills of Vermont and New Hampshire are being rapidly unearthed by the public authorities, The "Trinity University, of Burlington, Vt.;" the "Vermont Medical College, or Second Medical College of the American Health Society for Scientific and Benevolent Purposes," institutions whose very existence was unknown, have been found to possess articles of incorporation. The laws of Vermont are so lax in this respect that application for these articles may be simply made to any town clerk and they are forthwith granted. Thanks are due to various physicians in New York, Vermont and New Hampshire for exposing these audacious imitators of the once notorious Buchanan.

A reputable Philadelphian has just been acquitted of a charge of felonious assault preferred by a young woman. At the conclusion of the evidence Assistant District Attorney Boyle said that he could not conscientiously ask for a conviction in this case.

This is all very well, as far as it goes, as none of Dr. Regar's numerous friends thought for one moment that he was guilty. But to whom is he to look for recompense for the loss of esteem and the expense

consequent upon being called upon to answer such a charge? The hope of blackmail, the wish to hide the results of indiscretion by accusing an innocent person, or mere hysteric prurience, occasions these charges, the evil effects of which may cling to a man for a lifetime. The law should provide means for preventing this wrong, which is not susceptible of reparation, by compelling the plaintiff to produce sufficient proof to warrant the charge, and to give security for the costs and damages if she fails. Many persons would avoid a physician who has been the victim of such an attack, although there may not have been any excuse for it; and thus the wrong done is too far-reaching to be measured and assessed.

UTERINE CATARRH—LOCAL APPLICATION OF MORPHINE.

REASONING upon the pathological findings, V. Siviecceki concludes that as the uterine mucosa is strongly hyperæmic, swollen and puffy, with increased secretion, a rational treatment demands removal of these conditions. Dr. S. recommends morphine, basing it upon the recorded case by Levinstein of atrophy of the uterus produced by morphine habit which was removed by withdrawal of the morphine. He demonstrates the result of treatment by reference to twelve cases, of endometritis with uterine catarrh, in which he applied a solution of morphine containing five mgrm., three times a day to the cavity. The treatment lasted three to four weeks. In seven cases improvement ensued; in four, complete restoration. Only in one case it failed; being probably gonorrhœal, yielded to chloride of zinc. Of course, this treatment is ineffectual in chronic interstitial endometritis, in which the former granulation tissue has been converted into cicatricial tissue. In these cases, curetting, followed by tincture of iodine or pure carbolic acid is still the most rational procedure.

THE treatment of typhoid fever by cold baths, which has been the subject of several articles in our special column on Hydrotherapeutics, is the theme of a paper by Dr. J. H. Hunt, in *Gaillard's Medical Journal* for October. After some very pertinent and judicious remarks on the unfounded prejudices existing in the professional and lay mind against cold bathing, Dr. Hunt details his fifteen years' experience in it. The mortality, in the first years of his professional life, under expectant and sympathetic treatment was but 21.05 per cent., while in the series treated by the systematic cold bath the mortality was 5 per cent. He dwells upon the necessity of early and strict bathing, "even before the actual necessity exists."

This paper, together with that of Dr. Smythe, of Indianapolis, are the first clinical resumés which have appeared since our agitation of the subject, and they are, it is hoped, an entering wedge to the popularizing of this life-saving method of treatment.

A WHOLESALE drug-house offers an inducement to any one who will invent a powder that will exterminate humbugs.

Letters to the Editor.

NOVEL DESIGN FOR TREATMENT OF FRACTURED CLAVICLE.

THE diagram here attached will illustrate a novel design for treating fractures of the clavicle.

A represents a round piece of steel or iron, made in a circle two and a half inches in diameter, with a shank seven inches long, with a thread cut to screw into B, shaped like a crutch head, and padded to fit in the axilla. C is a piece of webbing or leather, with a buckle affixed to C. D E and F are like straps also provided with a buckle.

To adjust the appliance in case of fracture, the crutch head is placed under the arm of the injured clavicle, and the ring A lying flat against the chest walls under the nipple below or over the attachment of the fractured muscles. The straps C D are then properly adjusted and buckled over the opposite shoulder. Then the straps E and F are fastened around the body under the opposite nipple.

These straps can be made of adhesive plaster, and secured to the skin so that there can be no slipping, or the leather or webbing straps can be secured in like manner.

This appliance was first used by the late Dr. Washburn, of Wilkesbarre, Pa.

The system as to the use of adhesive appliances is my own.

This little novelty has the advantage of keeping the fracture well under control, and can at the same time, while fulfilling all the indications in treatment, be worn under the clothing out of sight. For one instance, that of a druggist, a patient of Dr. Ross, of Wilkesbarre, the arm was used in compounding, and other duties of his business, during the whole of the treatment, and as good a result was obtained as is usual under other and more cumbersome methods.

S. W. TRIMMER, M.D.

WHITE HAVEN, PA.

A CASE OF CRIMINAL ABORTION.

EMMA R., aged twenty-three. While standing on a chair picking apples, the chair turned and let her fall to the ground on a piece of wire about size of No. 20 catheter, French scale, which entered the vagina and into the os uteri, from which she tried to remove it but failed. The part extending beyond the os she cut off. There was some hemorrhage during the night. In the morning, August 15, she walked

two miles to her home, and two miles from her home to see a doctor, making in all four miles. The doctor tried to remove the wire but failed. He put her in his buggy and brought her to my office, four miles further. The woman had a very slightly increased temperature, but no pain.

On examination I found an extensive laceration of the cervix, which had been of long standing. The wire had entered the body of the uterus posterior to the internal os, barely reaching the external os. I used my fingers to remove it, but failed. I then used a pair of strong forceps, and removed the wire. It was at right angles with the sides of the uterine canal, of a rectangular shape, and two and a half inches in length.

There followed a considerable hemorrhage after the removal. The body of the uterus was four inches in length, and the uterine canal one inch at the fundus. There was retroversion, but no laceration of the vagina. The patient had had one child at seven month's term.

After they had gone a few hours, I telephoned to the doctor, telling him to be on the lookout for an abortion, as I expected there was some special reason for the wire to be in that position. He took her home, gave her quinine, grs. 20, but could not prevent a rigor. Temperature went up to 103°, but by August 16 it came down to 101°, and finally to normal. The doctor watched the patient, and told the nurse to do so, and on August 15, in the evening, the fœtus, with secundines intact, was found in the discharges from the vagina. The doctor accused her of a crime, and she admitted having placed the wire there, and that it had her fast. She could not remove it. She made a good recovery. The fœtus was about two and a half months old.

F. W. FRANKHAUSER, M. D.

READING PA.

Society Notes.

AMERICAN ORTHOPEDIC ASSOCIATION.

Third Annual Meeting, held in Boston, Mass., September 17, 18 and 19.

FIRST DAY—MORNING SESSION.

THE Association met in the hall of the building of Natural History, and was called to order at 10.30 A. M., by the President, DR. E. H. BRADFORD, of Boston, who spoke of the recent growth of orthopedic surgery, and of the illustrious efforts and achievements of Sayre, Stromeyer, Langenbeck, Bigelow, and many others.

DR. V. P. GIBNEY, of New York, read a paper on the

TYPHOID SPINE,

in which he first drew attention to a group of symptoms pertaining to the spinal column as sequelæ to this fever, and when pressed for an anatomical diagnosis he used the term *perispondylitis*, meaning an acute inflammation of the periosteum and the fibrous structure which hold the spinal column together. His reason for the use of this term was the production of acute pain on the slightest movement, whether lateral or forward, and the absence of any marked febrile disturbance or neuralgia. He reported three cases. Careful search of text-books failed to reveal any cases of like nature. He then alluded to a similar condition in which the hip was affected.

DR. L. A. WEIGEL, of Rochester, N. Y. (by invitation) read a paper on

THE RELATION OF THE THORACIC AND ABDOMINAL WALLS TO THE SPINAL COLUMN, CONSIDERED WITH REFERENCE TO THE TREATMENT OF ANTERO-POSTERIOR CURVATURE.

He reviewed in a very succinct manner the relation which the thoracic and abdominal walls bear to the spinal column, and endeavored to show that they assist materially in maintaining the upright position of the body, and must therefore be considered in the study of spinal curvatures. He drew the following conclusions:

1. The spinal column in its general upright position is supported by the abdominal viscera, or rather by the resistance of the abdominal walls. Following the force of gravity, the spinal column sinks downward until a resistance is met with. This resistance may be produced either by direct support on the viscera, or indirectly by pressure exerted through the elastic thorax and diaphragm upon the abdominal organs, which are thus forced against the muscular walls until an equilibrium of force is established.

2. By the support which the abdominal viscera give to the spinal column and thorax, the abdominal muscles very materially supplement the action of the erector spinæ muscles by increasing the resistance which the viscera offer to the forward inclination of the spine and thorax.

3. A backward inclination of the spine is limited by the tense abdominal muscles and the firm linea alba to which they are attached.

A contribution entitled

PSOAS CONTRACTION AS A SYMPTOM

was presented by DR. DILLON BROWN, of New York.

He alluded to the various diseases in which this condition may be found, and gave their diagnostic points, emphasizing the phenomena by means of which each disease could be excluded.

DR. A. B. JUDSON, of New York, read a paper on

THE PREVENTION OF THE SHORT LEG OF HIP-DISEASE,

in which he said the deformities of hip-disease are caused by the patient's efforts to so place the limb that it shall be the least disturbed by and afford him the most convenience in his customary attitudes and movements. They are (1) abduction, (2) adduction, and (3) extreme adduction and flexion. The second position is practically by far the most important. It is caused by the patient's elevating that side of the pelvis in order to take the limb off the ground, and to keep the affected limb out of the way of the well one, which is on the ground a longer time than the affected limb, and does most of the work of progression. The limb is maintained in the chosen position by reflex muscular contraction, which does not im-

mobilize the joint, but fixes it in such a manner that changes in its position are readily made by the application of gentle but persistent force. It is proposed therefore to induce the patient—wearing a hip-splint, which protects the joint from the violence of walking—to divide the time on the ground between the two feet, or rather between the foot of the sound side and the ischiatic crutch on the affected side, with the expectation that adduction and flexion will be wholly or in part reduced, when the affected limb makes repeated efforts to reach the ground and does its share in locomotion. It is believed that the patient can be induced by precept and drill to adopt this change in the manner of locomotion, with the result indicated; a belief which is sustained by the observation that patients led by accident to walk in this way have recovered with a good position of the limb, and by the results of the adoption in practice of this method of preventing deformity.

Afternoon Session.

Dr. C. C. Foster, of Cambridge, Mass., read a paper entitled

A CASE OF CARIES OF THE ANKLE TREATED CONSERVATIVELY,

in which he gave a detailed account of the case and its treatment, showing the plaster casts of the foot before and after treatment. He did not claim that all cases should be treated conservatively. He knew that often, especially in hospital practice, resection was the only satisfactory treatment.

Dr. Charles L. Scudder, of Boston (by invitation), read a paper on

REPORT OF CASES OF CARIES OF THE ANKLE TREATED BY EXCISION,

after which patients were exhibited.

He drew the following conclusions: 1. Excision is safe, and the mortality is not great. 2. The convalescence and time of after treatment are short. 3. The disease in the foot is ended; and the prognosis is sure. 4. Profuse suppuration and its consequences are avoided. 5. The likelihood of septic infection is at a minimum. 6. The partial operation of curetting is of very little value. 7. There is no mutilation of the foot. 8. Its usefulness is very great after excision. 9. The question of tubercular infection from operative interference is yet unsettled. 10. Excision of all the diseased bone should be resorted to earlier in the treatment of chronic ankle joint and tarsal disease.

Dr. De F. Willard, of Philadelphia, presented a paper entitled

REST IN THE TREATMENT OF HIP JOINT DISEASE.

He advocates the exploration of the hip with the finger when it has been deemed wise to open an abscess connecting with the joint. The amount of disease could thus be ascertained without injury to the articulation, and dead or tuberculous tissue both of bone and soft parts could be thoroughly removed by knife, scissors or scoop. He advocated a sharp scoop, and especially recommended one which was hollow, thus permitting rapid flushing out of all tuberculous material with sublimate solution before it had time to inoculate the fresh surfaces.

In many cases this removal of tuberculous matter by *incision*, *erasion* and *drainage* was usually sufficient, but in rapid suppurating cases and when a large portion of bone was destroyed, a formal excision through the line of the exploratory incision was often beneficial both as regards life and time.

Ultimate results after either incision or excision are not superior as a rule to those obtained in non-operative cases. Persistence of suppuration and relapses are not uncommon. A partial removal of tuberculous matter might hasten systemic inoculation. Strict antisepsis is necessary.

Mechanical measures that enforce strict and long continued fixation of the joint are of supreme importance both before and after the operation, and no weight must be borne on the limb for at least a year after the sinus has closed.

Primary union was seldom secured and is not especially desired. When erasion is complete the suppurating sac-wall should be excised in toto.

Early excision, while life saving, does not yield as good locomotive results, as are secured by rigid care of the joint.

Free drainage is of the greatest importance.

A paper on

ABSCESSES IN HIP DISEASE, THEIR PREVENTION, SIGNIFICANCE AND TREATMENT,

by Drs. R. W. Lovett and J. E. Goldthwaite, of Boston, was read by the latter.

The treatment of abscesses of hip disease is a question which has been widely discussed, and one upon which diametrically opposed views have been held. No figures bearing upon the relative value of the treatment have yet been brought forward. The large number of cases reported by the essayists were treated at the Boston Children's Hospital. Of 288 cases reported by Dr. Gibney, the mortality per cent. was only 12½. Billroth, following cases after they had left his clinic, found a mortality of 31¾ per cent. Heuter in 86 cases found a mortality of only 27 per cent. In Cazin's series of 80 cases of suppurative hip disease (sent to Berck after they had ceased to improve in the Paris Hospitals), only 12½ per cent. died.

The operation for abscesses in hip disease is not attended with the risk of septicæmia which is sometimes attributed to it, and also that it does not prevent amyloid degeneration from taking place. In 43 cases where the present condition of the patient is accurately known, the abscess wound is closed in 20, and one or more sinuses are still open in 23. Of the cases where the sinuses are still open, in 5 a year has passed since operation, 10 are open at the end of two years, 7 at the end of three years, and 1 at the end of four years. In the 20 cases, 10 sinuses closed within a year after operation, and 6 between one and two years. Finally it may be said that thorough operation is followed in a fair proportion of cases by the speedy closure of the abscesses.

SEPT. 18—SECOND DAY—MORNING SESSION.

This session was devoted to the reading of short papers upon the treatment of hip disease, and papers were read as follows :

The Principles of Treatment, by Dr. N. M. Shaffer, of New York.

The Early Local Treatment, by Dr. A. J. Steele, of St. Louis.

The Operative Treatment, by Dr. De F. Willard, of Philadelphia.

DR. JOHN RIDLON, of New York, reported a case of

CONGENITAL DISLOCATION AT THE HIP.

The patient, a female, aged ten and a half years, came under his observation February 16, 1888. The great trochanter was two and a half inches above Nelaton's line, and it required a blocking under the foot of three inches to make her stand fairly erect. The old pattern of the Taylor extension hip splint was applied, and the leg elevated on an inclined plane. For one year the child did not leave her bed, and no relaxation of the contraction was once permitted ; at the end of this time it was possible to locate the head of the femur, which was found to be displaced upwards and forwards, lying almost directly below the anterior iliac spine, and the difference in the length of the legs was found to be reduced to one-half inch. A jointed splint was applied February 1, 1889, and the patient was allowed up. The case was interesting on account of the direction of the dislocation. He had been unable to find such another case recorded.

DR. BERNARD BARTON, of Buffalo, contributed a paper on

THE IMMEDIATE DISREGARD TO MALPOSITION OF THE THIGH IN THE TREATMENT OF HIP DISEASE,

in which he called attention to a plan of treatment purely fixative in character, which he had employed in the earlier stages of hip joint disease. This plan consists essentially in having the patient suspend himself by the head in the manner required for the application of the plaster-of Paris jacket in spondylitis. During this operation the foot of the well limb is made to rest on a block four to six inches in height, so that the affected limb will, by its own weight, exert traction upon the muscles about the hip joint.

The trunk and limb having been encased in stockinet, should then be wrapped with cotton wadding bandages to protect the surface from the sixth or seventh rib to the middle of the leg ; over this dressing plaster-of-Paris bandages should be applied in a manner to include the trunk, hip and limb within the limits indicated. Then strips of thin malleable steel should be bent to conform to the contour of the body and limb, and inserted between the bandages on the anterior, lateral, and posterior parts of the dressing. As soon as the dressing has become hard, it should be trimmed out on the inner side of the thigh where it passes under the perineum, and all of the edges smoothed to prevent chafing of the skin. A high shoe and crutches having been provided, the patient may be taught their use with the least possible delay. A splint thus formed will hold the hip joint in an immovable manner. It will possess sufficient strength to permit of the patient being lifted or carried without pain or the fear of painful movements of the joints.

In every instance in which the writer had used this dressing the patient had expressed feelings of relief as soon as the splint had been completed.

AFTERNOON SESSION.

The Association met in the lecture-room of the outpatient building of the Children's Hospital.

DR. E. G. BRACKETT, of Boston, read a paper on

AN EXPERIMENTAL STUDY OF DISTRACTION OF THE HIP JOINT.

in which he said the treatment of this subject consists in the consideration of the anatomical possibility of a distraction, influenced by the counteracting forces met in the living subject. The points involved are the resistance by the bony formation, the influence of atmospheric pressure, and the resistance from ligaments and muscles. In the adult the prominent part of the lower portion of the head of the femur rests in the bottom of the acetabulum, which affords a surface nearly horizontal for its support ; and traction is therefore mainly expended in pulling the head down on this surface. When a separation occurs it is shown by a widening at the hips as well as by an elongation of the limb. In children there is no such interlocking of these two bones, but the axis of the joint is more nearly paralled to the line of the leg, and a separation is indicated by an increase in length of the limb, and but slightly by an increase in width between the trochanters. The influence of atmospheric pressure was studied on the cadaver, but the conclusions were that this force was very slight and unimportant, and the effect of traction on the child's joint was studied experimentally on the cadaver, and it was found that there resulted an increase in length of between 2 and 3 mm. in ordinary positions, and 1.5 mm. and less in width.

The conclusions are that anatomically distraction is an evident fact. When clinically considered these results are applicable only with the influence of the muscular force in view. Such would come only from tonicity of contraction. The former is not a working force, but rather a condition of repose. A long continued state of the latter is physiologically impossible, for by our repeated and constant stimulation, the muscles become exhausted, and finally remain in a state of quiet, and in this condition allow as much elongation as would be necessitated by the anatomically possible separation. This behavior of the muscles was demonstrated on a case of congenital dislocation. Two subjects, under treatment for hip disease, who were favorable for an accurate measurement, were examined for any change in this bony relation, and in both a change of 2 mm. was found. The claim was not made for the occurrence of distraction whenever traction was used, nor that it is possible in every case of disease, but it is claimed for a breach of contact of the two surfaces when traction is properly applied under favorable conditions.

MR. JOHN H. HUDDLESTON, of Boston, read a paper entitled

AN ANALYSIS OF TWENTY-ONE CASES OF HIP DISEASE TREATED BY THE THOMAS SPLINT.

He said the splint had been applied in the Boston Children's Hospital by men, some of whom had seen Mr. Thomas' clinics, and others who had carefully studied the directions given by Thomas on the hip, knee and ankle. Special malleable iron for the material of the splint had been obtained, and great pains taken to make the appliance really a Thomas splint. On examining the records of both the hospital and the outpatient department, it was found that since 1881, twenty-one cases of hip-disease had been treated with this splint. No attempt had been made to choose the cases for the splint, but it had been put on in all the stages of the disease, and kept on, in some cases, throughout the course of the affection, and in other cases till the interests of the patient demanded a change. Moreover, it had been used not only as a treatment for the disease, but also as a special remedy for some temporary condition of deformity. Cases were seen once a month or oftener, and were taken from the ordinary class of outpatient cases. Of the twenty-one cases satisfactory notes have been obtained in fourteen, and notes sufficient to explain the use and the result of the splint in five more. One patient died shortly after the application of the splint, and one has not been heard from.

Before summing up the results, it may be added that it has been found difficult to fit the splint and more difficult to keep it in place after fitted. Of the fourteen patients whose histories are long enough to be valuable in estimation of the splint, nine had abscesses; at least nine had elevation of the trochanter above Nelaton's line; eleven had shortening of an inch or more; eight had atrophy of the thigh of more than two inches; five had 5° or more adduction; eight had some flexion; six had no motion at the joint; four had motion of only a few degrees; three had a good amount of motion; one had perfect motion; six were brought into the hospital for correction of deformity or relief of pain.

Finally, the character of the results obtained is shown by the table to be in a broad way: Good position with little flexion and adduction, but great shortening, great atrophy, and very constant elevation of the trochanter above Nelaton's line, with a remarkable percentage of abscesses.

Following the reading of these papers a large number of orthopedic cases were shown, after which the members of the Association visited the hospital wards.

EVENING SESSION.

The Association met at the Tavern Club, No. 4 Boylston Place, at 8.50 P. M.

DR. JOHN RIDLON read a paper on

FIXATION AND TRACTION IN THE TREATMENT OF HIP JOINT DISEASE.

He said the treatment of inflammation in and about the hip joint should, in a general way, be governed by the same principles that govern the treatment of inflammations of like character in other portions of the body, and that physiological rest of the inflamed structures is the chief end to be sought. By *physiological rest* he meant relief from the performance of the normal functions. The functions of the hip joint are motion and the sustaining of weight. Involuntary spasm may give pressure in the same way as does superimposed weight until convalescence is well established, and to counteract the muscular spasm so long as that spasm is in any way harmful. To remove the superincumbent weight, he places the patient in the horizontal position (not necessarily confining him to bed) on a patten with crutches, and a long extension splint. The most effective is obviously the horizontal position; next to this stands the high patten (four to six inches) and crutches, while the most convenient is the long extension splint.

DR. R. H. SAYRE, of New York, read a paper on

EXCISION OF THE HIP JOINT,

in which he said the *first* question that presented itself is whether it is proper to excise this joint under any circumstances, and *second*, if it is a proper operation, at what time is it best done, and in what manner? He believed ordinary cases of hip joint disease to be tubercular; that this tuberculosis is acquired, not inherited; that some additional local influence, such as injury, is necessary to determine the part of the body which is attacked, and that under appropriate mechanical treatment, commenced early in the disease, with good hygienic surroundings, nature, in the vast majority of cases, is able to effect a cure without excision of the joint. Much valuable time had been lost in the past while hesitating to excise. With the present improved methods of wound treatment there undoubtedly was a tendency to operate too early, and sometimes too often. In the operation, pains should be taken to remove all the diseased tissue, provided the patient is not too weak to endure a prolonged operation, and care should be taken to wound as few vessels as possible, and do the least possible damage to surrounding healthy structures, as the chances of general systemic infection are thus much lessened.

SEPT. 19—THIRD DAY—MORNING SESSION.

DR. G. W. RYAN, of Cincinnati, read a paper entitled

WHEN SHALL TREATMENT BE DISPENSED WITH IN SPONDYLITIS?

The writer believed that much might be said on this point. It was a matter which had a wide interest to every orthopedic surgeon, and was never an easy matter to determine. Little was said about it in orthopedic literature, for the reason, probably, that every surgeon believed that each case must be judged individually. He believed also that, as a rule, the orthopedic surgeon kept an apparatus on too long, and that the general surgeon took it off too soon. He had seen many cases of spondylitis in which the appliance had been removed too early, and many others in which he was satisfied that it was kept on too long. He stated that a slight increase in a kyphosis, which was already well-marked, made a very great change in its gait, in the appearance and the growth. The speaker believed that atrophy was, in a measure, a test of the efficiency of the treatment.

The nearer perfect the treatment the greater the atrophy. He believed that when disease was no longer present an appliance was a foreign body, and retarded muscular growth and exercise. No general rule could be laid down concerning the time treatment should be dispensed with, but some indications might be pointed out. Spondylitis might be found in two classes of cases—those who were essentially tuberculous, and those who were not, the disease, of course, being tuberculous in all. He thought that the type of the patient largely influenced the course of the disease. The general health of the patient reflected in a great degree the stage of the disease. Absence of pain was of little value, as efficient support always relieved that. He had often found a compensatory depression beneath the kyphosis indicative of cure, as pointed out by the older surgeons. Time determined little or nothing. Many cases of cervical and lumbar disease got well without treatment, and with fairly good results. Where the surgeon was satisfied that treatment could be done away with, the case must be carefully handled. The matter required a great deal of care, and the appliance should be slowly dispensed with. Massage, cold baths, and faradism were of great service at this time.

Dr. A. J. Steele, of St. Louis, read a paper on

A NEW EXERCISE IN THE TREATMENT OF LATERAL CURVATURE OF THE SPINE.

Afternoon Session.

Dr. W. R. Townsend, of New York, read a paper on

ACUTE ARTHRITIS OF INFARCTS,

in which he said that this was essentially an osteomyelitis in infant life, the difference in pathological conditions being largely due to difference in anatomical conditions and relations of the epiphysis to the joint. Various forms of staphylococci have been found in some cases, notably staphylococcus aureus and albus. The symptoms were quite constant—flexion of joint, the production of abscesses involving the joint, and constitutional symptoms of pyæmia. In the treatment early and complete evacuation of the inflammatory products was necessary, and heart stimulants and tonics should be given. Most cases occurred under one year of age, and in about fifty per centum of cases fatal results occurred. He reported seventeen cases, and from his examination of others found that the joints most affected were the hip, knee, and shoulder.

The following papers were read:

The Treatment by Portative Appliances of Ununited Fracture of the Thigh, by Newton M. Shaffer, of New York.

Operations Upon the Spine for the Relief of Pressure Paralysis, with the Report of a Case, by Drs. Herbert L. Burrell and W. N. Bullard, of Boston.

A Case of Functional Torticollis, Probably Due to Defective Eyesight (with exhibition of the patient), by Dr. R. W. Lovett, of Boston.

A Case of Congenital Absence of Five Ribs, with Resulting Deformities, by Dr. Homer Gage, of Worcester, Mass.

Officers for 1890.—President, Dr. De F. Willard, o Philadelphia; Vice-Presidents, Drs. A. J. Steele, o St. Louis, and A. B. Judson, of New York; Recording Secretary and Treasurer, Dr. G. W. Ryan, o Cincinnati; Corresponding Secretary, Dr. Samuel Ketch, of New York.

On motion, the Association adjourned to meet in Philadelphia, third Tuesday in September, 1890.

Book Reviews.

An Experimental Study of Intestinal Anastomosis with some practical suggestions as to a modified Technique, by A. V. L. Brokaw, M.D., St. Louis, Mo. Reprint from *Weekly Medical Review*, August 17, 1889.

The author's paper is a contribution in a field o surgery which is giving rise to considerable experiment.

It is early to come to any definite conclusions as regards special apparatus. The writer's mode o preparing his approximation rings has the advantage over Senn's plates, in the length of time and trouble required.

The question arises, is there sufficient approximation of tissue to warrant firm and rapid union, which is one of the virtues of Senn's plates? The idea was doubtless suggested by Senn's rubber ring, which is used in implantation.

The clamp, while good, has no advantage over the rubber band.

The operation suggested in gun shot wounds is feasible, but, as the author says, "is of value in some cases." The extent of surface injured, number and location of wounds would govern its application, but where applicable it is preferable to the other forms.

Pamphlets.

The Climate of Southern California in its Relation to Rena Diseases. By P. C. Remondino, M.D., San Diego, Cal President of Board of Health of San Diego, etc. Reprint from *Southern California Practitioner.*

Urinary Calculus and Lithotomy. By Thomas W. Kay, M. D., Scranton, Pa. Reprint from Maryland *Medical Journal*, of March 16, 1889.

Uterine Adeno-sarcoma with Pyometra. By Thomas W. Kay, M.D., Scranton, Pa. Maryland *Medical Journal.*

The Medical Digest.

The most important element in the beginning of the treatment of chlorosis is to relax the bowels. Iron may be administered later.

Three or four grains of chloral hydrate, dissolved in an ounce of glycerine, is recommended as a gargle in quinsy. It is efficient by being locally antiseptic, astringent and sedative.

Sulfonal is recommended for nightsweats by Dr. Boethrick, a dose of 0.5 gms. (grs. vijss) being usually sufficient, and its effect being noticed during the second night in less profuse perspiration.

THE character of the pain will differentiate sufficiently a conjunctivitis from an iritis, says Foucher; in conjunctivitis it is localized in the eye or eyelids; in iritis it radiates round the orbit.

INSTANTANEOUS REMEDY FOR LUMBAGO.—Collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's hair brush.—*Peoria Medical Monthly.*

USES OF ANTIFEBRIN.—Salhi (*Corresp. f. Schweiz. Aerzte*) found antifebrin to act as a useful palliative in cases of sore throat and diphtheria; also in angina accompanied by high fever, the dose being 0.25 gm. three times daily.

ERYSIPELAS.—

Picric acid	3 parts.
Water	500 parts.

Wash five or six times a day.

—*Calvelli in Revue de Therapeutique.*

ANGINA PECTORIS.—

℞.—Hydrobrom. of cocaine	gr. x.
Alcohol	gtt. xv
Distilled aqua-lauro-cerasi	ʒ vj

Dose.—Inject beneath the skin, during an attack, one quarter or one-half of a Pravaz syringeful.

—*Dujardin-Beaumetz.*

IN blennorrhagia, especially the chronic form, try injections that return, of glycerole with boric acid, of a saturated solution of picric acid, or of the following formula:

℞.—Creasote	gtt. 10
Hamamelis, Hydrastis	āā gtt. 20
Water or water of roses	ad oz. iv.

Dilute the latter solutions so that they will not burn.—BRENNAN, in *L'Union Med. du Canad.*

SUPPOSITORIES FOR ENDOMETRITIS.—Terrier, in the *Revue de Thér. Méd.-Chirurg.*, directs:

℞.—Powdered iodoform	ʒ ijss
Tragacanth	gr. viij
Glycerin, Distilled water	q. s.—M.

For 10 suppositories.

These suppositories should be made in the form of crayons, about the size of a nitrate of silver point, such as is used for cauterizing. Resorcin or salol may be used in place of iodoform in the formula, the same quantity being admissible. If, however, bichloride is preferred, the formula should be altered as follows:

℞—Sublimate of mercury	gr. viij
Powdered chalk	ʒ vjss
Tragacanth	ʒ xxiv
Glycerin, Water	q. s.—M.

For 50 suppositories.

These suppositories should be placed in the cavity of the uterus after the vagina has been thoroughly washed and disinfected with sublimate solution. A tampon of iodoform gauze may be placed in the vagina.

DR. BARRAL has studied the properties of *Illicium parviflorum*, and as a result of his experiments upon dogs, concludes as follows:

Illicium parviflorum contains a toxic principle, causing in dogs vomiting, insensibility, paralysis of the hind limbs and marked tetanic movements.

This plant is poisonous in dosage slightly above 0.50 gr. per kilogr. of the animal's weight. Chemical analysis shows that this substance must be a glucoside, an alkaloid, or a something analogous to the bitter principle. —*La Province Medicale.*

COCAINE IN THE VOMITING OF PREGNANCY.—M. Fraipont Weiss prescribed this remedy in the uncontrollable vomiting of pregnancy, in teaspoonfuls every half hour, of a solution containing 15 centigrammes of the hydrochlorate of cocaine in 150 grammes of water.

Engelmann (of Creuznach), and Holtz used a solution of from three to ten per cent., and ordered it in daily doses of ten to thirty drops. Bois (of Aurillac), tried with equal success, a pomade containing 1 centigramme of the hydrochlorate to 50 grammes of vaseline, and applied this night and morning to the neck of the uterus.

Fraipont himself prefers the hypodermatic method, injecting beneath the skin of the epigastrium an entire Pravaz syringe full of a four per cent. solution. He considers that its administration by the stomach is preferable in cases indicating some quiescent for the nervous irritation of the stomach walls. Such is the uncontrollable vomiting of pregnancy. Bois' method seems to be useful only when the stomach is intolerant of cocaine solutions.—*Ann. de la Soc. Medico-Chirur. de Liege*, August, 1889.

ASTHMA AND THE UTERINE SYSTEM.—Dr. Peyer has recently written in the *Berliner Klinik*, part 9, 1889, on an affection which he terms sexual asthma. He maintained that asthma was always neurotic, and that in different subjects asthmatic convulsions were brought on by the influence of different physical functions. In two young married women coitus caused violent attacks of asthmatic sneezing. In another case the patient suffered from uterine fibroid, with severe asthma, which disappeared after the removal of the tumor. A patient was subject to violent asthmatic fits; on her becoming pregnant for the first time, the asthma was completely cured. In a similar case of asthma, the patient suffered from chronic metritis. When the uterine affection was cured, the asthmatic complication disappeared. In all Dr. Peyer's cases the patients were more or less hysterical, and in two there was a distinct family history of neuroses. The physician must be careful how to distinguish between the possible coincidence of true asthma and disease of the sexual functions and the alleged form where the former is an effect of the latter. In the case of coincidence it is perfectly easy to understand that any aggravation of uterine or ovarian disease and any irritation of the sexual functions might aggravate the asthma. The other condition is less easy to understand, and very hard to prove in a scientific manner.

Is Leprosy Hereditary?—Ortman, in the *Archiv. f. Derm. and Syph.*, Heft iii, 1889, gives a concise abstract of a paper by Dr. Armauer Hansen, in which the author gives the result of an interesting investigation. He went to America to visit the lepers who had emigrated from Norway, and examined in the States of Wisconsin, Minnesota, and Dakota lepers who had originally left Norway, and their descendants born in America. He arrived at the interesting result that of 160 lepers who had emigrated to America, the offspring had remained free to the third generation. This result, the author believes, shows emphatically that leprosy is not a hereditary disease. The fact that, of the 160 emigrants, only 16 or 17 are still alive without any new case having sprung up does not, in his view, show that leprosy is not contagious. He considers that the different mode of life in the new country does not afford the same opportunity of contagion that is given by the peculiar conditions of life in Norway.

—*British Medical Journal.*

Chorea Attributed to Poisoning by Iodoform.—The twenty-fifth annual report of the Jenner Hospital for Children in Berne contains a report of a secondary retropharyngeal abscess in a boy of six years, who was suffering from disease of the cervical vertebræ. Professor R. Demme opened this abscess, and a second, which had reached to the middle of the right clavicle. A little iodoform bougie was introduced in the fistulous canal, and the wound dressed with iodoform powder and gauze. Three days afterwards the boy suffered from headache, and complained of being sick, but the dressing was not changed, and a second iodoform bougie was introduced four days later, when convulsions began to occur gradually, passing on to chorea. The iodoform was then omitted from the dressing, and the chorea disappeared after a fortnight. A few weeks later another practitioner dressed the same case with iodol and iodol gauze, and again chorea appeared, lasting for three weeks.—*London Lancet.*

Pathology of Miners.—In the Section of Medicine of the Congress of Scientific Societies, held at Paris, June 11 to 15, 1889, Dr. Paul Fabre, of Commentry, spoke of the hygiene and diseases of workers in coal mines. His researches treated of (1) anæmia, especially that found among miners; (2) the hygienic condition of the mines; (3) the influence of subterranean work upon health; (4) the elevation of temperature in the mines; (5) the action of moist surroundings upon the workmen; (6) the anoxhæmia of the miners due to the influence of confined air; (7) the effect of the water in the mines upon the health of the laborers; (8) the sanitary condition of miners of the present day; (9) the effect of entozoa, and particularly of ankylostomes; (10) the different causes of the different forms of anæmia among miners.

He classified the diseases to which these men are subject into four groups: (1) of the air-passages (emphysema, chronic bronchitis, bronchial dilatation); (2) of the circulatory apparatus (anæmia, anoxhæmia, cardiac hypertrophy), (3) of the alimentary canal (dyspepsia, gastric vertigo, dysentery, helminthiasis); (4) of the organs of sense (otitis, deafness independent of plugs of wax and coal dust, cutaneous eruptions, such as miliaria, furuncles, erythema, prurigo, conjunctivitis, nystagmus, developed especially among those who work lying upon their backs or in other unnatural positions).—*Le Progrès Médical.*

Antipyrin in the Treatment of Diabetes.—A. Robin sums up the advantages of antipyrin in diabetes, according to his experience, as follows:

It may be employed from the outset in the treatment of diabetes where a glycosuria or acute polyuria is to be reduced without delay.

It is indicated when the diet, long continued and well tolerated, has produced its greatest effect in reducing the glycosuria and polyuria.

A wise combination of diet and antipyrin, associated in a sort of alternating manner, appears to be the best treatment for diabetes.

It is not necessary to continue the use of the drug if it does not produce an immediate and considerable diminution of the glycosuria.

The dose should not exceed twenty grains per diem.

If, with the quantity of urine diminishing, its density tends to increase, the use of antipyrin should be stopped immediately and permanently.

Albuminuria does not constitute an absolute contraindication. Its presence simply involves a question of its dose and of the duration of its use.

Finally, loss of appetite, emaciation, a sensation of weakness, or a sensation of tension in the face, are symptoms demonstrating, where they appear, that the use of the antipyrin is more harmful than useful even if the glycosuria should be influenced favorably.

—*La Semaine Médicale*, 1889, No. 15.

Treatment of Burns of the Eye—A. Trosseau.—Burns *caused by acids* should be treated by a free washing with water, and especially by the use of compresses (placed upon the half-open eye-lids) steeped in an alkaline liquid, as Vichy water. Ice compresses calm the pain, and sometimes prevent the development of inflammation.

Burns *caused by the use of caustics* (potash, lime, etc.), should be treated by very carefully cleaning the cornea and conjunctival cul-de-sacs and washing freely with carbolized water (1 to 200).

Burns *resulting from lime* are particularly serious, as they lead rapidly to perforation and destruction of the cornea, and as they also destroy the conjunctiva and are the cause of consecutive symblepharosis. One may sometimes avoid this accident by neutralizing the base with a very dilute acid, or employing Gosselin's method, which consists of the use of sugar water so as to obtain the soluble saccharate of lime.

We should care for *burns produced by hot metals* (lead for example) by completely cleaning out the eye, carefully removing the metallic particles which may remain fixed in the eye, and then applying over the organ compresses wet with carbolized water.

—*Revue de Therapeutique.*

Medical News and Miscellany.

THE great amphitheatre of the Paris School of Medicine has been destroyed by fire.

THE new training school for nurses opened in Cooper Hospital, Camden, October 11.

PROF. H. EARNEST GOODMAN has returned from his European trip, looking the picture of health.

CAMDEN'S Board of Health has pronounced pigeons kept in cellars as nuisances, but allows hog pens to exist.

DR. C. H. TAYLOR, of the *Medical World*, has just returned from a prolonged tour in France, Switzerland and Italy.

DR. W. B. MADDEN, a prominent physician, was killed at Johnstown, Penna., by an express train, while trying to cross the track near the depot.

A TRAINING school for nurses, in connection with the Johns Hopkins Hospital, Baltimore, was formally opened October 9. It will begin with eighteen students.

DR. HUGH M. SUTHERLAND died in a hospital in New York from the effects of morphine, which he swallowed on Wednesday afternoon in Union Square Park.

REV. SAMUEL JOHNSTON, M. D., an old and well-known physician in the southern part of the city, died on Tuesday at his residence, No. 1816 Christian street.

THE Beaumont Medical College and Hospital, Northwest corner of Walnut and Sixteenth Streets, St. Louis, was destroyed by fire last Tuesday night, October 8.

THE resignation of Dr. T. Gaillard Thomas from the position of Professor of Clinical Gynæcology in the College of Physicians and Surgeons, New York, is announced.

CHOLERA is prevalent at Pekin, and it is said that all foreigners, with the exception of the Custom House officials, and some other functionaries, have fled to the mountains for refuge.

Priceburg, near Scranton, Pa., is suffering from an epidemic of typhoid similar to the famous Plymouth outbreak, and due to water-infection. Fifteen per cent. of the population is said to be affected already.

DR. HIRAM CORSON, of Plymouth Meeting, celebrated his 86th birthday on Tuesday. On that day he read a paper on the "Treatment of the Insane" before the Chester County Medical Society, in Westchester.

AT a meeting of the Reading Medical Association held September 30, Dr. F. W. Frankhauser, graduate of Jefferson Medical College, 1880, Medico-Chirurgical, 1888, was elected president; Dr. Howard Reeves, vice president; Dr. C. Kurtz, secretary; Dr. Raudenbirsh, Dr. Cleaver, censors; Dr. S. L. Kurtz, treasurer.

THE deaths of the following eminent foreign medical men are announced: Dr. Preiss, of Carlsbad; Dr. Oré, Professor of Physiology in Bordeaux; and Dr. Rudolph Voltalini, Professor of Laryngology and Otology in Breslau.

DR. W. H. CORFIELD reported to the Committee of Works of the Parish of St. George that he had failed to trace any connection between the recent outbreak of typhoid fever at the West End, London, and the milk supply.

DR. THOMAS STEWART, SR., a prominent physician of Cumberland county, died at Ontario, Ohio, at the age of 75 years. He was the father of Dr. Thomas Stewart, of Carlisle; Dr. W. J. Stewart, of Newville, and Dr. Sloan Stewart, of Ohio.—*Times.*

A despatch from Ishpeming, Michigan, says that typhoid fever is epidemic in a number of Upper Peninsular towns, notably, at Negaunee and Ironwood, there being nearly one hundred cases in each of these cities. The State Board of Health is making an investigation.

CARBONDALE, Oct. 10.—The State Board of Health has issued a proclamation declaring diphtheria to be epidemic in this city, and Mayor Kelly has issued his edict, calling upon the citizens to place their properties in a healthy condition. There are over sixty cases under treatment.

THE Surgeon-General of the Marine Hospital Service received a telegram recently from Dr. Posey, at Jacksonville, Fla., saying that the president of the State Board of Health reports several cases of yellow fever at Key West. The Surgeon-General says that there is no need of apprehension, and that every precaution has been taken to prevent the spread of the disease.

JOHNSTOWN, Oct. 12.—Fever is raging throughout the city. Many crowded houses have two and three patients in them. All the wards of the Red Cross Hospital are filled with fever sufferers. Money is plentiful, however, and the work of reconstruction is going on rapidly.

TYPHOID fever is epidemic at Aurora, West Virginia, and it is said the country for miles around is infected. "There is scarcely a family without one or more of its members prostrated with the disease, and in some localities there are scarcely enough well persons to nurse the sick."

THE well-known and able ophthalmologist, Prof. Dr. Jacobson, of Königsberg, died on the 16th inst., at Cranz, a watering place on the Baltic. The deceased was the father of Dr. Julius Jacobson, likewise a well-known ophthalmologist, who has been residing in London for several years past.

THE American Academy of Medicine is endeavoring to make as complete a list as possible of the Alumni of Literary Colleges, in the United States and Canada, who have received the degree of M. D. All recipients of both degrees, literary and medical, are requested to forward their names, at once, to Dr. R. J. Dunglison, Secretary, 814 North Sixteenth street, Philadelphia. Pa.

Dr. D. W. Harrington, fifty-five years of age, died in Lockport, New York, yesterday, "evidently from an overdose of morphine." He leaves a wife and son, Rev. P. Harrington, Chaplain of Deveaux College, at Suspension Bridge.

Meeting of the Anglo-American Medical Society.—The first social gathering of the Anglo-American Medical Society took place at the Grand Hôtel, Paris, on the evening of September 30, 1889. This Society owes it origin to the initiative of Dr. Thomas Linn. Among the members who attended were:—Sir Spencer Wells, the distinguished London surgeon, who presided; Dr. Stanley M. Rendall, Aix-les-Bains; Dr. Wakefield, Aix-les-Bains; Dr. G. H. Brandt, Cannes; Dr. F. M. Sandwith, Cairo; Dr. St. Clair Thomson, Florence; Dr. C. E. Cormack, Hyères; Dr. Wm. Niven, Lausanne; Dr. J. A. Barnard, Dr. Boggs, Dr. Bull, Dr. John Chapman, Dr. E. Dupuy, Dr. Faure-Miller, Dr. Hon. Alan Herbert, Dr. Oscar Jennings, Dr. D. Hogg, Dr. Thomas Linn, Dr. C. J. Loughnan, Dr. Nachtel, Dr. J. G. Ponce, Dr. E. Warren-Bey, and Dr. Webb, all of Paris; Dr. W. H. Bagnell, Pau; Dr. F. J. R. Holland, St. Moritz; Dr. Mackenzie, Spa.

Among the invited guests were:—Dr. Madge, of London; Dr. Dean, Dr. Loewenburg, and Dr. Landolt, of Paris; Dr. Worms, of the French Academy of Medicine; Professor Michäelis, of the Paris Dental School; Rev. Mr. Ratcliff, of Paris; Mr. Robert J. Seabury, of New York; Dr. Schetelig, of Hamburg; and Mr. J. H. Hobson, of the Anglo-American Bank.

After the guests had done justice to an excellent *menu*, Sir Spencer Wells rose and proposed the toast of "The Queen, President Harrison, and President Carnot," which was drunk standing. Then "Long Life and Prosperity to the Society" was proposed by the President, and felicitously responded to by Dr. Hon. Alan Herbert. Sir. Spencer's health was given by Dr. Faure-Miller in a neat little speech. Sir Spencer's "heart-felt thanks" were warmly applauded.

Dr. Dupuy spoke to "Our Invited Guests," to which Dr. Worms replied, highly complimenting Sir Spencer Wells on his remarkable achievements in surgery, referring especially to ovariotomy, which the speaker himself, after much opposition from the profession, had at last been able to introduce into France. Dr. Worms then declared that he was sure that English and American medical men would, in the pursuit of their scientific studies, be received in the future, even more than in the past, with that cordiality characteristic of the French medical profession at the capital.

The last toast of the evening was then proposed by Dr. Holland, of St. Moritz, who thanked the Hon. Sec., Dr. Thomas Linn, for having made it possible for them to enjoy such a delightful evening.

Dr. Linn, on rising amidst general applause, said: "In returning thanks for the kind and flattering toast proposed to my health, I can only say that I am pleased to find that my share of the efforts to promote social intercourse and good fellowship between our brethren who practise abroad is appreciated. I trust that the future will increase the present kindly feeling that exists between us, and that we shall *all* meet again next year in good health."

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from October 8, 1889, to October 14, 1889.

Steinmetz, Wm. R., Captain and Assistant-Surgeon. Ordered for examination for promotion. Par. 3, S. O. 236, A. G. O., October 10, 1889.

Smith, A. K., Lieut.-Colonel and Surgeon. Leave of absence extended twenty-one days on surgeon's certificate of disability. Par. 7, S. O. 234, A. G. O., October 8, 1889.

Carter, Edward C., Captain and Assistant-Surgeon. Granted leave of absence for twenty days. Par. 6, S. O. 234, A. G. O., October 8, 1889.

Munday, Benjamin, Captain and Assistant-Surgeon. Granted four months' leave of absence. Par. 2, S. O. No. 233, A. G. O., October 7, 1889.

Changes in the Medical Corps of the United States Navy for the week ending October 12, 1889.

Bright, G. A., Surgeon. Detached from temporary duty at the Naval Academy, and placed on waiting orders.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute uræmia, recent discoveries regarding the intimate nature of, Jones. N. W. Lancet, Oct. 1, 1889.

Antitubercular power of iodoform, the question of the, Pilcher. Annals of Surgery, Sept., 1889.

Atresia vagina, Richmond. Kansas Med. Journal, Oct. 1889.

Abdomen, étude physiologique et thérapeutique du massage de la, Hirschberg. *Bull. Gèn. de Thér.*, 30 Sept., 1889.

Abdominal section, etc, comparative merits of, Rosenwasser. Annals of Gynæology, Sept., 1889.

Antisepsie medicale, recherches cliniques et expérimentales sur la, Pétresco. Bulletin Général de Thérapeutique, 30 Septembre, 1889.

Bone grafting in man, Ollier. Amer. Practitioner, Oct., 1889.

Bysuna, Brown. Texas Courier Record, Sept., 1889.

Cirrhoses of the liver, on recovery in, after repeated aspiration. Medical News, Oct. 12, 1889.

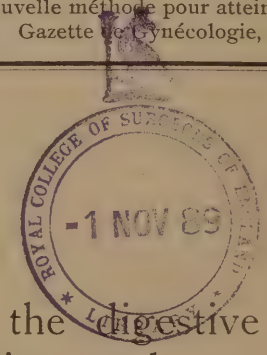
Compound fractures, the conservative treatment of, with an illustrative case, Whitehead. *Ibid.*

Case, a, not wholly hypothetical, Stearns. American Journal of Insanity, Oct., 1889.

Chlorosis, simple anæmia, and pernicious anæmia, the relations between, including leucocythæmia and Hodgkin's disease, Henry. Medical News, Oct. 12, 1889.

Carcinoma of the lower portion of the œsophagus, a case of, Hadra. Texas Courier Record, Sept., 1889.

Cinchona, a study of, Kent. N. Y. Med. Times, Oct., 1889.
Cerebral localization, Fisher. Amer. Jour of Insanity, Oct., 1889.
Clinical morphology *vs.* bacteriology, with some therapeutic deductions, Cutter. Medical Bulletin, Oct., 1889.
Consultation, a, thirty years ago, Monroe. Med. Bulletin, Oct. 1889.
Catarrhal fever, Thruston. Texas Courier Record, Sept., 1889
Cholera infantum, a note on the circumstances under which warm weather determines the prevalence of, Williams. Occident Med. Times, Oct., 1889
Diphtheritic paralysis, Adler. The Amer. Lancet, Oct., 1889.
Dermatitis, gangrænosa infantum, notes of a case of, Moore, Australian Medical Journal August 15, 1889.
Diabetes mellitus in children, Allen, Archives of Pediatrics. Oct., 1889.
Double consecutive castration for primary tuberculosis of testicles, Perkins. Annals of Surgery, Sept., 1889.
Die Behandlung der häufigsten Augenkrankheiten, Königstein. Internationale Klinische Rundschau. 22 Sept., 1889.
Die Pharmacopœa Austrica, Editio VII., nebst den in derselben vorkommenden Aenderungen und Neuerungen, Nevinny. Wiener Medizinische Presse, 22 Sept., 1889
Dürfen syphilitisch-inficirte Aerzte ihre ärztliche Thätigkeit fortsetzen? Neisser. Centralblatt für Chirurgie, 28 Sept., 1889.
Der Urin bei Neurosen, Peyer. Deutsche Medizinal Zeitung, 26 Sept., 1889.
Die paroxystische Hämoglobinurie, Cimfali. *Ibid.*
Ein Fall von progressiver Muskelatrophie, beginnend an der Unterextremität, Donath. Wiener Medizinische Presse, 22 Sept., 1889.
Eine neue dermoplastische Amputation, Baracz. *Ibid.*
Epidemic dysentery, Atkeson. Southern Clinic, Oct., 1889.
Electricity in skin and venereal diseases, Shoemaker. Med. Bulletin, Oct., 1889.
Extra-uterine pregnancy, a case of, terminating naturally, Lowry. Texas Courier Record, Sept., 1889.
Epilepsy, Reynolds. Kansas Medical Journal, Oct., 1889.
Echinococcus cysts of the liver, the operative treatment of, Thomas. Australian Med. Jour., Aug. 15, 1889.
Enuresis, atropine in, Watson. Archives of Pediatrics, Oct., 1889.
Fingers, the amputation of, Australian Medical Journal, Aug. 15, 1889.
Fistula in ano, a simple method of treating, Mathews. Weekly Med. Review, Oct. 5, 1889.
Glanders in man and beast, Paquin. Amer. Veterinary Review. Oct., 1889.
Gleet and its relations to stricture, Dukeman. Pacific Med. Journal, Oct., 1889.
Goitre, traitement du, par les injections interstitielles de teintures d'iode, Terrillon. Bulletin Général de Thérapeutique, 30 Sept., 1889.
Hypnotics and antipyretics, Winsey. Md. Med. Jour., Oct. 5 1889.
Hypnotics and anæsthetics, chemistry of, Christopher. Cin Lancet Clinic, Oct. 5, 1889.
Hydatid cyst of the liver, rupture, recovery, Markham. American Practitioner, Oct., 1889.
Les Congrès de Paris, quelques remarques relatives à la tuberculose et à l'alcolisme. L'Année Medicale, 15 Sept., 1889.
La carne injetta e la tubercolosi, Lindaei. La Salute Publica, 15 Agosto, 1889.
Lacerations of the perineum, some observations on, Griffin. Canada Lancet, Oct., 1889.
Molecular dynamics of the encephalon, William. American Journal of Insanity, Oct., 1889.
Mouth, diseases of the (non-surgical, continued), Forchheimer. Archives of pediatrics, Oct., 1889.
On pain in the small of the back and thighs, Jeffries. The Boston Medical and Surgical Journal, Oct. 3, 1889.
Osteotomy and osteoclasis, ultimate results of, Goldthwait. *Ibid.*
Out-patient hospital, reform and provident dispensaries, Rentone. Hospital Gazette, Sept. 28, 1889.
Organes pelviens, nouvelle méthode pour atteindre les, par la voie sacrée, Roux. Gazette de Gynécologie, 1 Oct., 1889.



The Acutely Ill.

When a patient is acutely ill, the digestive powers share in the general condition, and consequently the food supplied should be of the most easily assimilable character. The predigestion of starchy matters outside the body, as in MELLIN'S FOOD, is necessary, and the soluble carbohydrates of which this food consists, soluble because predigested, form the true food of the acutely ill.—J. MILNER FOTHERGILL, M.D., Edin.

A sample of MELLIN'S FOOD *will be sent to any physician, free of expense, upon application.*

Doliber-Goodale Co., Boston, Mass.

ROYAL COLLEGE OF SURGEONS OF ENGLAND
-7 NOV 89
LIBRARY

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 581. NEW YORK AND PHILADELPHIA, OCTOBER 26, 1889. The Medical Register. Vol. VI, No. 147.

PAGE

ORIGINAL ARTICLES.

A COMPARATIVE STUDY OF COMMON FORMS OF CONVULSIONS. By Archibald Church, M.D., Chicago, Ill - - - - - - - - - - 601
ANTIPYRETICS ANALGESICS, AND HYPNOTICS. By I. N. Love, M.D., St. Louis - - 606
THE KEMMLER CASE. By T. D. Crothers, M.D., Hartford, Conn. - - - - - - - - - 608

HYDROTHERAPEUTICS.

CONTRA-INDICATIONS TO COLD BATH TREATMENT OF TYPHOID FEVER. By S. Baruch, M.D. - - - - - - - - - - - 610

THE POLYCLINIC.

MONTEFIORE HOME, NEW YORK - - - - 611
Remarks on Applications to Larynx, etc., in Case of Tubercular Laryngitis. *K. B. P.* - - - - - - - - - - - - - - 611

EDITORIAL.

THE CEREBRAL LOCALIZATIONS - - - - - 612
CURE OF HEMORRHOIDS BY EXCISION AND CLOSURE WITH THE BURIED ANIMAL SUTURE - - - - - - - - - - - - - 613
COCILLANA - - - - - - - - - - - - - 614

PAGE

ANNOTATIONS.

Co-Education - - - - - - - - - - - - 615
Treatment of Neurasthenia - - - - - - 615
Sugar for Wound Treatment - - - - - - 615

SOCIETY NOTES.

JEFFERSON COUNTY MEDICAL SOCIETY.
ALABAMA - - - - - - - - - - - - - - 616
Leucocythemia. *Wilson* - - - - - - - 616
Ileo-Colostomy in Which Davis' Cat-Gut Mats Were Used for Approximation. *Davis* - - - - - - - - - - - - - 616
Two Double Silk Ligatures. *Henry* - - 617

LETTERS TO THE EDITOR.

Co-Education in Medicine. *Jacobi* - - - - 618

CINCINNATI LETTER - - - - - - - - 618

BOOK REVIEWS.

Orthodontia or Malposition of the Human Teeth; Its Prevention and Remedy. *Guilford* - - - - - - - - - - - - - - 619

PAMPHLETS - - - - - - - - - - - 620

PAGE

THE MEDICAL DIGEST.

Gum-Chewers' Paralysis - - - - - - - - 620
Microbes Never Conveyed in the Air - - - 620
Valerianic Ether - - - - - - - - - - - 620
Pomade for Chapped Hands - - - - - - 620
Hysteria in Men and Women - - - - - - 620
Chloral in Eclampsia - - - - - - - - - 620
Treatment of Diphtheria - - - - - - - 620
Creasote, Formulæ for the Administration of - - - - - - - - - - - - - - - 620
Eczema - - - - - - - - - - - - - - - 621
Pus in Urine - - - - - - - - - - - - 621
Creosote Emulsion - - - - - - - - - - 621
Rebellious Night Sweats - - - - - - - - 621
Chrysarobin in Hæmorrhoids - - - - - - 621
Death from Sublimate Irrigation after Abortion - - - - - - - - - - - - - - - 621
Uterine Tuberculosis - - - - - - - - - 621

MEDICAL NEWS AND MISCELLANY, 622

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - 628

MEDICAL INDEX - - - - - - - - - 624

NOTES AND ITEMS - - - - - - iv, xiv

Original Articles.

A COMPARATIVE STUDY OF COMMON FORMS OF CONVULSIONS.

(Read before the Chicago Medical Society, October 7, 1889.)

BY ARCHIBALD CHURCH, M.D.,

Professor of Diseases of the Mind and Nervous System in the Chicago Polyclinic.

THE term *convulsion* has been used and is still employed with such widely differing meaning that a definition of the significance it is to bear is a primary consideration. Ordinarily, it is supposed to occupy a median position between tremor on the one hand and spasm on the other; but it often presents both, or shades off into both, yet has features common to neither.

It is desired here by convulsion to designate a more or less extensive, arythmical, *violent*, incoördinate and involuntary activity of striated muscle not controllable by the will, and to predicate of such phenomena a symptomatic position and value.

Convulsions are *clonic* or *tonic*, or both. As ordinarily encountered and here considered, they are associated with epilepsy, chorea, hysteria, tetanus, rabies, strychnine poisoning, uræmia, and acute organic cerebral lesions, embracing hemorrhage, inflammation and trauma.

Under epilepsy it is probably proper to include infantile convulsions, for if not identical in nature, a close relationship exists, as is clearly expressed by the fact that, of epileptics, ten per cent. present convulsions during infancy; and of cases of epilepsy beginning during the first three years of life, two-thirds have so-called infantile convulsions. Widely diverse as are the convulsive phenomena resulting from acute organic lesions of the brain, they yet have a number of common characters which may perhaps justify their being grouped under one head.

Such a classification is necessarily somewhat arbitrary, but is of assistance in discussing the convulsive state. The difficulty inherent to such a subject is made no less by the fact that in the same disease the convulsive manifestations vary within wide limits in different patients, and even in the same patients at different times. By grouping the attending symptoms, however, and selecting fairly typical cases, a tolerably well marked outline can be constructed which will fit upon the observed phenomena in the various diseases and point the way to a diagnosis.

Epilepsy being the convulsive disease *par excellence*, a description of a well-marked convulsion in this malady may serve as a standard of comparison in the examination of analogous displays of hyperkinesis in other diseased states.

The patient, usually in apparently good health physically, but with a personal or family neurotic history, and possibly the record of previous convulsions, presents for a day or two previous to the attack some mental erethism. He is more than usually loquacious or cheerful or boisterous, but more frequently morose, irritable and quarrelsome. There may be vague sensations and a feeling of strangeness, approaching trouble or actual discomfort. At times the facial appearance is changed. It may be puffy or suffused and pale, and rarely a few hours before the fit a dusky hue has been noticed. Finally, with or without an *aura* or warning of any sort, the

convulsion commences suddenly in tonic form. The face is pale, consciousness and sensibility are instantly lost, and the patient falls heavily and lies rigid. The vigorous contraction of the chest muscles, attended by laryngeal spasm at the same time, occasions a peculiar cry—sharp and piercing or guttural and barking. This may be the first intimation of the fit to those about him. A distinct lateral tendency is the rule. The eyes, head and body turn to the right or left, and complete circles may be described before the fall. All the voluntary muscles are affected to some degree, but there is a greater activity unilaterally. At this stage the position assumed is the result of the greater mechanical power of the various groups of muscles implicated. The flexors predominate in the upper extremities, the extensors in the lower. The hands, often clenched, are as frequently in the "inter-osseal position:" that is, the fingers divergent and extended, except at the metacarpo-phalangeal joints. The hand may assume the cone shape of the accoucheur, or, having seized upon an object, may grasp it with wonderful energy. There is a slight tendency to flex the thumb into the palm.

Owing to the contraction of the respiratory muscles and the pressure upon the great vessels of the neck, there occurs asphyxia with cyanosis. The face promptly becomes red, then livid and intensely congested. The lips are a blue-black. The jaws are firmly set, and the tongue or cheek, if caught between the teeth, may be badly lacerated. One can now detect, with the hand upon the tonically contracted muscles, a quivering not noticeable to the eye. This increases, and the clonic stage is developed.

The pupils are dilated, and the open eyes, turned upward and toward the more affected side, present nystagmus or strabismus, or both. The sharp clonic contractions of the respiratory muscles now produce stertorous breathing, and the saliva is forced through the teeth and lips mixed with blood; if the tongue has been bitten, in a bloody froth. The limbs are arythmically contorted in a superlatively incoördinate manner, and all are affected by the clonic spasm; so that the patient is said to be "worked." The urine and fæces may be voided by the action of the abdominal muscles. Gradually the intervals between the clonic contractions lengthen, and the latter finally cease to occur, though the last is usually as vigorous as any, The temperature rises to 102° or 103°. Immediately or following a short period of semi-consciousness, the patient falls into a heavy and sometimes comatose sleep, from which he is aroused after a variable time with headache, muscular pains, and no knowledge of what has occurred during the convulsion, or he may not even appreciate that he has had a seizure. At this time maniacal outbursts are liable to occur. The convulsion lasts from one to five minutes, and is followed after the sleep by a return to full consciousness. Such a convulsion, if seen by a medical man, cannot be mistaken; but in epilepsy the attack may be infinitely modified, and present only one or two of the numerous features which make up the total of a typical seizure. Perhaps the most constant and characteristic indications are the unconsciousness, and following tendency to sleep.

Chorea presents a widely different picture. Only in its severest form are there true convulsions, the ordinary manifestations of hyperkinesis being properly described as spasmodic. In very rare instances the spasms occur with such rapidity that clonic and even tonic convulsions are developed, producing a state which might be confounded with an atypical condition of *status epilepticus* or tetanus, or the epileptoid manifestations of gross cerebral lesions.

The history of the case, the retention of consciousness, the control of the sphincters, the unimpaired cutaneous sensibility, the rapidly-repeated and long-continued spasmodic action, the intervals of complete relaxation, the absence of trismus and pharyngeal spasm are distinctive. Voluntary movements also intensify the spasm and incoördination. A history of acute rheumatism or its coexistence is common, and when present is attended by elevation of temperature with excess of urates and phosphates in the urine.

That multiform disease, which we denominate hysteria, often furnishes imposing and even terrifying convulsive phenomena. They have a proper physiognomy, so to say, though there is nothing in the range of nervous disease manifestations which may not be more or less well simulated in this protean neurosis.

The patient is usually a young woman of an emotional tendency and neurotic inheritance, who has presented from childhood those characteristics which lead a thoughtful observer to entertain fears for nervous stability under unusual strain. Leaving aside the endless other manifestations of the disease, it is desired only to consider its convulsive features when they attain to a degree which calls for their distinction from the hyperkinesis of different origin. As a rule, the convulsion is, so to speak, the climax of an emotional storm. The patient is wrought up to it, or gradually approaches the crisis after a mental strain due to fear, anger or sorrow, but in cases of long standing the convulsions may be brought on with considerable suddenness, and sometimes without the apparent connivance on the part of the one subject to them. In other cases again, there is an aura, something similar to that of epilepsy, which is usually described as a peculiar sensation commencing in the lower extremities or lower portion of the body, and which, gradually creeping upward, overwhelms the patient. A very usual premonition is the *sensation of globus*, which is attributed to a sort of perverse peristaltic spasm of the œsophagus and pharynx. She may fall, and fall heavily, but never mutilates herself, nor disfigures the face, and almost never has an attack when alone. Most frequently a recumbent posture is sought, or the patient quietly collapses and slides to the ground without instantaneous unconsciousness and insensibility, which, indeed, are rarely complete and often not present. There is no initial involuntary scream. If rigidity now occur, it is of a peculiar sort. The lower extremities are extended, adducted, and even crossed; the feet are almost in line with the legs from over-extension, and the toes are curled down in extreme

flexion. The arms are rigidly extended beside the trunk, or at right angles to the body in the so-called "crucial" position. The fingers are firmly clinched upon the inverted thumb, or the thumb is extended between the flexed index and middle fingers. The "interosseal position" is never seen. The head is extended, and a well-marked tendency to *opisthotonos* is commonly present. The eyes are closed, the pupils normal and reacting to light. There may be conjugate deviation or convergent strabismus. Divergent squint is never encountered. Nystagmus not seen. Asphyxia is never prominent, and the breathing is without stertor and the frothing mouth. After a variable time, usually after a number of minutes, clonic movements appear, but they are quite different from those of epilepsy, being symmetrical, rythmical and coördinated. Attempts to control them intensify the muscular action. Often they are merely coarse tremors or twitchings. At this stage theatrical poses, gestures, and emotional expressions with hallucinations and delirium are frequent, and a dramatic element at some period of the outburst is the rule. There may be retention of urine, but loss of sphincteric control of the bladder and rectum is never present. The clonic movements may last from a few moments to several hours, and gradually fade out, unlike epilepsy, in which the last contraction is as strong as the first. Stupor is often assumed. Coma is next to never encountered. The lethargic sleep, so characteristic of epilepsy, does not occur. The pulse and temperature are normal, or only manifest such fluctuations as would naturally attend such mental excitement and muscular effort. The recovery from the convulsion is sometimes prompt, and is often marked by the voiding of a large quantity of limpid urine of low specific gravity. In rare cases, however, anuria of several days duration without uræmic symptoms has been recorded, and in such cases the integument is usually over-active, and may be covered with a fine deposit of urates, the elimination of which is also assisted by the lungs. If the patient does not at once recover her ordinary mental state, a period elapses during which those accustomed to her notice that there is still something wrong, and this state gradually passes away, or is terminated by another convulsion. During the intervals of repose asymmetrical and *bizarre* areas of anæsthesia can be ordinarily determined, and also sensitive zones symmetrically located usually in the ovarian regions, under the mammæ and on either side of the vertebral column. Firm pressure on these so-called hysterogenic zones may determine the premonitory symptoms of a convulsion, or even induce a convulsive attack, and during a convulsion may cause its speedy cessation. Analogous to the cutaneous areas of anæsthesia the visual field is irregularly and asymmetrically contracted, a pathognomonic sign, according to Charcot. There are often local palsies or contractions which may go on to contracture and finally lead to degeneration in the cord. Memory is not impaired, though there may be no recollection of convulsions. Mental application, will power, self-reliance, in a word, psychic equilibrium, is below *par*, a condition at times intensified into positive insanity.

It is to be borne in mind that the male is also subject to hysteria, and may present all its symptoms, even to the tenderness in the position corresponding to the ovarian region in the female, and that hysteria does not preclude other and even organic neuroses.

In tetanus the continuous rigidity is usually marked by convulsive exacerbations, a condition possibly confounded with strychnine poisoning, rabies or hysteria. Three-quarters of all cases of tetanus occur between ten and forty years of age, only one-sixth are females, and traumatism is of record in the large majority of instances. After an incubative period of from ten to fourteen days or less there is usually a period of restlessness and insomnia preceding the development of the muscular symptoms. These invariably first appear in the musculature of mastication and deglutition, and are accompanied or immediately followed by stiffness in the muscles at the back of the neck, but the trismus is the important and characteristic sign. The extension is centrifugally to the face in one direction, to the back, chest and limbs in the other. The upper extremities are rarely affected below the elbows. The distribution of the spasm is symmetrical, with a tendency to opisthotonos from the very first. There is no remission of the contraction, but at intervals, after the extension of the rigidity is considerable, there occur intervals of vigorous convulsive movements which consist of intensified tonic action with the addition of clonic spasm. These exacerbations may be incited by any noise, by an attempt to move, to swallow or to speak, by a slight jarring or even a draught of air. The appearance of the face is characteristic. The lower jaw is firmly fixed by the elevators and depressors usually with the teeth in apposition, but sometimes the dental arcades are not in contact; the corners of the mouth are drawn outward and downward, stretching the thinned lips away from the teeth; the forehead is wrinkled by the corrugators and occipito-frontalis; the staring eyes are partially closed by the orbicular muscles. Various emotions are thus simultaneously indicated; the upper face shows astonishment, the eyes mirth, the mouth anger, and the whole has been denominated the *risus sardonicus*.

There is no strabismus or nystagmus, but the pupils are dilated. The breathing is hindered, and asphyxia follows with facial congestion and cyanosis. Consciousness may be lost momentarily. Guttural sounds are occasionally produced by the spasmodic action of the respiratory muscles, and implication of the diaphragm gives rise to a characteristic ventral pain. Sometimes the tongue is caught between the teeth and lacerated. These exacerbations last from five to twenty seconds, are extremely painful and much dreaded by the patient; who is conscious through it all, and until the last, except at brief moments, when the asphyxia is intense. If sleep is obtained there is only partial relaxation. The continued spasm of the sphincters determines constipation, and retention of urine which is of high color and specific gravity, though presenting no increase of nitrogenous material even during hyperpyrexia. The temperature is fickle and depends largely on the nervous element. Often there is no elevation of bodily

heat, but again it runs up to 102°–103° and even 107°, associated, as was pointed out by Verneuil, with the intensity and frequency of the convulsive attacks. The pulse is small and thready, pointing to vaso-motor spasm. The deep reflexes are at first subnormal or unchanged, but later are exaggerated; as is the cutaneous sensibility. Death results from asphyxia, exhaustion or hyperpyrexia. In the small percentage of cases going on to recovery (15 per cent.) the convulsions grow more rare and less violent, the rigidity less intense, muscular weakness and even paralysis often persist, but relapses are unknown.

In rabies, as in tetanus, the greater proportion ($\frac{5}{6}$) of patients are of the male sex, owing undoubtedly to their greater exposure to the bites of rabid animals. The convulsive phenomena in this disease are developed only in the later stages. There is first of all a history of the bite by a representative of the feline or canine family supposedly or actually rabid. The incubation period lasts from one to nine months; during which the health may have been unimpaired. Restlessness, malaise, insomnia, some pain in the region of the bite, are prodromal symptoms, followed in a few days by pharyngeal and laryngeal spasm, producing precordial pain, difficulty in swallowing, and a sighing respiration marked by catching of the breath as if the patient had been suddenly subjected to a drenching with cold water.

The breathing is labored, of the upper chest variety, and carried on by the superior extraordinary muscles of respiration. There is shivering and sometimes an intensification of this which may properly be designated as a general clonic convulsion. The pharyngeal spasm increases, the horror of water becomes intense, and any attempt to drink, or the sight of water, or sometimes its mere suggestion, determines convulsive contractions of the muscles of deglutition and respiration in which those of the face may participate. Meanwhile thirst is constant and the patient exerts himself to overcome the convulsive inability to satisfy it, but without avail. Cutaneous and special sensibility become enormously exaggerated. The slightest touch or breath of air may renew the convulsion. Sounds inaudible to the attendants are plainly distinguished by the patient. Magendie reports the case of a child born deaf and dumb that heard during the later phases of hydrophobia. The pulse is irregular and thready. There is constant insomnia. Hallucinations of hearing and sight are common, and delirium at times appears, in which the patient attacks those about him, sometimes tries to bite them, at others to escape and roam at large, or secrete himself. The inability to swallow the saliva, and the addition thereto of bronchial mucus, determines a constant flow of thick glairy fluid from the mouth, which distresses the patient and causes constant efforts at expectoration. Vomiting of dark brown material is common. The convulsions become more frequent and more extensive. They are now marked by tetanoid rigidity with opisthotonos, but present complete, or nearly complete, remissions, and trismus is absent or only appears at a late stage. Priapism and ejaculations are frequently recorded. The convulsive movements are manifestly coördinate and often hysteroid in character, lasting but a few moments at each access. Aside from photophobia the eyes are not characteristically affected. Sometimes the tongue presents on the lateral borders a number of vesicles to which the ancients attributed much importance and which gave the name "lyssa" to the disease. The voice is changed, being hoarse and accompanied by a rasping cough which has fancifully been likened to the barking of a dog. The urine is frequently albuminous and sometimes presents sugar. The temperature ascends *pari passu* with the increase of the convulsions and may reach 104-5° or 106°. The asphyxia becomes more marked at each access, and finally, as a rule, is the cause of death, but the fatal termination may depend on heart failure or a generalized paralytic state similar to that which terminates most generally the disease in the lower animals. The result is invariably in death in from one to four days. The distinctive signs are pharyngeal spasm, sighing or "catching" respiration, inability to swallow, dread of water, clonic convulsions, preceding the tonic, intense cutaneous sensibility, and the thick salivary discharge from the mouth.

Serious poisoning from strychnine, fortunately, is very rarely encountered, but its medico-legal importance requires familiarity with the convulsive indications of its action which have at times been confounded with similar conditions of other origin. The symptoms are much modified by a variety of circumstances, such as the presence or absence of food in the stomach, or the existence of any disease which retards assimilation. The quantity of the drug determines proportionate results. The method of its exhibition, whether hypodermically or otherwise, also influences the rapidity of its operation. Ordinarily, in a few minutes after the ingestion of some alimentary or other substance which may have had a bitter taste, symptoms of excitation of the nervous system are developed. If the dose is comparatively small there is mental excitement, overactivity of the special senses, restlessness, itching of the skin, and a subjective greenish hue before the eyes. Then occurs muscular twitching, most marked in the face and extremities, followed by tetanic general convulsions. If the dose has been large the convulsions are of immediate occurrence. They resemble in action, distribution, and intensity the exacerbations of tetanus which have been above described, but last only from one-half minute to three minutes, and are followed by complete relaxation. They rarely present trismus, and that in only the later stages.

As a rule, there are but four or five convulsions in fatal cases, occurring at intervals of from five to fifteen minutes. They may be incited by an unexpected noise, a jar, or a draught of air; but when the patient is forewarned of such excitants, no convulsive effect is produced—a distinguishing feature from the hyper-excitability of tetanus and rabies, in which volition seems to be powerless to control the discharges of nerve force. In non-lethal cases, the convulsions grow less severe and the intervals longer.

DIFFERENTIAL TABLE.

Convulsions in.....	EPILEPSY.	SEVEREST FORM OF CHOREA.	HYSTERIA.	TETANUS.	RABIES.	STRYCHNINE.	URÆMIA.	ACUTE CEREBRAL ORGANIC LESIONS.
Age.....	3-4 of all cases begin under 20 years.	9-10 of all cases occur from 5 to 20 years.	9-10 of all cases are under 30 years.	3-4 of all cases occur from 10 to 40 years.	Any age.	Any age.	Usually adults.	Usually adults.
Sex.....	5 males to 6 females.	1 male to 3 females.	1 male to 20 females.	6 males to 1 female.	5 males to 1 female.	Either sex.	Either sex.	Either sex.
Present History....	Of previous attacks and heredity.	Of rheumatism chorea and heredity.	Of previous attacks and heredity.	Of traumatism in 3-4 of all cases.	Of bite of rabid animal.	Of ingestion of some substance.	Of disease giving rise to blood infection.	Of traum. apoplex., fever, etc.
Prodromata.....	Changed appearance, mental erethism an aura.	Changed disposition, forgetfulness, choreic movements.	Emotional excitement.	Mental erethism.	Excitement, insomnia, changed disposition, pain in wound.	Anxiety, exaggerated sensibility, special and general Green hue before the eyes.	Irritability, neuralgias blindness.	Hebetude, coma.
Onset.....	Suddenly with peculiar cry. Tonic.	Gradual intensification of choreic movements.	Rarely suddenly, usually after other hysterical manifestations.	Trismus always initial, and tonic spasm prominent.	Pharyngeal spasm, catching respiration, shivering and clonic manifestations.	Twitching of face and extremities, clonic followed by tonic convulsions.	Usually sudden in tonic form.	Often sudden and clonic.
Muscular Distribution in Order of Implication.....	All voluntary and some involuntary muscles at once.	Face and extremities becoming generalized.	All voluntary muscles in no particular order.	Muscles of mastication deglutition, back of neck, respiration, trunk, arms and lower extremities.	Muscles of pharynx, larynx, respiration, trunk, limbs, face.	Muscles of face and extremities becoming generalized.	General as in epilepsy.	Localized, one extremity or one side of body, etc.
Coördination.....	Totally lost.	Lost.	Not Lost.	Lost.	Partial, becoming lost.	Lost.	Lost.	Lost.
Symmetry of Movements.....	A lateral tendency well marked.	Lost completely.	Well marked.	Both sides act together.	Both sides act together.	May be symmetrical, but usually not.	As in epilepsy.	No symmetry.
Sphincters.....	Control lost.	Control retained.	Control completely retained.	Spasm causing retention.	Control rarely impaired.	Control retained, tendency to spasmodic retention.	Control often lost.	Control may be lost.
Eyes.....	Open, pupils dilated, not reacting, strabismus, nystagmus, winking, conjug., deviation.	Blepharospasm, nystagmus.	Closed pupils, normal and reacting to light; may be closed. Strabismus.	Partially closed by orbicular spasm. Pupils dilated.	Usually unaffected.	Strabismus—orbicular spasms.	As in epilepsy.	No symmetry.
Mouth.....	Frothing.	Sometimes frothing.	Never frothing.	Teeth uncovered, lips thin and retracted.	Flow of thick, glairy saliva, etc.	Not frothing.	As in epilepsy with flapping cheeks and frothing mouth during coma.	As in uræmia.
Tongue.....	Often bitten.	Rarely bitten.	Never bitten.	May be bitten.	Very rarely bitten.	Not often bitten.	Rarely bitten.	Rarely bitten, may deviate, etc
Pulse.....	Tense and rapid.	Rapid and variable.	May be normal.	Indicates vaso-motor spasm.	Weak and thready.	Irritable, variable, rapid and unequal.	Indicates vaso-motor spasm.	Often full and tense, varies according to seat of lesion.
Temperature.....	Elevated 103°.	Elevated during convulsions and rheumatic conditions.	Normal.	Often reaches 106°.	106° in terminal stages.	Elevated in tetanic stages.	Often subnormal.	Variable, may be elevated or depressed.
Urine.....	Normal.	Excess of urates and phosphates in rheumatic conditions.	Large quantity and limpid.	Retained; high color, and sp. gr. No excess of nitrogenous material.	May present albumen or sugar.	Normal.	Albumen and excess of nitrogenous material. May be suppressed. Usually small in quantity.	May be retained or overflow. Often ammoniacal.
Asphyxia.....	Prominent in tonic stage.	Absent.	Absent.	Prominent feature of the exacerbation.	Occurs in tetanoid stage.	Occurs in terminal tetanoid attacks.	Not prominent.	Often present in moderate degree.
Coma.....	Rarely follows convulsions	Absent.	Absent.	Absent.	Absent.	Absent.	Prominent and continuous.	Often prominent and continuous.
Consciousness.....	Promptly lost.	Not lost.	Only partially lost.	Lost during severe asphyxia.	Lost during severe asphyxia.	Lost during severe asphyxia.	Lost during convulsions and coma	Lost during coma and severe convulsions.
Cutaneous and Special Sensation.....	Lost during convulsion.	Not lost.	Not entirely lost; often presents areas of anæsthesia, sensitive zones, and limitation of visual field.	Exaggerated.	Much exaggerated.	Very much exaggerated.	Subnormal. Lost during convulsions and coma.	Often presents areas of anæsthesia and defects of special senses.
Duration of Convulsion.....	1 to 5 minutes.	Continuous for hours.	A few minutes to several hours.	5 to 30 seconds.	5 to 30 seconds.	5 to 30 seconds.	1 to 5 minutes.	1 to 5 minutes.
Paralysis.....	None.	Very rare—often weakness.	Frequent.	Sometimes a sequel.	None.	None.	None.	Frequent and limited.
Pain.....	Muscular pains and headaches follow convulsions.	Rheumatic pains.	Neuralgic pains.	Ventral pain and severe pain in contracted muscles.	Precordial pain and painful cramps.	General shooting pains worst during convulsions.	Various.	Headaches and localized pains.
Usual Termination of Disease.....	By intercurrent affection—rarely in status.	In this form often fatal from exhaustion.	Never fatal.	Usually fatal from exhaustion or asphyxia.	Always fatal from Asphyxia, exhaustion or generalized paralysis.	Depends on dose. Fatal cases end in asphyxia or exhaustion.	Often fatal from exhaustion or cardiac failure.	Often fatal from exhaustion, heart failure pulmonary œdema.

In fatal cases, death occurs from asphyxia during the tetanic rigidity, or from exhaustion. The entire course of the poisoning is comprised within the limits of four or five hours. Its abrupt onset, the rapidity of its course, the lack of initial trismus or pharyngeal spasm, the mental clearness, the intervals of complete relaxation, make up in this convulsive state a picture which can scarcely be mistaken.

Uræmia, dependent upon Bright's disease, the puerperal state, scarlatina, and other of the febrile infectious maladies, is often marked by convulsions which strikingly resemble those of epilepsy and the epileptic status. When the disease which gives rise to the uræmic condition is recognized, the character of the attack is, of course, manifest. As a rule, the onset is comparatively sudden and unexpected. It may, however, be preceded by twitchings, irritability, loss of sight, neuralgia of the fifth nerve, tingling, formication, and mental distress. In the parturient woman, there is often an interval of quiet and drowsiness before the attack. Various degrees of severity are encountered, from a slight clonic movement in a few groups of muscles or in one extremity, to the most pronounced and frightful convulsive manifestations imaginable. The type presents a sudden tonic convulsion, followed by clonic movements, with all the characters of a true epileptic seizure excepting the initial cry. A distinctive point is that coma follows and persists until the next convulsion, which occurs after a variable interval—sometimes after several hours. The persistence of coma is also true of the epileptic status, but the convulsions in epilepsy occur with much greater rapidity.

The circle of phenomena is described with a shorter radius, so to speak, and fifty or an hundred convulsions in a day are not uncommon, while in uræmia four or five would be nearer the average for that length of time. Moreover, status is always a late stage of epilepsy, the history of which, when obtainable, should prevent error. In uræmia, also, the temperature is ordinarily distinctly subnormal, unless active febrile movement is determined by the attending disease. Œdema, pallor, waxiness, or the history of fever directs attention to the urine. The presence of albumen, or a condition of anuria, constitutes a strong indication of the uræmic etiology of the convulsions.

In acute organic cerebral lesions, the history previous to the convulsions is of the utmost importance in their diagnosis. The temperature and characteristic headaches of meningitis, the possibility of the extension of meningitic trouble, from depots of purulent infection, as in the ear, the sudden onset of hemorrhage, and the evidence or history of traumatism, all have weighty significance. The convulsions have the common feature of being caused by a more or less localized, persistent, and irritating condition, which gives rise to repeated discharges of nerve force. They present, ordinarily, a superabundance of clonic movements, and the tonic element may even be entirely lacking. As a rule, the convulsions are not generalized, but are often so distinctly limited to a limb or a group of muscles that the brain lesion can be definitely localized. Areas of anæsthesia and hyperæsthesia and limited palsies point in the same direction, especially when anatomically associated. There is a well-marked tendency to continuous somnolence and coma. The temperature is fickle, depending on the cerebral implication, which also gives rise to a variable pulse. There may be incontinence of urine and fæces, or retention of urine with overflow. A tendency to bed sore is common. Strabismus, inequality of the pupils, optic neuritis, and paralysis of cranial nerves are not infrequent. Vomiting, of an inveterate expulsive sort, of apparent cerebral origin, is common, The convulsions may present all degrees of severity, but the mode of onset in a particular region, or other focal symptoms, usually make the character of the fit sufficiently manifest.

Appended is a tabular arrangement in parallel columns of these various forms of convulsions, with their symptoms and characters briefly indicated under twenty-three heads. (See page 605.)

ANTIPYRETICS, ANALGESICS AND HYPNOTICS.

(Read to the Missisippi Valley Medical Association at the Fifteenth Annual Session, September 10, 1889.)

By I. N. LOVE, M.D.,

President Section on Diseases of Children, A. M. A., Professor Diseases of Children, College Physicians and Surgeons, St. Louis.

IN this short paper I shall not attempt to treat of my subject, or rather trio of subjects, exhaustively or analytically, but only in a general way.

It goes without saying that antipyretics are remedies which reduce the body temperature when it is above the normal point.

We have had for many years a long list of remedies which properly come under this head, all accomplishing the same end more or less actively, but in different ways.

Some act by lessening the tissue changes, such as quinine; some by reducing the circulation, as digitalis, aconite, leeching, cupping or bleeding; others, like alcohol, by dilating the vessels of the skin and producing increased radiation; others, again, by stimulation of the sweat glands, and the evaporation following, such as Dover's powder and antipyrin; last of all, those which abstract heat from the body, cold baths, cold drinks, wet-packs, etc.

Quinine has for a long time taken high rank as an antipyretic, but the profession has now arrived at the point, I believe, where other means are to be preferred, save in high temperature due to inflammation and to septic causes.

I think it should never be given to reduce the temperature in typhoid fevers; the demoralizing effect upon the stomach and nervous system is greatly to be feared. In these conditions, the cooling bath, coupled with antipyrin, acetanilid, and the new drug belonging to the same class, exalgine, to which I shall refer more fully later, are, I think, much more desirable. They have the advantage of not only reducing the temperature, but at the same time calming the nerve centers, and the last three of rendering the alimentary canal antiseptic.

En passant, I would like to emphasize the point that whatever the means used, the reduction should

not be made too suddenly and in excess. A gradual reduction is safer and more readily maintained.

Of all analgesics or remedies which relieve pain, opium and its derivatives stand first on the list, but there are many conditions where so powerful a remedy, or one so disposed to check the activity of the secretory glands, is contraindicated. Such cases are accommodated admirably by the modern coal tar products previously referred to, viz.: antipyrin and acetanilid.

I am already on record as favoring the latter drug, on account of its being more active, safe, reliable and reasonable in price; and, besides, it is not as potent a medicine as is antipyrin. This preference is based upon nearly two years' study and comparison of recorded bedside observation.

Sleep producing agents in the fullest acceptation of the term would naturally include all or many of the drugs which reduce temperature or allay pain.

The bromides, of course, are the most popular and purest hypnotics we possess, but chloral hydrate is one which deservedly ranks high.

Urethan, a new, or comparatively recent hypnotic, I have found of considerable value, and it possesses a great advantage over the two previously mentioned in that being very soluble in water, and non irritant to the tissues, it can readily be given hypodermically.

When given in sufficient quantities, ten to twenty grains, if a reliable product be used, it can be depended upon, unless the element of pain enter into the case as a cause of the restlessness, in which case it will fail.

Prof. Coze, of Nancy, has demonstrated urethan to be an absolute antagonist to strychnine. Potter's Hand-Book suggests that this fact would indicate that urethan would be useful in any form of convulsions, and especially in tetanus.

Exalgine, which has recently been added to the class represented by antipyrin and acetanilid, through the labors of Brigonnet, of the Cochin Hospital, has now been before the profession for some months.

A favorable pronouncement regarding this drug by Dujardin-Beaumetz prompted me to secure a goodly supply, and use when indicated. Two months' systematic use of the drug, while not absolutely convincing to me, has so favorably disposed me to it as to justify a continued and more enlarged application of it.[1]

Messrs. McKesson & Robbins furnish a two and a half grain gelatine coated pill of exalgine, which is a convenient means of administration. I have generally given one or two of these pills, according to age or conditions.

It has been claimed that this drug does not produce cyanosis, as do antipyrin and acetanilid. In a few cases I have observed slight cyanosis. However, I do not believe that this symptom, even when produced, is important.

I have administered exalgine in typhoid fever to good advantage. It reduced the temperature gradually and without depression, and aided in the securement of rest.

Owing to the impaired digestion in these cases, I have almost uniformly given the following formula:

℞.—Exalgine (McK. & R.)	℈ ij
Sp. vini Gallici	ʒ j
Elix. lactopeptine	ʒ iij

M. Dessertspoonful every two to four hours, as indicated.

An elegant and agreeable form to give the drug is the Exalginique Cordial, prepared by McKesson & Robbins. Each tablespoonful contains two and a half grains of exalgine, but the cordial will take up as much more exalgine very readily, if one desires to increase the strength. For delicate and æsthetic patients this is an admirable means of administration.

I agree with many observers that the analgesic property of exalgine is the predominating one.

I have observed no marked depression from the drug. The skin is rendered more active, and I think the secretions of the alimentary canal are favorably affected. The urine is somewhat diminished, and in a case of diabetes the amount of sugar was decreased. Rheumatism and neuralgia were favorably influenced.

A case of facial neuralgia in a physician was very satisfactorily treated by the use of exalgine. The paroxysms were relieved when present, and were prevented by doses of exalgine in anticipation.

If the medical profession had never accomplished more for human kind than that which it has done in the direction of relieving pain and securing sleep, no one could say that its mission had been in vain.

Pain, while being of great aid to us in diagnosis, is, if left unrelieved, a cause of exhaustion of nervous force, a destroyer of sleep, appetite and digestion. If long continued, it leads to changes shortening existence. It may in itself be so severe as to abruptly terminate life.

I believe it is the duty of the physician to save his patient any possible twinge of pain, within proper limits, of course; but in doing so he should guard carefully against the possibility of self-drugging upon the part of the patient. With this end in view, I deem it to be the physician's duty for him to dispense directly to patients all analgesics and sedatives. By so doing he limits absolutely the amount taken, at least it cannot be long continued against his orders. Another advantage is that, when desirable, and that will be in nearly all cases, he can keep from his patient a knowledge of the drug taken.

I think we are safe in concluding that all of the derivatives of the aromatic series, being antiseptic, antipyretic, and analgesic, are of great value to us in our battles with disease.

Acetanilid so far stands at the head of the list in my records, for the reason that I have had a longer and more extended experience with it.

The brief experience I have had with exalgine has been so satisfactory as to justify a more extended use.

We have received several queries about a note in our issue of August 10, concerning the use of biniodide of ammonium for removing powder stains. It seems that our druggists are not aware that such a salt exists. The note was from the *Revue de Thérapeutique Medico-Chirurgicale* of June 15, and is a correct translation.

THE KEMMLER CASE.

By T. D. CROTHERS, M.D.,
Superintendent Walnut Lodge, Hartford, Conn.

WILLIAM KEMMLER was tried and convicted of murder at Buffalo, New York, May 10, 1889. He was sentenced to be executed by electricity under the new law. An appeal was taken on the ground that the law abolishing hanging and substituting electricity was wrong and unconstitutional, etc. A stay of sentence was granted, and a referee appointed to take evidence concerning the methods of carrying out the death sentence by electricity. A great amount of most valuable testimony has been taken; some of it confusing and contradictory, from the leading electrical experts of the country. The question to be determined was the certainty and painlessness of death from a current of electricity, and certain legal questions as to the meaning of the law from its wording.

These questions have made the case a celebrated one, and will form the basis of a new literature, involving new points of law and science. Unfortunately for the credit of the common legal practice, this test case is that of an alcoholic and idiotic dement, the trial and condemnation of which brings out in lurid colors the injustice of the law, and the forcible application of mediæval theories of mind and human conduct.

William Kemmler, about twenty four years of age, a huckster, came from Philadelphia, Pa., where he was born, to Buffalo, in 1888, deserting his own wife, and bringing with him another man's wife as his paramour. They frequently quarreled, and the woman had threatened to kill him if he did not stop drinking. He had drank to intoxication every night for a long time before the commission of the crime. One morning he got up, went to the barn and gave some order about the care of his horses, then went to the house, and after a quarrel, struck this woman with a hatchet, inflicting twenty-six wounds, from which she died in a few hours. He told a lady who came to the door that he had killed his wife and would take the consequences. He went with another man for a doctor, and drank on the way, and finally gave himself up in a saloon soon after. He appeared dazed and silent after the commission of the crime for some time. He was given two dollars' worth of spirits at the station, and made several contradictory statements. Was examined by physicians and pronounced sane, only suffering from excessive use of spirits. The murder was committed the 29th of March. He was indicted and put on trial May 6 for murder. The testimony was a most startling history of excessive use of spirits by both the prisoner and his friends. It appeared that he had drank from twenty to thirty times a day, and often on a wager to show his power of out-drinking other men. He had been successful as a trader, but generally drank every night, and sometimes was very stupid. His father drank to excess at times all his life, and his mother died of some form of insanity in his infancy. He was brought up on the street, and began to drink beer at ten years of age. Had syphilis early in life and frequent attacks of it up to the time of the murder. He was of small stature, low browed, small, irregular brain, eyes sunken and unsteady, with a stealthy, suspicious look.

He has a hesitating, idiotic way of talking in a whining undertone, and is clearly dull of comprehension. He has always lived in the lowest surroundings, and has a defective brain development. His two brothers clearly resemble him in defective, irregular shaped heads and body. The prisoner had delirium tremens, or alcoholic delirium, several times. His father also suffered from this at different times in his life. Such were some of the facts which appeared on the trial.

The prisoner plead guilty to murder in the second degree, and the defense was that a man in this condition could not be responsible, and hence should not be punished to the full extent of the law. As an expert I testified that the prisoner was an alcoholic dement, and irresponsible maniac, basing my conclusions on the following facts:

1. He inherited an alcoholic diathesis and predisposition to use spirits from the slightest provocation. His inebriate father and insane mother entailed upon him brain defects from which he could not escape.

2. His early life of neglect, and early use of beer, poor, irregular food, no training, bad hygienic surroundings, all favored the growth of alcoholic excesses.

3. The frequent attacks from syphilis, and the excessive use of alcohol—which, during the last two years, had increased greatly—were all conditions which would break up the normal sanity of any one, particularly if he inherited mental defects from his parents.

4. The cool, insane-like character of the murder—killing his paramour with a hatchet, striking twenty-six blows in different parts of the body and head, when a saner mind would have struck but one blow—then giving himself up, with no effort to escape or deny the crime.

5. He had been intoxicated the night before the crime, and had for a long time been jealous of this woman. The morning of the crime he appeared dazed, like one who had not recovered from the effects of the alcoholic excess the night before; talked about the crime; then later denied all memory of it. He had been drinking continuously for the year and more that he was in Buffalo, and also a much longer time before he came to Buffalo to live.

6. His conduct in the jail and during the trial showed no clear comprehension of his crime or its consequences. His idiotic appearance, together with the history, confirmed all the above conclusions.

Many other facts fully sustained this theory, and there seemed not a link wanting in the chain of causes and conditions pointing to alcoholic dementia.

The State assumed that, as he had conducted his business of a street peddler of vegetables with fair success, and showed some good reason in buying, and was not considered by his associates as anything more than a hard drinker, who sometimes did very unusual things when intoxicated, he must be sane and responsible for the crime. The heredity was ignored, and the crime was only considered as brutal

and vicious, and not lacking in any way the ordinary comprehension of a sane man. Two physicians thought that there was no evidence of any form and degree of insanity, and no appearance of idiocy or dementia in his manner. They swore that the use of alcohol to excess did not necessarily impair the brain or destroy the consciousness of right and wrong. The demented appearance of the prisoner was thought to be simulation of insanity. The judge, as usual on such occasions, charged the jury, leaving a most confused notion of law, fact and practice, and asking them to determine the value of the evidence and decide the most difficult questions of responsibility and mental health. The verdict was guilty of murder in the first degree. The facts of the prisoner's life, conduct and present state were ignored as of no value. The press echoed the sentiment of the court and demanded that Kemmler should hang. The defence of limited responsibility and lessened punishment was called subversion of justice. Some of the facts of unusual interest in this case are:

1. The failure of the court or medical witnesses to recognize the incapacity of the prisoner, and brain unsoundness and incapacity to realize the nature of his acts or their consequences.

2. To assume a state of sanity from the absence of hallucinations, delusions or mania, and judge the case from some narrow, imperfect study of the facts of the crime was an inexcusable blunder.

3. The assumption, that a defective-brain man could use alcohol to excess from early life, have syphilis and live badly, act strangely, and yet be fully responsible, is to ignore every advance of scientific study.

The zeal and haste of the State to convict such a case of murder in the first degree, is a sad reflection on common justice and humanity.

Such a case should have been sent to prison for life, for the reason that no other place is open to receive him. Law and technical psychology would differ about his mental condition, and shut him out from the insane asylum. This case has become celebrated as to how the death penalty shall be inflicted. Whatever the result may be, the trial and verdict of the jury were a disgrace to the intelligence and common sense of our present civilization.

This, like many other cases, shows the need of a larger, more accurate, scientific study before we can approach to any degree of justice in the treatment of criminal inebriates.

The following statements of conclusions which experience and scientific study are daily confirming, may be of interest:

1. The legal treatment of insanity has changed in obedience to a more accurate knowledge of the brain and its diseases.

2. The legal treatment of inebriety is unchanged to-day. Although it occupies two-thirds of the time of courts, all teachings of science and a larger knowledge of the inebriate and his malady are ignored.

3. The ruinous error of punishment of inebriety, and petty crimes associated with it, by fines and imprisonment, which notoriously increase and perpetuate the inebriate and criminal, is a fact demonstrable in every community.

4. Thus public opinion, through mediæval theories and laws, is training and preparing a class of inebriates who first commit petty, then capital crime, with a certainty which can almost be predicted.

5. The death penalty for such crime utterly fails for the same reason. The execution of any number of this class simply opens the door for an army already prepared and trained to take their places.

6. From a scientific study of these cases, it is clearly apparent that they are diseased and incapacitated to act sanely. Alcohol has palsied the brain and made them madmen. The very fact of continuous use of alcohol is evidence of mental impairment and unreasoning act and thought.

7. To hold such men accountable for their acts, and by punishment expect to deter them from further crime, and by such punishment check others from similar crime, is an error which both scientific teaching and experience point out.

8. The object of the State, through the law, is to protect society and the individual; but if the execution of the law-breaker fails to accomplish this end, the laws are wrong.

9. The unfounded fear that the plea of insanity in crime, and the failure to punish, is an encouragement for further crime, is flatly contradicted by statistics.

10. Among the mentally defective—the insane and inebriates, the death rate is followed by an increase rather than a diminution of crime.

11. The inebriate should never be hung for crime committed while under the influence of alcohol.

12. The method of punishment is never deterrent, but furnishes an attraction for other inebriates, who commit similar crime in the same way, following some law of mental contagion.

13. The inebriate murderer should be confined the rest of his life in a military work-house hospital. He should be under the care of others, as incapacitated to enjoy liberty and incompetent to direct his thoughts or acts.

14. A change of public sentiment and law is demanded, and a readjustment of theory and practice called for. The criminal inebriate occupies a very large space among the armies of the defective who threaten society to-day, and his care and treatment must be based on accurate knowledge, not theory.

15. Inebriate murderers should never be placed on public trial, where the details of the crime are made prominent, or the farcical questions of sanity are publicly tested. They should be made the subject of private inquiry, and placed quietly in a work-house hospital, buried away from all knowledge or observation of the world.

16. The contagion of the crime and punishment would be avoided, and his services might repair some of the losses to society and the world.

For the removal of tape-worm the *Northwestern Lancet* advises eight grains of salicylic acid every hour until five or six doses have been taken; then give a good big dose of castor oil. It is said to be very effective.

Hydrotherapeutics.

By S. BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

VII.

CONTRA-INDICATIONS TO COLD BATH TREATMENT OF TYPHOID FEVER.

OBJECTIONS CONSIDERED—STATISTICS REVIEWED.

PLEURISY offers an indication for cessation of the baths, because it demands rest. If, however, the temperature be persistently high, and nervous symptoms threatening, these must be combated by the bath, even though pleurisy be present.

Brand has never observed pleurisy in his 335 cases; Rolet in 1005 cases only four; Mollière only one in 234 cases. According to Betke the mortality from the complication, which is rare in the cases treated by the bath, is only 0.20 per cent. in 5,075; while in 1,420 cases treated medicinally it was 1.4 per. cent.

Severe cough and paroxysms of dyspnœa are not rare, when patients feel the first shock of the bath. But these symptoms soon subside. T. and B. mention five cases in which it persisted so as to require abstention from baths. In some cases the oppression of breathing is voluntary; the patient either imagines it, or he simulates it in order to alarm the attendant and prevent a continuation of the bath. By reassuring such patients, the fear may be overcome. If cyanosis and syncope occur, the bath must be discontinued, but in severe cases this should not deter us from renewing it. The graduated bath or the wet pack sometimes helps these cases. The cough is advantageous, as it relieves the bronchial tubes of mucus and stimulates the pulmonary circulation.

Hoarseness does not forbid the bath, but *œdema of the glottis* and *pericarditis* do.

Collapse is a contra-indication to the strict cold bath, but may be effectively met as has been referred to in a preceding article, by the warm half bath, with cold affusions.

Syncope and fainting have been charged as causes of death due to cold bathing. A large experience readily disposes of this bugbear. Death from sudden heart failure is not an unusual occurence in typhoid fever; the cold bath is, as I have shown, the best weapon against it. Koerber has shown that in 874 cases of typhoid treated by cold baths, only 10 died immediately after the bath, and these were very desperate cases. "What may be especially dwelt upon, is the fact," says Vogl, "that in thousands of baths not a single time was collapse to be observed; either before, during, or after the bath."

Albuminuria, infectious nephritis, œdema, are not only not a contra-indication to baths, but they are of the greatest value in these complications; they favor diuresis and relieve the kidneys. Only when extensive œdema or anasarca occurs should the baths be discontinued.

Vomiting and colic pains are not rare; they offer no bar to the bath, unless following invariably after it.

Perforation and peritonitis strictly forbid the bath, because the latter involves disturbance of rest.

The claim that these serious complications are sometimes due to the bathing has not only been refuted by abundant and convincing statistics with case histories, but the fact has been established that they have been reduced in frequency. Murchison's statistics of 1,271 cases give 196 cases of perforation (11.38 per cent.) Brand's 4,884 cases give 12 perforations (0.24 per cent.)

Intestinal hemorrhage when severe and accompanied by general symptoms, such as pallor, small pulse, cold extremities, subnormal temperature, forbid the continuance of the bath. A slight discoloration of the stools need not deter the attendant from continuing the baths. Brand has continued them in six cases with good effect. He distinguishes the congestive hemorrhage which occurs mostly before the fifteenth day, and which does not forbid the bath, from that occurring later and due to diseased action in the bloodvessels proper. If the hemorrhage is pronounced, rest is imperative and this alone requires abstention from the bath, which, however, may be again resumed, so soon as the hemorrhage is stayed, if the intensity of the fever demands it. Indeed this should be a rule in all cases in which the bath has been suspended for a cause, for to it may we entrust the invigoration of the patient which alone can tide him over the ever present dangers due to the fever processes. Free perspiration does not contra-indicate the bath. The patient should be dried with friction before being placed in it.

Bedsores forbid the bath (if large) because disturbance of the patient interferes with a strict antiseptic treatment. General ablutions and cold compresses should be substituted.

Erysipelas does not present a reason for discontinuing baths, so long as there is no extensive destruction of tissue accompanying it.

Late cases—viz., cases coming under treatment after the second or third week—do not forbid the bath. Although the effect of the latter will not be striking, and the prognosis cannot be expressed as favorable, hospital histories demonstrate that many desperate cases, which under medicinal or expectant treatment were formerly lost, now recover under judicious hydriatic treatment. The condition of the heart is the chief index to the bath or rather to the kind of bath. To react from a bath at 65°, a certain integrity of the central nervous system and of the heart muscle is required. This is almost surely impaired by a long continued febrile process, even if no actual organic degenerations have been developed. Hence the graduated bath of Ziemssen or the wet pack is more applicable, or a warm bath with cold affusions, followed by friction. These may restore the lost stamina and enable us to resort to the cold bath, if the symptoms demand it.

The analogy between the treatment of typhoid fever by strict cold bathing and the treatment of severe types of malarial fever by quinine is so striking that I desire to call attention to it, in order to illustrate the necessity of precise attention to detail. Any one who has, like myself, treated a large num-

ber of cases of the severe types of bilious remittent and congestive fevers on the Southern river banks, has realized how important it is to cinchonize the patient at the earliest possible moment, in order to prevent the recurrence of the paroxysm, which brings parenchymatous changes in its train. When the latter are once established, the fever continues despite the best directed administration of quinine. The antagonistic specific effect of quinine is no longer required; we have a hepatitis, a gastritis, or splenic enlargement to treat, with which we are unable to cope successfully. But if the malarial element be not wisely met by quinine, the patient will surely die from the combination of the malarial and parenchymatous diseases. So it is with typhoid fever. The cold bath represents the effect of quinine in malarial fevers: although it has not the specific antidotal effect, the cold bath, applied in the early stage, has the same prophylactic effect in preventing parenchymatous degenerations. If the latter have occurred, by reason of the neglect of the cold bath, we are called upon to meet them by stimulants, rest, etc.; but at the same time we may resort with advantage to some modification of the bath as a potent auxiliary.

One correspondent requests an opinion regarding the substitution of the cold pack for the bath. "What theoretical or practical reason," says she, "is there for considering (at least until tried in the individual case) that the cold pack, repeated every ten minutes for a time, will not act as an antipyretic and stimulant as successfully as the bath?" There are both theoretical and practical reasons to establish the inferiority of the pack. As an antipyretic, the cooling effect of the pack is limited to the first few minutes; the vessels are rapidly contracted by the shock to the peripheral nerves; the cooled blood is sent to the interior only until reaction is established. Now, however, the sheet surrounding the heated body rapidly absorbs its heat; there being no accession of cold, as in the bath, the now dilated superficial vessels do not receive cooled blood to carry to the interior, as in the cold bath. A second pack is required. The patient, now warm, his superficial vessels dilated far better than in the cold bath (with friction), is wrapped again in a sheet wrung out of water at 60°. The stimulating effect is pronounced; the patient is refreshed; the blood, cooled for a few minutes on the surface, rapidly diffuses its lowered temperature in the interior. But very soon equalization of temperature between the body and sheet take place, which, according to experiment, requires about ten minutes. A third and a fourth pack must be resorted to, each one reducing the temperature slightly by the process above indicated. Liebermeister has demonstrated by actual trial that four successive packs, of ten minutes each, reduce the temperature only as much as a cold bath of ten minutes. Hence it would require about five or six packs to produce the same effect of one of our 65° Brand baths. Aside from the trouble and time, and disturbance of the patient involved in six packs, even if we grant the antipyretic result, the stimulating effect cannot endure, unless the superficial vessels, relaxed as they are by the last pack, are again made to contract by a cold half-bath or ablution. It is a well established principle in hydriatic procedures, never to administer a wet pack without following it by a cold half-bath, because the object of all cold hydriatic procedures is reaction and consequent tonic effect.

The suggestion of my correspondent, however, is not without value, for the wet pack is a valuable auxiliary to treatment in those cases in which, by reason of great debility or marked antipathy to the cold bath or unpleasant effect of the latter, a substitute is required.

In children under ten years old, the bath at 65° should be administered with caution, gradually lowering the temperature of each bath, to ascertain the reactive capacity and resistance of the fever. In these patients the wet pack and graduated bath are valuable auxiliaries.

It will be observed that while the rule to bathe every case of typhoid or suspected typhoid regularly every three hours in water at 65°, whenever the body temperature reaches 103° in the mouth, is to be rigidly followed, there are conditions referable to the patient, or to the type and stage of the disease, which in hydriatic treatment demand as judicious modifications as in every other valuable therapeutic application. On the other hand, the more thoroughly we become familiar with the cold bath treatment, the more rare will be the apparent indications for modifying the temperature or quality of the bath. An accumulated experience will develop a remarkable universality of the rule.

The Polyclinic.

MONTEFIORE HOME, NEW YORK.

C. C. Rice, M.D., att. Laryngologist.

Leo Ettinger, House Physician.

REMARKS ON APPLICATIONS TO LARYNX, ETC., IN CASE OF TUBERCULAR LARYNGITIS.

THIS man has a tubercular ulceration limited to the right vocal cord. In these cases the tubercular infiltration so thickens the cord that it admits of this ulceration. The arytenoids will soon be invaded by the disease. The house physician informs me that the man has pulmonary cavities. In making applications to the larynx, until we have become acquainted with the temperament of his throat we should only use mild applications; the use of strong ones will cause a spasmodic action of the larynx, which in the future may arise almost automatically, whereas if we train the throat we will have less and less trouble at each séance. The landmark in laryngeal application is the tip of the epiglottis; place your applicator on this, then sure of your position, go ahead. The use of cocaine renders topical treatment easy. The epiglottis is of no service as a guide in children; it is small, indistinct and not easy to feel. The arytenoids form a much better landmark; in intubation place your finger on this point, be sure that your tube is in front, and it can then be easily slipped into position. I have intubated in adults by the aid of the laryngoscopic mirror.—K. B. P.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Oct. 26, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE CEREBRAL LOCALIZATIONS.

LIKE the historian of nations, who, in the midst of wearisome chronicles of ceaseless war and monotonous change of dynasties suddenly awakens to a high pitch of eloquence as he describes some wonderful work of man—whether it be the fabrication of a Bayeux tapestry or the discovery of a new continent—so will the future historian of medicine, in the midst of his long and tedious account of unsuccessful grappling with disease, suddenly cause his pages to glow with the fire of his own enthusiasm as he begins to describe the recent researches and discoveries made in regard to the cerebro-spinal nervous system. At last the very citadel of life, the residence of the divine intelligence itself, has been attacked, and it would seem that man need go no higher in his search after the mysterious unknown. The very sacredness surrounding the human intellect was the most potent cause of its own mystery in times past. Men thought and reasoned about its workings, but they never dreamed of looking in upon it during its activity in life. All sorts of notions were advanced and adopted as explanatory of the strange phenomena of mentalization, but not until within the last few years were they attributed to the united, harmonious action of several parts and areas of the encephalic mass, each of which has its own special function to perform. By the discoveries of the latter day neurologists we have, instead of the vain imaginings of the old metaphysicians about spirits and what not, the seat of the mental activities spread out before us like a beautiful mosaic, each minute part of which is absolutely necessary to the completion of the perfect mental picture.

But, after all, some will say, what is the practical value of all these charming discoveries? Can they be utilized in the alleviation of cerebral diseases, and when the attempt is made—as it has frequently been done—is not the rate of mortality almost equal to that of the diseases themselves? The knowledge alone is of inestimable value, were it entirely unavailable for practical purposes; but, fortunately, it is available, and though the results of cerebral surgery are not at first sight very gratifying, they are fast becoming more so. Men who croak over the beginnings of every advance in science are legion, and will always abound; but sooner or later they, with their croakings, are put to shame by the perseverance, earnest enthusiasm, and final success of those who, in the end, are the real benefactors of mankind. Who does not recall the early struggles of gynæcology, its miserable failures, its bungling operations, and its final contest with ignorant, unprogressive detractors? And yet, where is the surgeon to-day who is not craving to associate himself with the brilliant successes that are being achieved in this department of medicine? Those who long ago scowled at McDowell and Sims, are now like to bring their great work into ridicule in their wild rush to follow where these bold spirits led, for, as has been aptly said: one would almost think, by reading modern medical literature, that woman had no organs outside of the pelvis. Such will doubtless be the experience of brain surgery before it has gained its highest successes; but in the meantime let the magnificent work go on, and for the sake of humanity let it not stop until the very last atom of truth has been discovered and made available for the healing of the nations.

The most recent complete resumé of the subject is the paper entitled "Cerebral Localization in its Practical Relations," by Dr. Charles K. Mills, and read before the Congress of American Physicians and Surgeons at Washington, September 19, 1889. In the early part of the present century Gall, Bouillaud, and Broca located certain special functions, basing their views entirely upon clinical and pathological phenomena. Broca's speech center has remained undisputed to the present day. J. Hughlings-Jackson, in 1864, suggested that certain convolutions gave rise to certain movements which are under the immediate control of the mind. This suggestion was shortly followed by the researches of Fritsch and Hitzig, which settled to a certainty the truth of the localization theory, and gave immortality to their own names. Putnam and Braun, unknown to each other, were performing similar experiments, and arriving at similar results, in the year 1874. These investigators exposed the brain in the dog, and with the minimal current strength of electricity obtained certain definite movements. They then removed a slice of the cortex and, upon a reapplication of the current, obtained no response. Turning back the cortical flap and applying a slightly increased current to the surface, still intact, the same muscular contractions were reproduced. The separate researches of Weir Mitchell, Burdon-Sanderson, Bartholow, Wood, Ott, and others, as well as the clinical studies of Sir Crichton-Brown, Spitzka, Starr, Seguin, Park, and

Macewen, had all tended to strengthen the theory of special cerebral centers. But it remained for Ferrier, Horsley, and Schäfer, who gave special study to this question, and who experimented with lower animals upon a vast scale, to not only establish the correctness of the localization theory, but to quite definitely settle the positions of the various centers. With a few exceptions of minor importance, the views of these observers are generally held at the present day. As with all new discoveries, so here there are opposing views. Goltz follows the teachings of Flourens, and believes that the encephalon is a *single uniform* organ, and that its component parts can only act as a whole. Luys and Munk side with Ferrier in clearly defining the areas of the brain, and so considering the organ as strictly a *composite* one. Others agree with Exner and Luciani in maintaining that there is an overlapping of the centers, so that while their positions may be indicated in a general way, they cannot be sharply separated one from another. This last view is largely based upon the fact that in motor paralysis, due to a lesion of some cortical center, there is an equivalent loss of sensation in the same part. But, as has been aptly argued, the paralysis itself would prevent any expression of pain, even did the animal preserve its sensibility; and furthermore, sensation, whether muscular or cutaneous, is a treacherous symptom at all times to base any reliable observations upon, for people feel differently at different times and under different circumstances. As Dr. Mills declares: "the neurologist and surgeon must, therefore, depend on motor symptoms alone in fixing the site for operation in cases in which motor symptoms are definite. When positive sensory symptoms are present, they should regard these as indicative of the extension of the lesion towards either the limbic lobe or the posterior parietal convolutions; or, the involvement of the fibers going or coming from these gyres in the corona radiata."

Without attempting to go more fully into the subject of localization, for the space of an editorial is far too short to do it, or even the many investigators of it, anything like adequate justice, we will say, generally, that the consensus of opinion places the sensory centers at the posterior and basal lobes of the brain; the motor above the Sylvian and along the Rolandic fissures, and the psychic in the anterior lobes. If man went about on all-fours, as the lower animals do, these centers would correspond pretty nearly to the relative positions of the sensory and motor tracts of the cord.

An interesting question just in this connection is the center for the higher mental faculties and the possibility of localizing the lesion in various forms of insanity. No doubt now remains but that the cortex is itself the organ of the higher faculties; and since mentalization is itself but the combined action of motor and sensory conceptions in the abstract, its seat is in all probability commensurate with the entire cortex. The cortical gray substance, however, is made up of a number of layers, and a few observations seem to faintly indicate that certain of these layers are concerned in the special acts of mentalization.

Dr. Theodore W. Fisher (*American Journal of Insanity* for October, 1889) well says: "The ideational centers have no immediate connection with the action of individual muscles. The will can only control and the mind is only conscious of movement in the mass. Ideation deals with movements as well as sensations in the abstract. As there is a sensorium where sensations are combined and co-ordinated, there is a motorium, containing the organized residua of all past actions, ready to respond to adequate stimulus in any direction."

If the practical results of all this investigation upon cerebral localization were limited only to the cure of brain tumor—that most agonizing affection known to neurology—it would deserve the everlasting consideration of mankind. But relief has followed operations upon the brain, guided by localization, in cyst, fracture, abscess, hemorrhage and discharging cortical areas. Suffering has been mitigated and life saved. Even in circumscribed epilepsy the majority of operators consider the permanent paralysis following excision of a cortical area preferable to the continual epileptic attacks, Macewen notwithstanding. Even cases of insanity in which the lesion could be localized by the prominence of special symptoms have been benefited and cured by operation.

Hence we may be proud of these late achievements of science. The flood of light thrown upon many obscure, so-called functional diseases, that used to be among the opprobria of medicine, has afforded us knowledge worth exulting over, and which will doubtless restore many a wretched victim of pain and misery to perfect or comparative ease and comfort. Neurology, aided by surgery, is rapidly becoming one of the most exact scientific departments of medicine, and out of exact knowledge we are justified in hoping for more exact and favorable results.—L.H.M.

CURE OF HEMORRHOIDS BY EXCISION AND CLOSURE WITH THE BURIED ANIMAL SUTURE.

THE chief feature of the third day of the meeting of the *New York State Medical Association* was the paper by DR. H. O. MARCY, of Boston.

The writer emphasized the views of Mr. Whitehead in regard to the pathological changes usually found in these painful and troublesome affections. It is only by dissection of the parts in the living subject that the extraordinary dilatation of the hemorrhoidal plexus of the veins can be fully appreciated, and this is the essential factor to be eliminated in the process of cure. Dr. Marcy entered into a judicial and elaborate review of the different methods in more common use, condemning the ligature as unsurgical,

viewed from the standpoint of modern wound treatment, in that it necessarily produces necrosis of tissue, with its attendant conditions of fermentative decomposition, liable to cause septic poisoning. It is also tedious and painful, and deals in a blind and uncertain way with an undemonstrated pathological factorage. Because of these objections, generally recognized, the clamp and cautery method is in common use. This Dr. Marcy thought should be relegated to history as a relic of barbarism, for the same general reasons that have caused its disuse in nearly every other wound made by the surgeon. The pain inflicted, the slowness of the healing process, and often the imperfect results, are abundant reasons for desiring a better method.

The injection of hemorrhoids by carbolic acid or other agents to produce their destruction, was a few years ago gladly accepted by the profession as a great improvement. The general consensus of surgical opinion, however, is condemnatory, chiefly because, no matter how carefully applied, the fluid escapes into the tissue where there is the least resistance, and the connective tissue surrounding and supporting the hemorrhoidal plexus is often destroyed—tissues very important to preserve—while the deformed veins, the real pathological factors, remain unchanged, leaving the patient in a worse condition than previous to the injection. Each of the above methods offered illustrations of what should be adopted as a surgical maxim, that blind surgery is bad surgery.

In attempting the radical treatment for the cure of hemorrhoids there is left almost no other method than that of dissection of the hemorrhoidal plexus of veins, recognized by all as the essential pathological factor. The fear of hemorrhage has evidently been the underlying reason why this method has not been more commonly adopted. This, however, Mr. Whitehead has clearly shown by abundant experience is not excessive and need not be considered under any of the ordinary conditions.

In order to control the hemorrhage, Mr. Whitehead is careful to dissect the veins little by little, and follow immediately by interrupted silk sutures co-aptating the skin to the divided mucous membrane.

Dr. Marcy's method is entirely different from that of Mr. Whitehead's, in that he first encircles with a row of continuous tendon sutures the base of the hemorrhoidal plexus before division. This method is briefly given as follows: The etherized patient is placed in a lithotomy position, the sphincter stretched to produce paralysis of the muscle, and the rectum and parts surrounding thoroughly cleansed with the sublimate solution. A pledget of wool, freely dusted with iodoform, is then carried into the rectum. Division is made by knife or scissors along the juncture of the skin and mucous membrane, and the plexus dissected quite down to its base on a line with the external fibers of the sphincter muscle. This is readily done without much loss of blood. The deformed hemorrhoidal plexus is thus separated from its surroundings, except at the base. A needle, with the eye near the point, threaded with tendon is carried behind the mass, emerging beneath the mucous membrane, unthreaded, rethreaded with the opposite end of the tendon, and then withdrawn. In this way the entire base is encircled by a line of deep double continuous sutures. The plexus of vessels is dissected with scissors from just above the line of sutures. The mucous membrane is now stitched by a continuous tendon suture to the line of division first made through the skin. Dr. Marcy prefers a running blind stitch taken from side to side, from within outwards, which also buries the external line of sutures. The operation is conducted with all possible precaution to prevent infection of the parts, irrigation being continued throughout. When coaptation is complete the united edges are carefully dried, dusted with iodoform and covered in with a layer of iodoform collodion. The bowel may be moved subject to the discretion of the operator any time after the third day. Primary union may be expected with resultant rapid cure.

Dr. Marcy's experience has been ample to test thoroughly the method as outlined, and he confidently recommends it to the profession.

COCILLANA.

So numerous have become the new therapeutic resources of the materia medica, that one may almost be justified in passing unnoticed some of them, particularly when they do not promise to accomplish any more than what long-tried remedies have already done. But in regard to cocillana, an exception will probably have to be taken, judging from Dr. David D. Stewart's clinical experience with this drug, as published in the *Medical News* of August 24, 1889.

Sycocarpus Rusbyi (cocillana) belongs to the natural order *anacardiaceæ*, and is a native of Bolivia, whence it was first obtained by Dr. H. H. Rusby, in May, 1886. The bark is the part of the tree employed, out of which a concentrated tincture and fluid extract are manufactured for medicinal use. It has a powerful and unmistakable physiological action which, in some respects, resembles that of ipecac. According to Dr. Rusby (*Thérapeutic Gazette*, August, 1888) it is used by the natives of Bolivia solely for its carthartic and emetic effects. Taken in the crude form it is also a vigorous expectorant. Some of the bark was partially dried in the sun, powdered in a mortar, and administered thus crudely in doses of twenty, thirty, and fifty grains, in three cases respectively; nausea, prostration, sneezing, nasal discharge, metallic taste in the mouth without dryness, diarrhœa, with rectal irritation, dull headache, slight perspiration, and free and profuse expectoration of mucus, were some of the more pronounced symptoms, chief among which were the expectoration, vomiting, and catharsis. Hence it is

suggested that therapeutically cocillana might be used in ordinary acute or chronic nasal catarrh, hay-fever, membranous croup, diphtheria, bronchitis, pneumonia, and allied diseases.

Dr. Stewart has tested the drug in forty cases, comprising ten of acute, one of subacute, and nineteen of chronic bronchitis; five of broncho-pneumonia, and five of phthisis. Nineteen of the patients failed to report. Of the twenty-one remaining, five were of acute, and eleven of chronic bronchitis; four of broncho-pneumonia, and one of phthisis. Some of these cases are related in full in the paper cited. Of the entire twenty-one cases, sixteen were benefited while taking the cocillana, and five of these were cured. Cough, expectoration, night-sweats, anorexia, and constipation were the special symptoms improved. The author's conclusions are, that this new drug is serviceable in bronchial catarrh, especially of the subacute and chronic form.

The dose of the concentrated tincture is from one-quarter to two fluidrachms. This preparation, of which Dr. Stewart used too small a dose to be completely effective, is not so eligible as the fluid extract. This latter preparation, of which we are now making extensive trial, may be administered in doses of ℥vij to ℥xxv every three or four hours. We hope to report our results later, and in the meantime we commend this new and apparently effective remedy to the consideration of our readers.—L.H.M.

Annotations.

CO-EDUCATION.

IN a letter to be found in another column, Mary Putnam Jacobi takes up the question of the Co-education of the Sexes in Medicine, and puts the subject in a new light. She looks on it from the standpoint of the woman who desires a medical education, and finds that the greatest advantages, the best teachers, are to be found in the schools appropriated exclusively to men. In fact, when we ask the question, Why does the student attend college at all, instead of studying his text-books at home? we reply that he goes there to hear the interpretation of these books, illustrated by the experience of those who teach. He chooses the college where the teachers are to be found whom he prefers; whom he believes best capable of imparting knowledge, or whose personal character gives most weight to their precepts. This freedom of choice as to preceptors the female student also asks; and we cannot denominate her demand as improper or unreasonable. But we think that Dr. Jacobi has limited too closely the field in which co-education would be inexpedient. As a teacher in medicine, we feel that the presence of women among our class of young men would be objectionable very frequently in the discussion of the etiology of disease—especially in the department of nervous diseases—and we believe that, as the course proceeded, it would be found that a large number of the subjects treated under the head of practice would be preferably delivered to the sexes in separate classes. Whether it is not the duty of an institution chartered by the State to provide facilities for the instruction of women, when they formally demand it, is a matter which might well bear investigation.

While with the exceptional man and woman, who think only of the noble profession to which they feel that they have been called, the freest co-education might present no difficulties, yet, in dealing with the great majority of those who fill the benches of our college classes, this would not be the case. It is only the few who feel the divine afflatus; the many are of the earth, earthy.

TREATMENT OF NEURASTHENIA.

THE treatment of neurasthenia is ably discussed by Prof. L. Hirt in the *Wien. Med. Presse*, Sept. 15. From two factors especially, he says, great things may be expected in neurasthenia: viz., electricity and water, preferably cold water. We may well say that the former offers no such beautiful results in any other nervous affection. Beard and Rockwell's general faradization is to be decidedly preferred, especially with the brush to be applied on every part except the head. The effect is striking; the patients, though unpleasantly affected by the application, feel themselves decidedly strengthened, and leave the physician as if newly born. The cold-water treatment of neurasthenia requires more care than in any other disease. He warns against excesses; the enfeebled, easily excited patients do not bear low temperatures well; they become sleepless, and the effect is negative. But with medium temperatures, 77° to 86° F., cautiously made by light rubbings with the wet sheet, brief affusions and cold, brief, sitz and half baths, avoiding douches altogether, the results are encouraging, if continued eight to ten weeks.

SUGAR FOR WOUND TREATMENT.

IN the Strasburg Clinic this well known "preservative agent" has been utilized as an iodoform sugar (one part of iodoform to ten of sugar), in the treatment of specific tubercular processes, and as pure sugar for ordinary wounds. The application is made by bags filled with sugar, which usually remain in situ six to eight days. It is also sprinkled upon wounds directly, in order to cleanse them of acid, deodorize them, and thus produce healthy granulation. Sugar does not possess antiseptic properties, but it is used as an absorbent of secretion and as a protection against infection from without, after purification by sublimate. Lactic acid is developed by its admixture with the fluids exuding from the wound, producing an acid reaction in which most bacteria fail to germinate.

Amputations, resections, complicated fractures, necrotomies, etc., were thus treated. The results would justify the conclusion that the sugar dressing is entitled to a position among other wound dressings, and that it may be preferred to others, because almost all wounds take a very favorable course under it, and it is, moreover, cheap and everywhere procured. —*Wiener Medical Presse*, No. 36.

Society Notes.

JEFFERSON COUNTY MEDICAL SOCIETY, ALABAMA.

Stated meeting August, 1889.

W. E. B. DAVIS, M.D., in the Chair.

DR. WILSON reported a case of

LEUCOCYTHEMIA

in a negro, aged twenty-one years. He had not had good health for four years. December, 1888, he began to have pains in the legs and got so much worse, that he was admitted to the County Hospital in January. At that time he had frequent hemorrhages from mucous membranes, was very anæmic, and gave a history of syphilis. He improved very rapidly under iodide of iron and was discharged. He improved after a few weeks treatment, but was readmitted in May with profound anæmia and some splenic enlargement. The heart murmurs were soft. He had been treated during this time with iron. He was now put on iodide of potassium without any perceptible benefit. A rough estimate of the blood corpuscles indicated both a relative and actual diminution of the red. An accurate estimate of the red and white blood corpuscles, the doctor thought, would furnish a positive diagnosis of leucocythemia.

In the discussion DR. J. D. GIBSON asked Dr. Wilson if there were present any petechial spots on the body, and if there was any hemorrhage of the internal viscera. He also raised a doubt as to the diagnosis of this case as there was no enlargement of the spleen. He discussed its relations in connection with hemorrhagic purpura.

DR. PARKE said, that Dr. Wilson's case was of decided interest to him, and while he concurred in the diagnosis of leucocythemia, he could not be certain in the diagnosis. To his mind it lay between leucocythemia, pernicious anæmia and the profound anæmia occasionally found in syphilis. He had examined the blood on two occasions, but not having the proper apparatus for counting the corpuscles, was not able to say definitely whether there was an apparent or real increase of the leucocytes. In watching this case, he had been impressed with an idea recently advanced by Mr. Jonathan Hutchinson, that in the evolution of disease, these marked cases are merely further advanced along the line of some simple disease. In this class there would be simple anæmia-chlorosis, pernicious anæmia and leucocythemia.

DR. JOHN D. S. DAVIS reported a case of

ILEO-COLOSTOMY IN WHICH DAVIS' CAT-GUT MATS WERE USED FOR APPROXIMATION.

July 16, 1889, 8 o'clock P.M., his brother, Dr. W. E. B. Davis, was called by Drs. Charles and C. F. Dremen to operate on a negro, aged forty-two years, and a furnace tender, for intestinal obstruction. He found the patient *in extremis*; temperature 101°, pulse 135. He made a diagnosis of peri-typhlitic abscess; suppurative peritonitis, and fæcal obstruction of the ileum, in the region of the ileo-cæcal valve, and expressed the opinion that the man would die in a few hours regardless of any operation.

He opened the abdomen from the symphysis to midway between the umbilicus and ensiform appendix, and found a peri-typhlitic abscess; general peritonitis, due to rupture of abscess sac; compound flexion of ileum—bound by strong adhesions in the region of the ileocæcal valve, and fæcal impaction, accompanied by great distension of intestines above the seat of obstruction. The abdominal cavity and abscess sac were thoroughly cleansed by irrigations of hot water. The ileum was opened near the point of obstruction and emptied of nearly one gallon of impacted fæces, liquids, etc. A second opening was made at the jejuno-ileum juncture, to allow the escape of a large quantity of gas in the upper part of the bowel. These openings were closed by Czerny-Lembert sutures. At this point in the operation the patient seemed to be holding out well; and, to avoid the necessity of resorting to the formation of an artificial anus, he was requested to do an anastomosis by means of his approximation cat-gut mats, with the view of establishing the continuity of the intestines. The ileum, above the seat of obstruction, was brought into communication with the ascending colon, below the point of obstruction, by making one incision, one inch and a half in length, in both intestines at a point opposite the mesenteric attachments, and the visceral wounds carefully united by means of his approximation cat-gut mats. A cat-gut mat, to which was fastened four braided silk threads, was introduced through each opening into the intestines. The lateral sutures were passed through the margins of the wound to prevent ectropium of the sides of the incisions. After the mats and sutures were in place, the wounds were brought in contact and the four sutures tied, which accurately coapted the serous surfaces of both bowels, over an area corresponding to the size of the mats. This procedure occupied only three minutes. No outside safety sutures were made, as the approximation was perfect and the coaptation sutures well protected between the approximation serous surfaces.

A glass drainage-tube was fixed in the lower portion of the wound and the peritoneum closed by a continuous cat-gut suture. Abdominal wall was closed by interrupted silk sutures, and an antiseptic dressing applied. Time occupied in whole operation, sixty-five minutes. The patient rallied nicely, was comfortable, and gave favorable signs of recovery for fourteen hours. Three hours after the operation was completed, the patient had a small fæcal passage, when a large quantity of gas passed per rectum. Temperature, ten hours after operation, 100°, and pulse, 120. Fourteen hours after operation, while unattended by the nurse, the patient attempted to get up by himself, and died suddenly, from exhaustion.

Necropsy two hours after death. Abdominal wound united. Omentum adherent to wound at points of operation and incisions. The anastomosis was perfect, and the new opening sufficiently large to nearly equal in size the lumen of the ileum. Adhesions between the two serous surfaces of the bowel firm, and extended a little beyond the line of approximation—as you can see from the specimen removed at the autopsy.

While this was a desperate case for any operative interference, he was sure that the patient's life was comfortably prolonged ten or twelve hours by the opening, emptying and washing out the abdominal cavity. He expressed his regrets that Dr. Dremon did not see the patient early enough to have been able to give him the benefit of the anastomosis at a time more favorable to recovery. Even at the late hour in his illness, at which the operation was performed, he did not think a better, safer, or easier means for restoring the intestinal continuity could have been had. The specimen which the doctor showed clearly illustrates the possibility of the future popularity of intestinal anastomosis. He is not at all doubtful of the great advantage it possesses, when obstruction exists, over the tedious, difficult, and often fatal operation of circular enterorrhaphy. The mechanical principle is clear, the method practicable, and the application clearly demonstrated. Resections with circular enterorrhaphy, lateral apposition with suturing and plastic operations have had their day (though of little value); the objection to them being a dangerous consumption of time, long exposure to infection, frequent leakage, and abscesses. While the application of the principle to man has yet been limited, the method offers advantages many times as great as the old operations in mortality, and can be applied in one-sixth of the time.

Intestinal anastomosis undoubtedly appeals to the practical surgeon, and will find greater favor every day; and it is no jejune proposition that its appeal to favor rests on the technique of the operative procedure, rather than upon the basis of inductive logic that has that mixture of a small amount of truth with a large amount of error which gives so many popular procedures their temporary plausibility and mischievous tendency.

He gave a description of how to make his catgut mats,[1] and demonstrated on the dog how easily they could be applied. He exhibited a dog, weighing twenty-five pounds, on which he had done three laparotomies—one for omental grafting and two for anastomosis. He also stated that the catgut mats, if not already on hand, could be made by the most ignorant nurse in one hour, of any desirable size.

Discussion.—Dr. W. E. B. Davis said that he agreed with the author of the paper that his catgut mats were superior to Senn's decalcified bone plates and Abbe's catgut rings. He thought the experimentations of the author had proven conclusively that the mats possessed all the qualities claimed for them. Referring to the case reported, he said this was the second case in which he had opened the abdomen three days after symptoms of rupture of a perityphlitic abscess with general suppurative peritonitis. While these were hopeless cases, the operation had given great relief in both instances, and certainly had not shortened the lives of the patients. He had operated in both cases in order to give the patient the benefit of a correct diagnosis, and with the hope that he might find a condition less serious than he had diagnosed. He said that the lesson taught in the reports of these late operations with fatal results was the importance of early diagnosis and prompt operative procedure. He thought if the abdomen could be opened within the first twenty-four hours, that the chances for recovery were favorable. He emphasized the importance of thorough study of perityphlitis by the general practitioner, that the surgeon might be consulted in time to give the patient the benefit of early operation. He favored opening the abdomen even after the third day, in cases of suppurative peritonitis, in order to wash out the cavity and to afford the patient relief; and, too, from the fact that a diagnosis could be made, and perhaps a condition found capable of relief. He cited in favor of exploratory incision a case which had been reported by Dr. Stross at the last meeting of the Society, which he had seen in consultation and advised against an operation, believing the condition to be cancer of the stomach in its last stages. A *post mortem*, however, showed the stomach to be healthy and full of woody fibre, and only needed an operation for its relief. He always operated in cases of perityphlitic abscess.

Dr. Abernethy asked Dr. Davis if he used drainage in such cases as reported.

Dr. J. D. S. Davis said, in his reply to Dr. Abernethy, as to drainage after intestinal anastomosis, that he was guided as in all other abdominal operations. He never put a drainage-tube in when he was able to thoroughly cleanse the abdominal cavity. When conditions existed with the abdominal viscera that necessitate drainage, he put in a blind glass drainage-tube with numerous lateral perforations. This is a device of his own, which he prefers to any other, as there is no distal opening into which the omentum may get and cause trouble; while still it has numerous small holes all around it to sufficiently allow the escape of any collected abdominal fluids. Through it the abdominal cavity may be flushed with sterilized water, and the water withdrawn by gravity without danger of getting air into the cavity.

In general suppurative peritonitis of three days' duration the serous surfaces of the bowel and peritoneal cavity are largely deprived of the endothelial covering, and the washing out of the abdominal cavity is followed by a copious exudation of plastic lymph, which like a cement substance, mechanically agglutinates the numerous coaptated folds of the bowel throughout. These multiple adhesions which bind the bowel in so many flexions can, possibly, be prevented by the early administration of cathartics which tend to relieve the paresis and increase the peristaltic move. And in cases where he thought it impossible after operation to restore the peristaltic move sufficiently to prevent adhesions, he would not hesitate to operate, that the sufferer might have the benefit of the doubt, and also for the purpose of rendering comfortable the dying hours of the patient.

Dr. A. T. Henly presented to the Society

TWO DOUBLE SILK LIGATURES

with the following history: Mrs. T. had suffered for two or three years with ovarian disease. Dr. T.

[1] *Virginia Medical Monthly*, May, 1889, pp. 166 and 167; *Alabama Medical and Surgical Journal*, May, 1889.

Gaillard Thomas performed a laparotomy on her on October 10, 1888, removing both ovaries and tubes. The recovery was uneventful, except that two fistulæ formed in the abdominal wound, and continued to discharge pus of a healthy character. She returned to Birmingham, December 1. During the spring months she suffered very considerable pain in both inguinal regions, with very marked tenderness. Probes could not be introduced more than one inch. In May this pain was very severe. There was no perceptible swelling. About the first of July a portion of a ligature made its appearance at the opening of the lower fistula, but it could not be removed without more force than was thought advisable to use. On 23d of July both ligatures were discharged upon the dressing, and the fistulæ both closed within a few days, leaving her without an ache or pain of any kind, and apparently in perfect health. One of the ligatures is in a perfect condition, the other has been partially absorbed. These ligatures came from the pedicles. In a private letter from Dr. Thomas, written in May, he stated that pedicle ligatures were causing the trouble and predicted that they would be discharged.

Dr. J. D. S. Davis said that he believed the want of success with abdominal silk ligatures was due to insufficient sterilization. That silk thread contains more or less oil from the hands of the workmen, and they must therefore be thoroughly freed from all fatty matter before placing the same in the antiseptic sublimate solution, because, if the oil be present, watery solutions will not act on the thread to render it aseptic. He kept all ligatures in chloroform or ether for twelve hours before using them, then shakes well and immerses in 95 per cent. alcohol—leaves for twelve hours, and then transfers, while still moist to 1–1000 watery sublimate solution in which they may be allowed to remain for twenty-four hours. After taking from the bichloride solution, he allowed them to dry, and then rolled in sterilized linen compresses, and placed in a suitable glass bottle, or 95 per cent. alcohol, to keep.

He holds that the main object is to free the silk from all fat and oil before sterilization. And when ligatures for the abdominal cavity are thus rendered aseptic they are not liable to produce suppuration, or secondary abscess, though otherwise primary abscesses would necessarily be the result.

Dr. W. E. B. Davis considered the silk ligatures a frequent cause of pelvic abscess. He also reported a case in which he had removed the ovaries and tubes, *nine* months ago, and stated that the patient had recently had an abscess due to the ligatures which opened into the vagina. He also referred to a case operated on three weeks ago, in which the ligatures had caused an abscess which opened through the rectum, after which the patient did well. While he recognized the silk as more liable to be followed by this complication, yet he considered it decidedly the safest ligature to use. He agreed with Dr. Goodell that cat-gut would soon bring one to grief in the loss of a patient from hemorrhages.

Japan has thirty-one schools of medicine, one of dentistry and two of veterinary surgery.

Letters to the Editor.

CO-EDUCATION IN MEDICINE.

WILL you permit me to make a remark in relation to the question of co-education in medicine, discussed in your columns on October 12th?

The difficulties in such education arising from considerations of delicacy only occur in connection with a limited range of subjects—namely, the anatomy, physiology and diseases of the sexual organs. It is perfectly feasible to give separate instruction on these subjects to classes who are united in the instruction of other branches of the curriculum, didactic or clinical, and who are submitted to the same test examinations.

It would also be desirable to have separate laboratories for dissecting and other practical work.

With such provisions, which are not at all difficult to carry out, it is not easy to see how any objection to medical co-education could arise on the score of delicacy.

It is not necessary to suspect illegitimate motives in the women who seek professional education in the schools hitherto devoted exclusively to men students. Women seek these schools because in them alone can they find the solid traditions, the complete intellectual horizons which have been developing during centuries of exclusive masculine prerogative. Denied the advantage of such schools in their own country, American women by scores expatriate themselves every year in order to enter European universities. Although no provision is made in these for separate instruction on any subject, it is perfectly practicable, as I know from personal experience, to spend several years in hospitals and medical classes, yet to completely avoid the few subjects that might justly embarrass a young woman in the midst of a class of men. Such avoidance would be still easier and cause much less sacrifice of valuable opportunities if European clinics were habitually conducted with the decency which American public opinion demands for the sake of the patients.

Women's colleges are needed to provide special drill, oversight, and in some directions instruction. But each should constitute an annex to a university, intended for the highest instruction of studious youth irrespective of sex. I confidently look forward to the time when this will be the case, and consider it a distinct misfortune that any other system has ever prevailed.

Mary Putnam Jacobi.

New York.

Cincinnati Letter.

AT the recent contest for the positions of externes, at the Cincinnati Hospital, becoming internes after a period of six months' service, there were fourteen candidates—eight from the Medical College of Ohio, and six from the Miami Medical College. Messrs. Landis, Mussey, Freiburg, Bettman, Brady, and Morris were the successful candidates from the Ohio College, and Mr. Morris from the Miami Medical College.

The *Daily Commercial Gazette*, of this city, found so much news in a recent Cincinnati letter in the TIMES AND REGISTER, that it published almost the whole correspondence.

The new amphitheatre at the Cincinnati Hospital, which is to seat 600 students, is completed and ready for use. It is quite an addition to the teaching facilities of the city.

Dr. H. Longstreet Taylor has succeeded Dr. A. B. Thrasher as editor of the *Cincinnati Medical Journal*. Dr. Thrasher, who has been editor of the journal since its foundation, four years ago, has found other duties very urgent, and was compelled to relinquish some part of his labors.

Dr. W. W. Dawson, last ex-President of the American Medical Association, has been made consulting surgeon to the Cincinnati Hospital.

Dr. J. C. McMechan has long been known as one of the most amiable of the profession in Cincinnati, and his many friends will not be surprised to learn that in his ever-readiness to be of service to his friends, he has severely injured the muscle of accommodation.

The Southwestern Ohio Medical Society held its First Semi-Annual Session at the Burnet House, Cincinnati, October 9 and 10, 1889, with the President, Dr. W. A. Campbell, of Eaton, in the chair. Dr. C. G. Comegys, of Cincinnati, made the address of welcome, and Dr. W. A. Campbell, of Eaton, made the Presidential address, in which he spoke of the hopes and desires of the society, and the good it might accomplish. Dr. J. C. Culbertson, of Cincinnati, delivered an address on the Importance of Medical Societies and Organizations, and the Necessity of Doctors Taking a Part in the Affairs of State. Dr. George Goodhue, of Dayton, read a paper on Rhinoplasty, which was discussed by Drs. Connor and Ricketts. Dr. Geo. W. Ryan, of Cincinnati, read on Congenital Luxation of Both Hip-Joints, discussed by Dr. C. Seth Evans, Cincinnati. Dr. A. B. Thrasher, Cincinnati, reported the removal of a cockle burr from the throat of a fifteen-year old girl, where it had remained for five days. The removal was effected by Mackenzie's laryngeal forceps. Dr. H. L. Taylor read on Hæmorrhoids and Fistula, which was discussed by Dr. W. W. Dawson. Dr. B. M. Ricketts, of Cincinnati, read on the subject, Ounce Doses of Iodide of Potassium in Syphilis. Dr. Goodhue reported the case of a young lady who took 1200 grains a day for several weeks, and was cured. Dr. C. H. Von Klein, of Dayton, read on the subject, Hypertrophy, Atrophy, and Deviation of the Nasal Septum, which was discussed by Dr. A. B. Thrasher, of Cincinnati. Dr. Chas. W. Dodd, of Cincinnati, read a paper on The Relation of Ocular to General Diseases. Dr. F. Forchheimer presented a new instrument—hæmatometer—for determining the hæmoglobin. He said this instrument was the only means of determining the difference between anemia and chlorosis. Dr. A. D. Murphy, of Pleasant Plain, read a paper on Digitalis in Acute Pneumonitis in Infants. The paper was discussed by Dr. Goodhue, who favored stimulating treatment in the last stages of pneumonia. Dr. A. W. Ashburn, of Batavia, read a paper on the Therapeutics of Antipyrin. He estimated the drug and its uses very highly, and condemned its indiscriminate use by the laity. Dr. E. W. Mitchell, of Cincinnati, agreed with the essayist in his high opinion of antipyrin, and thought it a very safe antipyretic. In anemic and neurotic women he found the drug had a bad effect. Dr. A. M. Brown, of Cincinnati, had used the drug in all diseases of nervous origin and in diabetes. He thought the drug did not receive the condemnation it deserved. It was whispered about among the doctors that the high mortality of the last typhoid fever epidemic in Cincinnati was due to the use of antipyrin. Dr. W. S. Christopher spoke in a scientific manner on the subject of Digestion. Dr. R. T. Trimble, of New Vienna, read a paper on Puerperal Eclampsia. Dr. A. C. Hawley, of Eaton, read a paper on Abortions, and the subject of the treatment of abortions was discussed by Dr. Gustave Zinke, of Cincinnati. Dr. C. A. L. Reed read a paper on A Case of Ovariotomy with Complications. Dr. R. B. Hall read on Abdominal Section Cases and Remarks. He endorsed early operations, as thereby malignant growth was often prevented and its recurrence was not so liable. Dr. Edwin Ricketts urged early interference. Dr. W. W. Hall, of Springfield, reported a case of Sarcoma of the Pelvis. The paper was discussed by Drs. Longstreet Taylor, Seth Evans, and Rufus B. Hall.

The subject of Diphtheria, which is just at present keeping the Cincinnati doctors from having nothing to do, was fully discussed. Dr. J. T. Whittaker, of Cincinnati, exhibited some diphtheria bacilli under the microscope. Dr. Whittaker discussed the etiology of the disease; Dr. Joseph Eichberg, of Cincinnati, discussed the pathology. Dr. Wm. Carson, of Cincinnati, discussed the identity of croup and diphtheria. Dr. Dan. Millikin, of Hamilton, discussed diphtheria of the genitals. Dr. Dandridge, of Cincinnati, spoke of tracheotomy. Dr. Wm. Johnson, of Cincinnati, discussed intubation. Dr. C. S. Caldwell, of Cincinnati, post diphtheritic paralysis. Dr. P. S. Connor, of Cincinnati, was not partial to tracheotomy in diphtheria.

Book Reviews.

ORTHODONTIA OR MALPOSITION OF THE HUMAN TEETH; ITS PREVENTION AND REMEDY. By S. H. GUILFORD, A.M., D.D.S., Ph.D., Professor of Operative and Prosthetic Dentistry in the Philadelphia Dental College; author of "Nitrous Oxide," etc. Cloth, illustrated, pp. 186. Spangler & Davis, Philadelphia.

No higher praise can be afforded this excellent monograph than the mere statement of the fact that it has been endorsed by the National Association of Dental Faculties, as a text-book for use in the schools of its representation. In these days of weak constitutions and luxurious living, the teeth are among the more important organs of the body to exhibit the general decline. There are so many causes in operation leading to their decay, irregularity and malposition, that it seems almost like a miracle that anyone should possess and preserve a perfect set of teeth

throughout life. Heredity, long retention of the deciduous teeth, their early and injudicious extraction, delayed eruption of the permanent teeth, accidents, habits, etc., are some of the causes of irregularities, the study and connection of which form particularly the subject matter of the present volume. The author has aimed to lead the student, step by step, from the simplest beginning to the more complicated and difficult work of practical treatment, and in so doing, has judiciously adopted the simplest and most direct manner. Part I is headed "Principles Involved," and contains eight chapters upon the causes of irregularity and matters relating thereto. In Part II the materials and various methods employed in correcting irregularities are explained and illustrated in three chapters. Part III is devoted to the specific forms of irregularity and their treatment, consuming in all some additional ten chapters. The illustrations are numerous, admirably drawn, and aid most materially in the understanding of the subject.

Pamphlets.

Extracts from Memoranda Relative to Water Supply and Disease in the City of Philadelphia. Made by DR. CHARLES M. CRESSON. Reprinted from the *Press*, 1889.

Medical Department of University of Wooster. Announcement for 1890. Williams Publishing Company, Cleveland, Ohio.

Evolution in the Causation of Disease. By J. N. BEST, M. D., Rosemont, N. J. Reprinted from the *Lehigh Valley Medical Magazine*, Vol. 1, No. 1.

The Medical Digest.

GUM-CHEWERS paralysis is the latest form of professional neurosis recorded in medical literature.

DR. LE FORT says that microbes are never conveyed in the air, but only by contact with the fingers, instruments, etc.

VALERIANIC ETHER has been used as a stimulant, more particularly for anæmic women subject to fainting fits. It is administered in pearls.

POMADE FOR CHAPPED HANDS.—Lanolin, 100 gm.; paraffin oil, 10 gm.; vanillin, 0.1 gm.; oil of rose, 1 drop. Apply morning and evening.

HYSTERIA IN MEN AND WOMEN.—Dr. Marie, assistant to Prof. Charcot, has been studying the comparative frequency of hysteria in the male and female. Basing his observation upon a large number of statistics, he finds that the disease is rarer in men than in women in the middle and upper classes of society, but in the lowest class the causes such as traumatisms, intoxications, alcoholic and other, are more patent in their influences upon the men. The author concludes with the statement that hysteria in the male is very frequent in the lowest class of society and seems even to be much more frequent than hysteria in the female.—*Revue Médicale.*

CHLORAL IN ECLAMPSIA.—Dr. Blanc, chief of the obstetrical clinic of the Faculty of Lyons, urges the use of chloral in eclampsia in the following manner: Introduce a medium sized œsophageal tube into the stomach through the mouth or nose, opening the former if there be violent contraction with some of the ordinary openers, or some sufficiently hard rounded body, or piece of wood shaped like a cork.—*Lyon Méd.*

TREATMENT OF DIPHTHERIA.—Rondot, of the Faculty of Bordeaux, praises the following treatment for diphtheria. On the one hand there should be local antiseptic treatment as complete as possible, and for this purpose, applications of the sublimate solution (1.500) and salicylic atomizings may be advantageously combined. On the other hand the general treatment should consist in the use of small doses of corrosive sublimate (four to six milligrammes); alcohol and milk; bromide of potassium for the laryngeal spasms; caffeine for the heart failure; and quinine for the elevated temperature. Local and general treatment should always be employed during the course of the diphtheria and even after the performance of tracheotomy.

—*Gazette Hebdomadaire des Sciences Médicales.*

CREASOTE, FORMULÆ FOR THE ADMINISTRATION OF.—Dr. Keferstein (Therap. Monatsch.) gives some very good formulas for the administration of creasote. The one at first recommended by Dr. Bouchardat, and later on by Dr. Frantzel, has been modified by the author as follows:

℞ Creasote . . . . . gr.xx.
Alcohol . . . . . ʒvj.
Cinnamon water . . . . . ʒiij.
Cinnamon syrup . . . . . ʒvj.
M. One teaspoonful three times daily.

For the pill-form the following is recommended:

℞ Creasote . . . . . gr.lx.
Powdered marshmallow root.
Purified licorice . . . . . āā ʒjss.
Mucilage of gum arabic . . . . q.s.
M. Div. in pil. No. cxx. Coat with gelatin.
Sig. One pill three times daily.

In irritative cough and diarrhœa the following is administered:

℞ Creasote . . . . . gr.xxx.
Acetate of lead.
Opium (pure) . . . . . āā gr.v.
Extract of licorice . . . . . ʒjss.
Mucilage of gum arabic . . . . q.s.
M. Div. pill. No. 50. Sig. One pill three times daily.

For children, creasote in the form of the following emulsion seems best adopted:

℞ Creasote . . . . . gr.xx.
Dissolve in almond oil . . . . ℥j.
Gum arabic . . . . . ʒv.
Water. . . . . ʒiij.
M. Make an emulsion and add
Comp. tinct. of orange peel . . . gtt. xv.
Oil of peppermint . . . . . ʒj.
M. One teaspoonful two to five times daily.

For drop doses the author uses the following:

℞ Creasote . . . . . gr. xlv.
Tincture of cinnamon . . . . . ʒj.
M. Fifty drops three times daily in a half a cup of warmed milk or warmed sweetened water, or Malaga wine, etc.

—*Deutsche Med. Wochens.*

ECZEMA.—Wiss (*L'Union Médicale*, No. 139) recommends the following ointment for eczema, especially for the hands: Resorcin, 1 part; vaselin, 20 parts.

PUS IN URINE.—To detect pus in urine, drop enough tincture of guaiac into a specimen to produce a milky appearance; then heat a few moments. The pus will produce a blue tint.

—*National Druggist.*

CREOSOTE EMULSION.—Dr. Charles Eloy gives the following formula in the *Gazette Hebdomadaire*, May 10, 1889:

Oil of sweet almonds	f℥v.
Beechwood creosote	f℥ii.
Mix, and add:	
Gum arabic	℥iii–℥v.
Mint water	f℥xvi.

M. Give from two to five soupspoonfuls a day.

IN certain varieties of rebellious night sweats Henri Huchard commends the use of ergot after ordinary remedies have failed. Give one gramme of the powder at night before retiring, or better still half an hour before the sweat begins. Repeat this dose one or two hours later. Continue the treatment for the succeeding three days. The sweat will be suppressed upon the first or second day. Subcutaneous injections of ergotine in doses of one gramme, or of ergotine in doses of one demi-milligramme may be used.

—*Journal des Praticiens.*

CHRYSAROBIN IN HÆMORRHOIDS.—Dr. Kossobudskii speaks of this drug in high terms, but he differs from Unna in the quantity. Dr. Kossobudskii uses a two and a-half per cent. instead of a five per cent, as Unna prescribes. After washing the swelling with a two per cent. lotion of carbolic, or a one per cent. of creolin, he recommends the following ointment to be applied twice or three times a day:

Chrysarobini	0.8;
Iodoformi	0.3;
Ext. belladonna	0.6;
Vaselin	15.0;—M.

or a suppository may be made with cocoa butter. If bleeding be present, tannin may be combined. Dr. Kossobudskii affirms that pain, smarting, and bleeding will disappear in three or four days.

—*Medical Press and Circular.*

DEATH FROM SUBLIMATE IRRIGATION AFTER ABORTION.—Seven years ago since Tarnier introduced the practice of washing out the vagina with weak corrosive sublimate injections. The results proved satisfactory, and the injections came into vogue in German and English, as well as French, lying-in-hospitals, extending freely into private practice. Like every thorough method of counteracting deadly agencies in the human organism, sublimate irrigation is not free from danger, and although it greatly reduces the death-rate and proportion of puerperal fever cases in long series of labors, some cases of mercurial poisoning will occur in those series, notwithstanding the most careful administration of the remedy. In this country Drs. Dakin and Boxall have published minute observations on mercurialism under the above noted conditions; they appeared in the *Transactions of the Obstetrical Society* for 1886 and 1888. Dr. Legrand read before the Anatomical Society of Paris, in April, a case of twin abortion, retained placenta, and death from acute mercurialism. Between the birth of the first and second child, 10 litres of a 1 in 2,000 solution of sublimate were employed to wash out the uterine cavity, twice at an interval of three hours only. Immediately after each injection of sublimate a 2 per cent. solution of boracic acid was thrown up into the uterine cavity; but sublimate had been several times employed for vaginal injection. After the extraction of the second child, the boracic solution was injected into the uterine cavity. The intra-uterine injections were discontinued, and boracic and carbolic solutions were used for the vagina. A day later gingivitis, salivation, colic, and dysentery set in, and carried off the patient in five days. The kidneys were large, pale, and very œdematous; they contained mercurial salts in solution. The palate was ulcerated; the œsophagus, stomach, and small intestine healthy. The mucous membrane of the entire large intestine was covered with eschars and ulcers, most marked on the summits of rugæ. The ulcers began in the cæcum, were least abundant in the transverse colon, and most marked towards the anus. The above conditions have been noted in many other cases of death after sublimate irrigations in childbed. The kidneys were diseased. Keller, of Berne, has already pointed out the danger of mercurial irrigation when these organs are not healthy. The English authorities just quoted both dwell on this danger. Dr. Legrand relates that the ulcerated intestinal mucosa swarmed with bacteria. This fact, he adds, must make us despair of ensuring intestinal antisepsis by means of corrosive sublimate.

—*British Medical Journal.*

UTERINE TUBERCULOSIS.—An interesting case of primary tubercular disease of the Fallopian tubes has occurred in Professor Lebedeff's wards. The patient, who was the widow of a man who had died of phthisis, was of a cachectic appearance and suffered from amenorrhœa. On examination, a firm, nodulated, intra-abdominal tumor was made out, situate in the space of Douglas. An attempt was made to remove the tumor, but had to be given up as disseminated miliary tubercle was found affecting the peritoneum. The intestines and the uterine appendages, too, were all matted together. Six weeks after the attempted operation, the patient died with symptoms of general tuberculosis. At the post-mortem examination miliary tuberculosis was found affecting the peritoneum, the lungs, the pleuræ, the colon, and the mucous membrane of the uterus. Both the Fallopian tubes were dilated and filled with pus, the epithelium in parts being absent. The intensity of the destructive process was greatest in the tubes, and became less marked towards the periphery. In sections tubercle bacilli were found; there was no tuberculosis, however, in the ovaries, and only the mucous membrane of the uterus was affected.—*Lancet.*

Medical News and Miscellany.

COWBOY dentists do not chloroform patients, they stun 'em.

DIPHTHERIA prevails throughout the State of Kentucky.

THE *Detroit Free Press* considers the land flowing with milk and honey a bad place for bilious colic.

IT was reported that small-pox was ravaging Pelee Island, Lake Erie; but there proved to be only one case.

PROF. BOKAI, in the *Lancet*, advocates picrotoxin as an antidote for morphia and a preventive of chloroform asphyxia.

A LADY physician declares that spanking has a harmful effect on children's spines. The want of a safe destination will spare the rod.

A TURIN physician has discovered that criminals, as a class, show a marked preponderance over other persons in respect of partial deafness.

PRESIDENT DE WINTON, of the geographical section of the British Association, states that American climate has improved the physique of the Anglo-Saxon race.

ERRATUM.—On page 569 the proceedings published were those of the New York State Medical *Association*, not Society. The Society is the "New Code" organization.

THE sanitary house-to-house inspection of a portion of the Nineteenth Ward developed 681 nuisances, 29 cases of typhoid fever, 8 of scarlet fever, and 5 of diphtheria, during the past year.

DR. NISSON relates, in the *Magdeburger Zeitung*, that he has extracted a needle, seven centimetres long, from the arm of a man in whose body it had travelled around for thirty years.

IT is proposed to found an Anglo-American Vienna Medical Association for giving information and moral support to English and American doctors and medical students of the Vienna University.

IN a boarding-house in Woodbury, N. J., eighteen persons were evidently sick, with symptoms of poisoning. The true cause could not be discovered, although it was supposed to be from eating oysters.

PROF. LEXIS, of Göttingen, has lately prepared statistics showing that there are in the German universities twice as many students as can hope to make a living by the professions which they are preparing to enter.

DR. ARTHUR BOTTCHER, Emeritus Professor of Pathology and Morbid Anatomy in the University of Dorpat, and at one time co-editor of the *St. Petersburger Medicinische Wochenschrift*, died on July 29, in the fifty-eighth year of his age.

DR. CHARLES L. WEED, of this city, whose death is announced in the thirty-second year of his age, was a well-known oculist. He was born in Columbus, Ohio, and graduated with high honors from Princeton College. He completed his professional studies at Jefferson Medical College in 1883, and went to Berlin, where he carried on some preparatory work. Returning to this city, he became resident physician at the German Hospital. Later he became chief of the Eye Department of the German Hospital, and of the Union Dispensary.

THE whole of the sewage of Paris will soon be used for the purpose of gardening. Gennevillier now absorbs and purifies a third of the Paris sewage water. Achires and Mery will soon utilize the rest.

—*Sanitary News.*

THE physicians in Biddeford, Me., objecting to amputate the foot of a man 80 years old, who was suffering with dry gangrene, the patient performed the operation himself. A doctor had to finish the work; but the man now walks about without the aid of a crutch.

UNDERTAKERS' permits must be obtained during office hours, except in cases of emergency, or when a death occurs after said hours, and the attending physician certifies that it is imperatively necessary to remove the remains from the city before ten o'clock the next morning.

The members of the Société de Médicine Pratique, of Paris, recently visited the Pasteur Institute, where they were received by M. Pasteur himself. The distinguished biologist delivered a short address, in which he spoke of the danger of placing dogs that had been bitten in quarantine for a short time, and then releasing them, instead of having them at once destroyed. This culpable negligence often led to disastrous results. M. Pasteur was particularly emphatic in affirming that rabies are never spontaneous.

THE Dental Department of the Iowa State University had 46 students in 1887, 75 in 1888, and for the present session 110 have been enrolled, while a number of others have been refused for want of room. The State will undoubtedly provide means for increased accommodations before the next term opens. The cause of this influx of students is not difficult to comprehend. The management has been quick to appreciate the value of modern methods in teaching, and not afraid to spend money to secure competent persons to impart instruction in them. Such a course is sure to win success.

THE Hartford Medical Society of Connecticut, which was chartered last winter by the legislature, and given power to hold one hundred thousand dollars' worth of property, has recently organized by electing the following officers: President, Gurdon W. Russell; Vice-President, H. P. Stearns; Secretary, C. E. Taft; Treasurer, C. D. Alton; Censors, S. B. St. John, W. M. Hudson, George R. Shepherd; Trustees, G. W. Russell, A. W. Barrows, M. Storrs. This Society, with true Connecticut thrift, proposes to have given to them a fine building, a fine medical museum and library at an early day. This is the true way to make medical societies popular, by having a permanent home to gather round.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from October 1, 1889, to October 19, 1889.

POINDEXTER, JEFFERSON D., Assistant-Surgeon. Granted leave of absence for one month. S. O. No. 113, Headqrs. Dept. of Dakota, September 30, 1889.

KENDALL, WILLIAM P., Assistant-Surgeon. Granted leave of absence for one month. S. O. 93, Dept. of the Platte, October 2, 1889.

BILLINGS, JOHN S., Surgeon. Detailed as delegate to represent the Medical Department of the Army at the annual meeting of the American Public Health Association, to be held at Brooklyn, N. Y., October 22, 1889. Par. 10, S. O. No. 230, A. G. O., October 3, 1889.

TREMAINE, WILLIAM S., Surgeon Relieved from temporary duty at Fort Leavenworth, Kansas, and will return to his home, Buffalo, N. Y. Par. 13, S. O. No. 230, A. G. O., October 3, 1889.

POPE, BENJAMIN F., Surgeon. Relieved from duty at Fort Clark, Texas, and will report for duty to commanding officer, Whipple Carracks, Arizona Territory. Par. 11, S. O. No. 230, A. G. O., October 3, 1889.

MUNDAY, BENJAMIN, Captain and Assistant-Surgeon. Granted four months' leave of absence. Par. 2, S. O. 233, A. G. O., October 7, 1889.

SMITH, A. K., Lieut.-Colonel and Surgeon. Leave of absence extended twenty-one days on surgeon's certificate of disability. Par. 7, S. O. 234, A. G. O., October 8, 1889.

GARTER, EDWARD C., Captain and Assistant-Surgeon. Granted leave of absence for twenty days. Par. 6, S. O. 234, A. G. O., October 8, 1889.

STEINMETZ, WM. R., Captain and Assistant-Surgeon. Ordered for examination for promotion. Par. 3, S. O. 236, A. G. O., October 10, 1889.

ADAIR, GEORGE W., Captain and Assistant-Surgeon. Leave of absence extended for fifteen days. Par 15, S. O. 238, A. G. O., October 12, 1889.

BRECHEMIN, LOUIS, Captain and Assistant-Surgeon. Granted leave of absence for one month. Par. 1, S. O. 98, Headqrs. Dept. of the Platte, October 12, 1889.

HAVARD, VALERY, Captain and Assistant-Surgeon. Leave of absence extended one month. Par. 3, S. O. No. 240, A. G. O., October 15, 1889.

BRADLEY, ALFRED E., First Lieutenant and Assistant-Surgeon. Relieved from duty at David's Island, New York Harbor, and ordered to Fort Omaha, Nebraska. Par. 2, S. O. 241, A. G. O., October 16, 1889.

EVERTS, EDWARD, Captain and Assistant-Surgeon Relieved from duty at Fort Apache, Arizona, and ordered to David's Island, New York Harbor. Par. 2, S. O. 241, A. G. O., October 16, 1889.

BRECHEMIN, LOUIS, Captain and Assistant-Surgeon. Relieved from duty at Fort Laramie, Wyoming Territory, and ordered to Fort Apache, Arizona Territory. Par 2, S. O. 241, A. G. O., October 16, 1889.

HARRIS, H. S. T., First Lieutenant and Assistant-Surgeon Relieved from duty at San Antonio, Texas, and ordered to Fort Keogh, Montana. Par. 2, S. O. 241, A. G. O., October 16, 1889.

O'REILLY. ROBERT M., Major and Surgeon. Granted leave of absence for six months, with permission to leave the United States. Par. 3. S. O. 241, A. G. O, October 16, 1889.

HEGER, ANTHONY, Lieut.-Colonel and Surgeon. Relieved from duty in Division of the Atlantic, and ordered for duty as Attending Surgeon, Washington, D. C. Par. 2, S. O. No. 241, A. G. O, October 16, 1889.

LORING, L. Y., Major and Surgeon. Sick-leave extended two months, on surgeon's certificate of disability. Par. 16, S. O. 241, A. G. O, October 16, 1889.

TAYLOR, MARCUS E., Assistant-Surgeon. Relieved from duty at Fort Stanton, New Mexico, and ordered to Boise Barracks, Idaho. Par. 10. S O. 242, A. G O, October 17, 1889.

HALL, JOHN D., Assistant-Surgeon. Relieved from duty at Fort Niagara, N. Y., and ordered to Madison Barracks, N. Y. Par. 10, S. O. 242, A G. O., October 17, 1889.

GIRARD, ALFRED C., Surgeon. Relieved from duty at Boise Barracks, Idaho, and ordered to Fort Niagara, N. Y. Par. 10, S. O. 242, A. G. O., October 17, 1889

EWEN, CLARENCE, Surgeon. Relieved from duty at Madison Barracks. N. Y., and ordered to Willet's Point, N. Y. Par. 10, S. O. 242, A. G. O., October 17, 1889.

GARDNER, EDWIN F., Assistant-Surgeon. Relieved from duty at Fort Lewis, Colo., and ordered to Fort Porter, N. Y. Par. 10, S. O. 242, A. G. O., October 17, 1889.

GIBSON, JOSEPH R., Surgeon. Relieved from duty at Fort Sheridan, Ills., and ordered to Governor's Island, New York Harbor. Par. 10, S. O. 242, A. G. O., October 17, 1889.

MAUS, LOUIS M., Assistant-Surgeon. Relieved from duty at Fort Porter, N. Y., and ordered to Fort Stanton, New Mexico. Par. 10, S. O. 242, A. G. O., October 17, 1889.

Changes in the Medical Corps of the United States Navy for the three weeks ending October 19, 1889.

HARMON, GEORGE E. H., Surgeon. Detached from the U. S. S. Constellation, and ordered to Naval Academy.

LOWNES, C. H. T., Assistant-Surgeon. Detached from the U. S. S. Constellation, and to Naval Academy.

WINSLOW, GEORGE F., Surgeon. Ordered to Marine Rendezvous, Boston.

HENRY, CHARLES P., Assistant-Surgeon. Ordered before the Retiring Board for examination.

BERTOLETTE, D. N., Surgeon. Detached from the Franklin, and ordered to Naval Hospital, Philadelphia.

RUSH, N. H., Passed Assistant-Surgeon. Detached from Naval Hospital, Philadelphia, and ordered to the Saratoga.

HIBBETT, C. T., Passed Assistant-Surgeon. Ordered to the Franklin.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the six weeks ended October 5, 1889.

FESSENDEN, C. S. D., Surgeon. Granted leave of absence for thirty days. October 3, 1889.

WYMAN, WALTER, Surgeon. Granted leave of absence for thirty days. September 3 and 21, 1889.

SAWTELLE, H. W., Surgeon. Granted leave of absence for seven days. September 26, 1889.

AUSTIN, H. W., Surgeon. Granted leave of absence for thirty days. September 9 1889.

GASSAWAY, J. M., Surgeon. When relieved at New Orleans, La., to rejoin station at Cairo, Ill. September 30, 1889.

GOLDSBOROUGH, C. B., Surgeon. Leave of absence extended thirty days, on surgeon's certificate of disability. September 16, 1889.

ARMSTRONG, S. T., Passed Assistant-Surgeon. Relieved from duty at New York; ordered to command of service at Cleveland, Ohio. September 17, 1889.

AMES, R. P. M., Passed Assistant-Surgeon. Assigned to duty at New Orleans, La., upon expiration of leave of absence. September 30, 1889.

WHITE, J. H., Passed Assistant-Surgeon. Leave of absence extended thirty days, on surgeon's certificate of disability. September 21, 1889.

NORMAN, FENTON, Assistant-Surgeon. Granted leave of absence for thirty days to take effect when relieved. October 4, 1889.

PETTUS, W. J., Assistant-Surgeon. Ordered to Portland, Me., for temporary duty. September 26, 1889. Granted leave of absence for twenty-six days, to take effect when relieved. October 3, 1889.

KENYOUN, J. J., Assistant-Surgeon. Granted leave of absence for thirty days. September 21, 1889.

VANSANT, JOHN, Surgeon. Granted leave of absence for fifteen days. October 16, 1889.

GOLDSBOROUGH, C. B., Surgeon. Leave of absence extended thirty days, on surgeon's certificate of disability. October 18, 1889.

PERRY, T. B., Assistant-Surgeon. Ordered to temporary duty at San Francisco, Cal. October 15, 1889.

VAUGHAN, G. T., Assistant-Surgeon. When relieved, to proceed to Evansville, Ind., for temporary duty. October 9, 1889.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Abortion, Anonym. Medico-Legal Journal, September, 1889, N.Y.

A malignant tumor in an umbilical hernial sac, with remarks on the aetiology of cancer, Daniel Lewis, M.D., New York. N.Y. Medical Record, Oct. 12, 1889.

Contributions to the morphology of the saccharomycete of diabetic urine, J. Parker Smith, L.R.C.P. Lancet, Sept. 21, 1889.

Contribution à l'étude des lesions histologiques de la substance gise dans les encephalites chroniques de l'enfance, par Pilliet. Archives de Neurologie, Sept., 1889.

Contributions to the surgery of the abdomen, J. S. McArdle, F.R.C.S.I. (Concluded.) Dublin Journal of Medical Science, October 1, 1889.

Comparative value of antipyrin, antifebrin, and phenacetin, as antipyretics, Surgeon-Major A. Crombie, M.D. The Practitioner, Oct., 1889.

Difficult diagnosis, J. Mitchell Bruce, M.D. The Practitioner, Oct., 1889.

Discussion on the treatment of immature cataract. Brit. Med. Jour., Sept. 28, 1889.

Des antiseptiques locaux dans le traitement de la syphilis, per M. Hallopeau. La France Médicale, Oct. 3, 1889.

De l'intervention chirurgicale dans le traitement des tumeurs cérébrales, par le Dr. Thomas. Revue Médicale de la Suisse Romande, Sept. 20, 1889.

Deux cas d'osteomyelite infectieuse ayant comme portes d'entrée: l'une lymphangite d'original traumatique, l'autre une blennorrhagie ancienne (suite), par le Dr. Cauchoix. La Normandie Medicale, Oct. 1, 1889.

Du chloral et de ses dérivés au point de vue chimique, thérapeutique et pharmaceutique, par Yvon. Archives de Neurologie, Sept., 1889.

Des traumatismes du crâne dans leurs rapports avec l'alienation mentale, par Christian. Archives de Neurologie, Sept., 1889

Discussion on fibrinous membranes within the spinal canal, occurring in general paralysis, Joseph Wigglesworth, M.D., R. Percy Smith, M.D., and Prof. Auguste Vorsin, M.D., British Medical Journal, Sept. 21, 1889.

Electricity and the death penalty, Clark Bell, Esq., Medico-Legal Journal, Sept., 1889, N.Y.

Essay on the functions of indifferent cells in the human organism, James Dickinson. Lancet, Sept. 21, 1889.

Epilepsie somnambuliques avec accidents cataleptiformes, par le Dr. A. Paris. Archives de Neurologie, Sept., 1889.

Etude physiologique et thérapeutique du massage de l'abdomen. Son action sur la diurese, par le Dr. Rubens Hirschberg. Bulletin Général de Thérapeutique, Sept. 30, 1889.

Etudes sur les centres psychomoteurs chez l'enfant et les animaux nouveau-nés, par P. Langlois et R. Romme. La Tribune Médicale, Sept. 26, 1889.

Ice spoils fish, J. Lawrence-Hamilton, M.R.C.S. (No. III.) Lancet, Sept. 21, 1889.

Infantile ophthalmia (blennorrhœa neonatorum) and its prevention, Karl Grossman, M.D. Brit. Medical Journal, Sept. 28, 1889.

Influence of massage on the rate of absorption from the intestine, A. Symons Eccles, M.B. The Practitioner, Oct., 1889

Introduction to discussion on the treatment of glaucoma, Jonathan Hutchinson, F.R.C.S. L.E.D., etc. Brit. Medical Journal, Sept. 28, 1889.

Les maladies et les passions, par le Dr. Sorel. La Normandie Médicale, Oct. 1, 1889.

Monomania, Clark Bell, Esq., Pres., Medico-Legal Journal Sept., 1889, N.Y.

Medical Expertism, S. Gold First, Esq. Medico-Legal Jour. Sept., 1889.

Myxœdema ou cachexie pachydermique (Charcot), par Kovalevsky. Archives de Neurologie, Sept, 1889.

Mineral waters of Brides-les-Bains, C. E. Fitz-Gerald, M.D. Brit. Med. Journal, Oct. 5, 1889.

Notes of a case of sclerotitis, apparently of dental origin, John Hern, M.D. Brit. Med, Journal, Sept. 28, 1889.

Note on treatment of tinea tonsurans, H. S. Prudon, M.D. Dublin Journal of Medical Science, Oct. 1, 1889.

Pyo-salpinx, with remarks on the old faith and the new regarding parametritis and perimetritis, John W. Taylor, F.R.C.S. Lancet, Sept. 21, 1889.

Pyosalpinx, points in the diagnosis of, Hatt. The American Lancet, Oct, 1889.

Posterior dislocation of both bones of the forearm, on the mechanism of, accompanied by fracture of the external condyle, with remarks as to the treatment of old posterior elbow dislocations, Fischer. Amer. Practitioner, Oct., 1889.

Primary lithotomy in Russia, Idelsen. Annals of Surgery. Sept., 1889.

Perityphlitis in children, Huber. Archives of Pediatrics. Oct, 1889.

Pigment in the negro, notes on the formation of, Morrison. Med. News, Oct 12, 1889.

Periostitis of the ribs after typhoid fever, Potter. Pacific Medical Journal, Oct., 1889.

Prolapsus ani and its treatment, James. Hospital Gazette, Sept. 28, 1899.

Physical training of the insane. American Journal of Insanity, Oct., 1889.

Physical training of the insane, remarks on, Adams. *Ibid.*

Physical exercise, Benson. Southern Clinic, Oct., 1889.

Peritoneal effusions after intra-peritoneal operations, a few considerations on, Myers. Cin. Lancet Clinic. Oct. 5, 1889.

Pseudo muscular hypertrophy, Lyman. American Practitioner, Oct., 1889.

Phthisis pulmonalis, a case of, with uncontrollable nasal hæmorrhages, Robison. *Ibid.*

Phantom pregnancy, Stone. Omaha Clinic, Sept., 1889.

Pathology and treatment of disease of the naso-pharynx, some points in the, Mackenzie. N.Y Med. Jour., Oct. 5, 1889

Paraplegia, from a gun-shot wound of the skull, over the cortical leg centers, Petersen. *Ibid.*

Remarks on the prevention of hydrophobia by M. Pasteur's method. M. Armand Ruffer, M.A. M.D. Oxon. (With diagrams.) British Med. Journal, Sept. 21, 1889.

Review of methods for exact registration and some coarse changes in the brains of the insane, F. St. John Bullen, M.R.C.S. Illustrated. British Med. Journal, Sept. 21, 1889.

Remarks on the Maybrick trial, William Carter, M.D. Ll.B B.Sc. F.R.C.P. Lancet, Sept. 21, 1889.

Recherches cliniques et experimentales sur les accidents survenant par l'emploi des scaphandres, par Catsaras. Archives de Neurologie, Septembre, 1889.

Relation of diet to uric acid formation, William H. Draper, M.D., New York. N. Y. Medical Record, Oct. 12, 1889.

Recherches sur la nature et les causes de la rigidité cadavarique (suite), par Catharine Schlipiloff. Revue Médicale de la Suisse Romande, Sept. 20, 1889.

Recherches physiologiques sur l'acide cyanhydrique, par M. N. Gréhaut. La France Médicale, Oct. 5, 1889.

Recherches cliniques et experimentales sur l'antisepsie médicale, par M. le Prof. Petresco. Bulletin Général de Thérapeutique, Sept. 30, 1889.

Sur la deformation des balles de revolver soit dans l'arme, soit sur le squelette, Dujardin-Beaumetz. Bulletin Général de Thérapeutique, Sept. 30, 1889.

Treatment of scrofulous glands, Frederick Treves, F.R.C.S. Lancet, Sept. 21, 1889.

Traitement de l'endométrite par la flèche de chlorure de zinc. La Normandie Médicale, Oct. 1, 1889.

Traitement du goitre par les injections interstitielles de teinture d'iode, par le Dr. Terrillon. Bulletin Général de Thérapeutique, Sept. 30, 1889.

Zur Prophylaxe der Lungentuberkulose, Fürst. Deutsche Medizinal-Zeitung, 23 Sept., 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 582. NEW YORK AND PHILADELPHIA, NOVEMBER 2, 1889. The Medical Register. Vol. VI, No. 148.

PAGE

CLINICAL LECTURE. By William F. Waugh, M.D. - - - - - - - - - - - - 625

ORIGINAL ARTICLES.

INSUFFICIENCIES OF THE OCULAR MUSCLES AND THEIR TREATMENT WITH PRISMS AND BY GRADUATED TENOTOMIES. By Read Jennings McKay, M.D., Wilmington, Del. - - - - - - - - - - - - - - - 627

HABITUAL CONSTIPATION IN WOMEN AND ITS EFFECTS. By Sebastian J. Wimmer, M.A., M.D. - - - - - - - - - - - - - 630

HYDROTHERAPEUTICS. By S. Baruch, M.D. - - - - - - - - - - - - - - - - 632

THE POLYCLINIC.

ST. LUKE'S HOSPITAL, NEW YORK:

Spasmodic Stricture of Urethra, Dilating Urethrotomy. *K. B. P.* - - - - - - - 634

Stricture of Urethra—Perineal Urethrotomy Without a Guide. *K. B. P.* - - - - 634

MEDICO-CHIRURGICAL HOSPITAL:

Ligature in the Treatment of Fistula in Ano. *Pancoast* - - - - - - - - - - 635

EDITORIAL.

AUTOMATISM IN MEDICINE - - - - - - - - 636

BLOODLETTING IN CONGESTIVE NEURASTHENIA - - - - - - - - - - - - - - 637

CORONILLA - - - - - - - - - - - - - - 638

ANNOTATIONS.

The Lehigh Valley Medical Association - - 638

PAGE

Treatment of Morphinismus - - - - - - - 639

A New Mechanical Treatment for Tabes - 639

London Post Graduate Courses - - - - - 639

Phelps' Operation for Club-Foot - - - - - 639

LETTERS TO THE EDITOR.

Count Waldeck. *Beecher* - - - - - - - - 639

SOCIETY NOTES.

ACADEMY OF MEDICINE - - - - - - - - - 640

A Contribution to the Pathological Anatomy of Chorea. *Dana* - - - - - - - 640

Transverse Wound of the Forearm. *Curtis* 641

Removal of Compound Ganglion Involving Flexor Tendons of Forearm. *Abbe*, 642

Tubercular Disease of Astragulus and Bones of the Tarsus in a Child Three and a Half Years Old. *Phelps* - - - - 642

Osteomyelitis. *Phelps* - - - - - - - - 642

Knots, Ligatures, and Sutures. *Curtis* - 642

ALLEGHENY COUNTY MEDICAL SOCIETY - 642

Birth of a Dead and of a Living Fœtus. *Green* - - - - - - - - - - - - - - 642

Syphilis Communicated to the Mother by the Fœtus. *Batten* - - - - - - - - 642

Remarkable Emaciation of a Syphilitic. *Ward* - - - - - - - - - - - - - - 642

Failure of Applications of Mercury and Turpentine in Diphtheria *Kœnig* - - 643

Chancroid Six and a Half Weeks After Exposure. *McMullen* - - - - - - - - 643

CAMDEN LETTER - - - - - - - - - - 643

BOOK REVIEWS.

Wood's Medical and Surgical Monographs - 644

PAGE

PAMPHLETS - - - - - - - - - - - - 644

THE MEDICAL DIGEST.

Eschscholtzia Californica. *Adrian and Bardet* - - - - - - - - - - - - - - - 635

Gymnastic Treatment of Diabetes. *Aye* - 635

The Elimination of Lead from the Organism by Massage. *Teneschi* - - - - - - - - 635

Caustic Effect of Carbolic Acid. *Apoth. Ztg.* 645

Puerperal Irrigations. *Hebert* - - - - - 645

Labor Attended with Eclampsia. *Mandot* - 645

Deformed Chest and Tuberculosis. *Deutsche Med. Zeitung* - - - - - - - - - - - - 645

Effect of Salt on Disease Germs. *Forster* - 645

Antipyrin in Diabetes. *Sée and Dujardin-Beaumetz* - - - - - - - - - - - - - - 645

Colored Spectacles *Konigstein* - - - - - 645

Infantile Convulsions. *Knagges* - - - - - 645

Treatment of Ingrowing Toe-nail. *Clements* - - - - - - - - - - - - - - - - 645

Treatment of Syphilitic Vegetations. *Zeissl*, 645

Pepsin Pomade. *Douglas* - - - - - - - - 646

Primary Syphilis. *Rizat* - - - - - - - - 646

Pills for Psoriasis. *Bazin* - - - - - - - 646

Diuretic. *Abet* - - - - - - - - - - - - 646

Odorous Perspiration. *Rev. de Ther.* - - - 646

Treatment for Too Abundant Menstruation. *Rheinstadter* - - - - - - - - - - - - - 646

Neuralgia. *Courier Méd* - - - - - - - - 646

Combination of Cocaine and Iodoform. *Deutsche Medic. Woch.* - - - - - - - - - 646

MEDICAL NEWS AND MISCELLANY, 646

MEDICAL INDEX - - - - - - - - - 648

NOTES AND ITEMS - - - - - - iv, xiv

Clinical Lecture.

(Delivered in the Medico-Chirurgical College.)

BY WILLIAM F. WAUGH, M.D,

Professor of Practice and of Clinical Medicine.

Reported by WILLIAM BLAIR STEWART.

ANÆMIA.

THE first case I bring before you to-day is this young woman, who is suffering from extreme anæmia. During the past four weeks she has grown very pale and feeble. She has constipation, headache, and a tendency to vertigo. She has partial amenorrhœa, no disorder of the heart or kidneys, and the lungs are sound and healthy. The sickness at the stomach and dizziness are due to cerebral anæmia. The foundation of this young woman's trouble is constipation. It is not uncommon for her bowels to remain inactive for three weeks. You will not find ten per cent. of such cases of women who are devoid of anæmia. In constipation we have a re-absorption of the liquid portion of the fæces in the intestines, and this vitiates the blood and causes a debilitating effect and a consequent anæmia.

Naturally, this class of anæmic patients needs iron; but if the trouble is due to constipation, what could you expect from iron? There is also here some slight amenorrhœa, which is quite natural in the present state of her health. There is one cathartic that is suitable above all others in these cases associated with amenorrhœa, and that remedy is aloes, given in doses of gr. ss–j. You hear of physicians giving from gr. v–xx, but this is entirely too much. I do not know of any case where more than gr. ½–j of this valuable remedy is necessary. This patient also needs iron, and almost any of its numerous preparations will answer if given in large or full doses. We will order her a pill containing aloes, gr. ½, every morning before breakfast, and as often as necessary to produce one good, regular passage each day. In this way we will overcome the constipation. She will also take of the double tartrate of iron and potassium gr. xx after each meal. Besides this, she not only needs to have her appetite increased, but to insure her digestion. We will give her digestants for her food and not as medicines. Pepsin, pancreatine, and diastase are the three that go to make up the digestants; so we will give a mixture of these, as there is in this case no special failure in the power of digesting any one class of aliments, but rather a general indigestion. Order her the maltine containing pepsin and pancreatin, and use a tablespoonful of this three times daily. As diastase acts only in alkaline, and pepsin in acid solution, it would seem as if they should be given at different times; but practically pepsin, given at any time, will act at the proper place and moment; so that we will give them at the beginning of each meal. We will let her commence each meal with bread, on which is spread this thick maltine—like molasses.

INTESTINAL ULCER.

Our next case has a history, as follows: This man, aged 34 years, an American, and laborer by occupation, came to us complaining that his bowels were moved every other day, and that a considerable quantity of bright-red blood was passed each time for the past three weeks. He has some cough, night sweats, and has had headache for a week. Examination excluded fistula and hemorrhoids. He has pain in the small of his back; has always had constipation, which was probably due to neglect in attending

to nature's calls. The constant use of cathartics weakens the action of the bowels and begets a paretic condition of the same. They become sluggish ; their vitality is lost as well as their sensitiveness. The intestinal muscles become feeble ; saccules are formed, and the lodging fæces cause ulceration, with an accompanying hemorrhage. Pain in the back is only a reflex symptom. This man has an ulcer somewhere in the intestinal canal. It is not in the rectum, as it would cause dysentery, and this symptom is not present. It is not in the small intestine, because blood coming from there would be tarry, unless in enormous quantities. It was thought that hemorrhoids were present, but they were not discovered. In speaking of hemorrhoids, I am reminded of a woman who thought she was dying of consumption. Lung signs were negative ; blood was found in the stools, and examination showed a number of internal hemorrhoids, which were cured by a simple injection of carbolic acid She got well of her "consumption" at once. This man's trouble is in the sigmoid flexure of the colon, or near it.

In the first place, you must remove all hard fæces, as a thing that will irritate and cause the ulcer to bleed. Don't give aloes in this case, as it is expulsive and acts on the muscular coats of the rectum and colon. Chloride of ammonium or sulphate of magnesium are good ; but the most certain of all remedies that produce liquid stools is glycerine, introduced per rectum. Add nitrate of silver, gr. v to hot water Oj, and inject once a day through a long, flexible catheter, passed well up into the bowel to reach the ulcer. We will also give him magnesium sulphate, gr. xxx, in a glass of water, each morning, and have him pass his fæces at a regular time each day. We can also apply a local remedy through the fæces, and it is the best when the patient can endure it. This remedy is turpentine ; ɱx–xx three times a day. If we succeed in curing this ulcer, we must teach the patient good habits. As to food? He must use no jam, containing seeds ; no oat-meal or corn-meal, and no fibrous matter. Let his diet be bland and mild—such as milk, eggs, bread, rice, lean meat, and all food that cannot mechanically injure the ulcer.

HEPATIC CIRRHOSIS.

This man, aged thirty-seven, an American, and railroader by occupation, complains of a heavy weight and pain in the right side of his abdomen. There is no difficulty in micturition. The bowels are constipated. He has a bad taste in his mouth on rising in the morning ; he spits up large quantities of phlegm, and vomits frequently. He is a drinker of alcoholic liquors, but does not use tobacco. He catches cold easily. He complains of pain extending up along the ascending colon, sharp in character. Typhlitis might cause this, but on examination I do not find the firm, sausage-shaped mass which is characteristic of that affection, and will, therefore, exclude it from our diagnosis. Percussion shows that the liver is uniformly enlarged, and extends two inches below the margin of the rib. This condition is known as the hyperæmic stage of cirrhosis of the liver, caused by using alcoholics. In the treatment of these cases the first indication is to stop all use of alcohol. Apply blisters over the liver, and in addition give ammonium chloride, gr. v, three times a day.

CHRONIC DESQUAMATIVE NEPHRITIS.

I have here a specimen of urine to show you, and it is unusual in one respect. The case is one of a boy three years old, who developed a dropsy of the legs six months ago. At present the abdomen is much swollen. The heart is right and presents no murmurs. We cannot look for cirrhosis of the liver at his age. His trouble is in the kidneys, and is evidently one of the three forms of Bright's disease. Which form is it? Amyloid kidney is found in syphilis, and necrosis of bone. In one case I found it due to a chronic otorrhœa. I do not think it is ever caused by caries of the teeth. This case presents no history of syphilis or caries ; and as amyloid kidney is also attended with enlarged liver and spleen, without ascites, we may exclude it.

In the granular contracted kidney there is very little dropsy, which is local without any obvious reason, and transitory. There is, besides this, little if any albumen in the urine. Unlike this, we find here the large quantity of albumen characteristic of chronic desquamative nephritis. When you test urine the specimen should be the first that is passed in the morning after rising, and not after drinking or eating, which alters its character. Ordinarily I fill the test tube to the top, and boil the upper part, so that one may compare the upper hot layers with the cold layers at the bottom. Heating reveals such a large quantity of albumen in this case, that I may turn the tube almost upside down without spilling the fluid. Nitric acid confirms the first test. It is rare that you find as much albumen as in this instance. As to the cause in this case, there is considerable obscurity. The mother says the child never had scarlet fever, as it never was sick a day of its life. Probably it has come from taking cold. The prognosis in these cases is rather precarious. If the microscope shows fatty tube casts, with degenerated epithelium, it is bad ; but if the epithelial cells are not degenerated, it is not so bad, for the patient may recover; with a weakness or loss of a part of the capacity of one or both kidneys.

By keeping the bowels open thrice daily, and giving acetate of potassium, gr. iij, repeated every four hours, with plenty of water, we relieve the kidneys of some of their work. Give good nourishment and avoid all condiments and volatile oils. The skim milk treatment is admirable, for in it we have lactose, which is one of the best of all diuretics ; it also excludes condiments, and gives all the nutriment requisite. Support the strength to avoid hydræmia. Give iron also. Gastric and intestinal catarrh are symptoms due to the circulation of some poison in the blood that affects the status of those regions. In this case we will give tr. ferri chloridi, min. iij. four times a day, before meals. Besides this, there is another important indication, and that is to relieve the kidneys of their labor by putting their work on other organs—the intestines and skin. Give saline laxatives, such as magnesii citras, or sodii phosphas, gr. xx–xxx, in a

plate of soup. Protect the skin constantly from the air, by clothing in wool by night and day. In order to give further protection, rub the boy from head to foot with hot lard every day of his life, and remove the excess with a soft rag. The ancient Greeks used oleaginous inunctions as part of their everyday regimen, and they knew more about the hygiene of the body than we do now. To this alone is ascribed much of their good health and manliness of stature.

TÆNIA SOLIUM.

This woman comes to us with some trouble of the bowels. She speaks of a weak feeling in the upper part of the abdominal region; pain is there in the morning when she gets up; rumbling noises are in the bowels, and there is tympanites. She is never sick in the stomach. The appetite is very good. She eats heartily, but is never satisfied. She could eat every half hour of the day, but is not relieved by eating. We can therefore exclude dyspepsia. She is constipated, and must take cathartics three or four times a week. She has no hemorrhages of any kind. Has a cough; gets hoarse toward evening. Has chills in the morning. Is stout and well nourished, and does not look like a consumptive. She has had this cough for five years, and the probabilities are, therefore, that it is not due to tuberculosis. Altogether this looks like an anomalous case. You will often find an uncertainty and mistiness about the cases that come to you, instead of meeting them clearly defined, as you do in your text-books. Her temperature at this hour, 12.15 P.M., is 99°, and we cannot regard this as high enough to indicate fever. Her cough is dry and irritating in character, and is due either to a dry catarrh of the mucous membrane of the bronchial tubes, or to some reflex cause. A reflex cough is one that is not attended by secretion. There is absolutely nothing in this history to point out the trouble.

There is one thing, however, left in the search for the cause of this abnormal sensation. She has been passing joints of a tape-worm. Has had itching at her anus, and pieces of the worm issue from the bowel when she is not at stool. The symptoms of tape-worm are those of intestinal catarrh, in some cases convulsions and even insanity, which may be cured by the removal of the cause. The only absolute symptom is the appearance of the joints in the stools. There are a number of remedies that are commendable, but more depends on the way the medicine is given than upon the medicine itself. Kousso is recommended. Oil of male fern, ʒ i–ij, will often remove the entire worm. It is well to recollect that it takes as much male fern to kill a tape worm in a child as it does in a grown person, hence the danger in its use in children. Pumpkin seed is one of the best remedies; the poisonous principle lies in the greenish film that surrounds the kernel; the pericarp. The kernel contains an oil, whose properties resemble those of castor oil. After a good saline cathartic let the patient take the husks off the seeds and eat one or two ounces of them at one time. The French method is to grind the hull and all; but as there is no virtue in the hull, except to irritate the bowel, it is better to take it off. I have tried the pomegranate treatment, but it doesn't give good results. Oil of turpentine, ʒ i–ij, is one of the best tænicides, but I am doubtful about using it on account of the kidneys. The French regard the cocoanut as an effectual remedy. In this case I prefer the oleoresin of male fern.

During the next day we will order her to eat nothing but the grated meat of one cocoanut, which is softened by the milk taken from it; then take magnesia sulph., ʒss, at bedtime; and the first thing the next morning let her take:

℞.—Oleoresin. aspidii . . . . . ʒj.
Ætheris sulph. . . . . ʒj.
Fiat mistura, et signa: One-half teaspoonful every fifteen minutes, until all is taken.

Follow this with

℞.—Olei ricini . . . . . ʒss.
Olei tiglii . . . . . ♏ss.
Misce.—Sig. Take at one dose.

When the next passage occurs she should sit over a bucket of hot water, so that the whole worm may pass away without breaking off the head, for if the head remains it will develop again.

Original Articles.

INSUFFICIENCIES OF THE OCULAR MUSCLES

AND THEIR TREATMENT WITH PRISMS AND BY GRADUATED TENOTOMIES.

Read before the one hundredth annual meeting of the Delaware State Medical Society at Dover, Delaware, on June 11, 1889.

By READ JENNINGS McKAY, M.D.,
of Wilmington Delaware.

At the annual meeting of this Society last year I was permitted to make some verbal remarks upon a subject which I desire at this time to present to your attention in a short practical paper, viz.: *Insufficiencies of the ocular muscles and their treatment with prisms and by graduated tenotomies.*

Before entering upon my subject, I wish to state very positively and distinctly, that the vision, refraction and accommodation of eyes should receive proper attention before looking for muscular insufficiences.

The method of examination for the detection of these muscular insufficiences which I have followed the past fifteen months, with much satisfaction and success, has been that promulgated so clearly and practically by Dr. George T. Stevens, of New York City, within the past few years. And here and now I desire to state that I consider that Dr. Stevens has given to the profession a method of study and examination of an abstruse and perplexing subject of great utility and importance. I regard it as the natural and necessary sequel of Donder's promulgation of the subject of refraction and accommodation and essentially of secondary importance to the refraction theory.

For the vision of eyes cannot now be thoroughly examined, until their refraction, accommodation and binocular adjustment for distance, are necessarily and consecutively considered.

The examination for insufficiencies is made by causing patients to look through prisms at a fixed light, twenty feet distant (preferably a gas jet turned low to resemble a candle flame,) which will produce diplopia (double sight) laterally or vertically as desired, and observing how the eyes tend in adjustment.

The distance of twenty feet or over is selected, because the accommodation of eyes is considered to be at rest or not used, looking at objects twenty feet distant and over.

Accommodation is the action of the ciliary or accommodative muscles upon the crystalline lenses, and is the procussing of each eye for seeing objects at different distances.

Adjustment is the associated movements of the eyes by the external muscles in binocular vision, and we refer especially to the recti muscles.

These two actions, accommodation and adjustment, are simultaneous and intimately associated, and should be in harmony for comfortable vision, at all distances, *far* as well as *near*.

Whatever disturbs their harmony causes more or less discomfort or suffering, and frequently serious illnesses.

It has been my regular practice for a year past, to test all persons for insufficiencies *before* and *after* I have selected proper glasses to correct their abnormal refraction and before I write the order for their glasses.

It is a great satisfaction after selecting glasses to be able to know that they properly correct not only the refraction, but that the external muscles moving the eyes, perform their functions of making the varied associated movements in binocular vision correctly and comfortably.

Very frequently I detect more or less insufficiency of a simple or complex kind and can usually determine, if not at once, after a second or third visit, whether it needs attention or not, and as soon as possible inform my patient of my decision. If not able to decide the first visit, I loan or order prisms for them to wear for a few days and request them to report again (as recommended by Dr. Stevens); and this continued use of prisms has always afforded me the information desired, by increasing or decreasing the amount of insufficiency at first revealed.

As in hypermetropia (far sightedness), there is but a small amount of muscular weakness manifested at first, and there seems to be a greater amount of it latent, which sooner or later (different in different cases) becomes manifest after using the prisms awhile.

If persons do not suffer pain or some very decided inconvenience from their insufficiencies I do not attempt to correct for them, or in other words I only advise treatment of insufficiencies for persons who actually suffer pain or some disturbing nervous irritation, which, by exclusion of diagnosis, I feel quite certain depends upon the strain caused by muscular insufficiency. This strain affects not only the nerves of the head, but of the spinal cord and its nerves, distributed to the neck, chest, abdomen, and occasionally the lower extremity, which are detailed in the symptoms of the cases I will present in this paper.

All oculists, I presume, have had a similar experience to mine after some years' practice—that of having selected glasses for persons with great care, and yet some of those persons never being able to use the glasses with comfort and satisfaction.

There seemed to be something about such cases annoying to the patient and perplexing to the oculist, and which could not be diagnosticated or relieved.

During the past year I have re-examined quite a number of such patients, and in every instance found that they *all* had some kind of insufficiency.

Some of these cases are related in this paper; others have declined further treatment, and are unrelieved.

During the first four months, after selecting glasses for the correction of refractive troubles, before using the test prisms, I place a dark-red glass (without a prism) before first one eye and then the other, and have the patient look at the light twenty feet distant for a few moments. They frequently manifest double images, which at once indicates (without the diplopia that the first prisms cause) the simple or complex nature of the insufficiency; that is, whether it is insufficiency of the internal, external, superior or inferior recti, or whether there is a complication of the interni or externi with the upper or lower recti. Then the test prisms are used to confirm this observation—which they usually do—and generally more insufficiency is manifested. To determine the amount of deviation from a proper adjustment of the eyes, whether using the red glass alone or with the test prisms, other prisms (such as I show you) are to be held in the examiner's hand before the deviating eye until a prism is found to overcome the deviation, which is to be noted as to the amount and kind of insufficiency found in the case.

The normal standard of power of the various recti muscles to overcome prisms has been estimated by various observers almost unanimously as about 8° abduction, which tests the externi, and from 40° to 50° for adduction, which tests the interni, and about 3° for the inferior or superior recti. Of course, there are many variations from these amounts, consistent with a healthy muscular tone.

I have found that a small amount of insufficiency of the superior or inferior recti (causing a vertical displacement of objects in the effort of adjustment) produces a great deal more discomfort, dizziness, and vertigo than a relatively similar amount of insufficiency of either of the externi or the interni, as mentioned frequently by Dr. Geo. T. Stevens, in his writings upon these subject. Also that the symptoms of the various insufficiencies are very variable in the amount manifested at different times.

In a number of instances I have observed a disappearance of all symptoms of a small amount of insufficiency, after wearing correcting glasses or prisms awhile, and in many others not until a mydriatic was used in addition, to suspend the accommodative powers, did it pass away. This remark refers to cases of insufficiency of the externi or the superior or inferior recti, *but not to the interni.* I have observed convex glasses decrease insufficiencies of the externi, and often correct convergent strabismus of a small amount; but they usually increase insufficiencies of the interni.

Insufficiencies of the interni for the *near point* have for many years been recognized and corrected by prisms, to be used only for the near point of vision, such as in reading, writing, and sewing, and will not receive any further notice in these remarks except that they should always receive attention, and prisms be ordered when needed.

The great importance of these insufficiencies for distant vision becomes manifest when we see the amount of suffering from nervous irritability and general debility, pain in various parts of the body, insomnia, indigestion, nausea, vertigo, spinal irritation, and many other distressing symptoms, which are not relieved by well-directed medical treatment, and *which are more or less promptly relieved when these insufficiencies are recognized and properly treated.*

My object being to give you a few examples of the various kinds of insufficiencies and their treatment, I have selected from my case books the histories of twenty-one cases (some of them have been under observation for years), which I have studied closely and noted more or less fully, and which I believe to be good examples of successfully-treated cases by prisms. They will indicate the various forms of simple and complex insufficiencies, and their satisfactory treatment.

Many of our prominent oculists, I believe, oppose and denounce all operative treatment, and say prisms alone should be used. I have not had the good fortune to see any of the papers presented to the profession by them, demonstrating what they have been doing with prisms. I know there are many cases of high degree of insufficiency which cannot be corrected by prisms that may be worn with comfort, and where operative measures are indicated and prove very successful.

Nor can I fully accept Dr. G. T. Stevens' advice to always operate by graduated tenotomies upon all cases of muscular insufficiencies. I believe he only uses prisms to detect and fully develop the insufficiencies. I understand from his writings, and hear from his friends, his treatment is always operative.

From my limited experience a compromise of the the two methods has given me very satisfactory results, viz., to correct all I can with weak prisms, and to operate by graduated tenotomies upon those whose insufficiencies are too great for prisms. The histories of my cases will give definite information of what I have been able to accomplish. I have also treated many other cases, and have had a large number under observation; but in the pressure of business I have not kept full and complete notes of them —enough, however, to verify and confirm me in the methods of treatment herein advocated, aud which I continue to practice.

Case I.—Miss J. K. M., aged twenty-two, U. S., first consulted me November 1, 1881, for weak and painful eyes. Examination showed far-sightedness and astigmatism. She was ordered +48 glasses for near purposes, and wore these, as desired, until June 1, 1887, when +30 were ordered for all purposes.

On June 14, 1888, she reported that her eyes again troubled her. She occasionally saw double and was dizzy. She did not need a change of glasses, but found to have insufficiency of superior rectus of 1°, with abduction 5°, and adduction 3°. Was advised to wear her glasses constantly; was exercised with prisms twice weekly for some weeks, and given a tonic. She gradually improved; her insufficiency disappeared, and her muscular tone became better. She has continued comfortable in the use of her convex glasses.

Case II.—On April 9, 1888, Mrs. W. M. F., aged thirty-four, U. S. Has not been very strong for years. Her eyes have been weak about two years. Has pain in them, and headache, with dizzy spells. Examination showed far-sightedness and astigmatism. She was found to have a weakness of all of her recti muscles; was examined with prisms, and ordered glasses (+42) to correct her manifest far-sightedness. She wore these three months, when stronger ones were ordered (+30). She was exercised with prisms four or five weeks, and was greatly benefitted.

On April 8, 1889, she reported that she continued very comfortable, and no weakness of recti muscles was found.

Case III.—C. B. R., aged forty-two years, U. S., came to me September 20, 1878, complaining of diplopia. Is a teacher of vocal music in large classes standing in a semi-circle before him. Is accustomed to use his eyes at those times looking to the extreme right and left without moving his head. Is very slightly myopic V. = $\frac{20}{20}$. For some weeks past has had a feeling of fatigue about his eyes, and some days ago double vision began to annoy him. Examination showed homonomous diplopia, due to paresis of right externus, which a 6° prism corrected. He was ordered for R. E. 4° prism base out, and for L. E. 2° prism base out, to be worn for distance constantly. To be used or removed for reading. He wore them for ten years with great comfort for distance.

In January, 1889, he sought advice again, saying his prismatic glasses did not suit him. Examination showed myopic astigmatism.

R. E.—48 cyl. ax 90° V = $\frac{15}{12}$.

L. E.—48 cyl. ax 90° V = $\frac{15}{12}$, and a prism of 2° base out on R. E. to correct insufficiency of his R. externus. These glasses were ordered for distance, and + 24 convex in hook frames to be worn on them for reading. They have given him comfort and satisfaction.

Case IV.—Miss M. E. W., aged eighteen, U. S., was referred to me by a physician for examination of her eyes. She presented herself January 24, 1889. She reported she had chorea four years ago for a time and that her eyes had annoyed her for a year past. She has dizzy spells and a great deal of headache. R. E. V=$\frac{15}{30}$. L. E. V=$\frac{15}{20}$. She has intolerance of light. Ophthalmoscopic examination showed myopic astigmatism, and congestion of the retinæ. Prism test showed insufficiency of external recti of 1°, abduction 6°, adduction 5°. On the twenty-eighth, insufficiency 3°, and inaccommodation 3° to 4°, abduction 6°, adduction 5°, with a 48 cyl. ax 90° each eye V=$\frac{15}{15}$. Wore trial prisms for two weeks and cylindro-prisms were ordered as follows:

R. E.—48 cyl. ax 90°⌒pr. 2°, base out.

L. E.—48 cyl. ax 90°⌒pr. 2°, base out,

which she has continued to wear with great relief and comfort.

CASE V.—On June 5, 1888, Mrs. L. W., aged thirty years, consulted me, stating that at the age of seventeen years, when at school, her eyes began to annoy her and have done so more or less since. Her health is not very good. She has been wearing +30 glasses. Cannot read or sew. Is often kept awake at night by pain in her head and back of neck. Has that pain nearly all the time. She carries her head in a curved, stiff manner as if it were almost immovable. Has tried numerous remedies from different physicians for relief of pain without any perceptible and permanent benefit. Examination showed manifest hypermetropia $\frac{1}{12}$ V=$\frac{15}{15}$, and insufficiency of externi 18° to 20°. She wore the +12 glasses until November, and prisms were tried in the office a number of times. On November 7 insufficiency of externi 20°, abduction 2°, adduction 12° was noted, and a graduated tenotomy of right internus was performed. November 16: Graduated tenotomy of left internus was performed, after which she became very much better. November 25, selected glasses under homatropine, viz.:

R. E.+10^s=+48 cyl. ax 90° V=$\frac{15}{15}$.

L. E.+12^s⌒—60 cyl. ax 180° V=$\frac{15}{15}$. She wore these glasses with prisms bases out, which corrected her insufficiency for a time. Later the insufficiency increased to 12°, and January 21, 1889, a second graduated tenotomy was done on left internus. She is now wearing 3° prisms, base out on each eye, hooked on her sphero-cylinders, and she continued to look and feel better. She will go from a week to ten days with comparative comfort and freedom from pain and dizzy spells. She is worse at her menstrual periods, as she has always been. Yesterday she was reported to have been very comfortable the past month or six weeks.

CASE VI.—On February 28, 1889, W. W. R., a large, strong-looking man, aged forty years, consulted me, reporting that, twelve or fifteen years ago, he began to have pain and strained feelings about his temples and along the sides of his head, extending to post-cervical region of his neck. Has more or less insomnia and indigestion. Has tried medicines ordered by physicians to obtain relief, but none has afforded him any permanent benefit. Attempted to study medicine some years ago, but had to give it up on account of a vague nervousness. If he reads half an hour, his discomforts come on. Has a dull heavy feeling about his head all the time. Worse in the afternoon than in the forenoon. Examination of his eyes showed R. E. V. = $\frac{15}{15}$, L. E. V. = $\frac{15}{12}$; manifest hypermetropia, $\frac{1}{144}$, and insufficiency of the externi 3°, in accommodation 4°, abduction 4°, adduction 5°.

March 1. Insufficiency of the externi 3°. Loaned prisms R. 2°, L. 1°, bases out, to wear constantly.

March 4. Reported he found them very comfortable, and was ordered sphero-prisms

R. E. + 144″ ⌒ prism 2° base out.

L. E. + 144″ ⌒ prism 2° base out.

He began to wear these a few days later, and has reported several times since (the last time June 15) that he is much better in every way. He has gained flesh, sleeps well, little or no indigestion, and no longer constipated. Can attend to his business much more satisfactorily.

CASE VII.—On November 23, 1885, Miss M. H. H., a school girl fifteen years old, first came under observation. For some months past her eyes had annoyed her. During the past week they have blurred and hurt her. The day being dark, R. E. V. = $\frac{15}{20}$, L. E. V. = $\frac{15}{30}$. She was found to be farsighted, and + 36 glasses were ordered for near use. These were used till September 20, 1886, when they were changed to + 30.

October 17, 1887. These were ordered to be worn constantly.

November 22, 1888. Her eyes continuing to annoy her by paining, and their use causing headache, she was found to have insufficiency of accommodation of the interni, in accommodation 10°, abduction 3°, adduction 2°. She also suffered from general debility and sciatica. Electro-vapor baths were taken for the latter. They relieved her promptly, but only temporarily, as near use of her eyes would bring on her severe headaches and sciatica. She was exercised with prisms and loaned a pair of 4° prisms on each side, making a total of 8°, to be used for all near work with her correcting glasses.

November 30. She showed insufficiency of interni 2°, and in accommodation 8°.

December 28. Same. Insufficiency of interni 2°, and in accommodation 8°, abduction 8°, and adduction 8°. She was loaned weak prisms for constant wear (1° on each eye, base in).

January 26, 1889. She was greatly relieved of all of her painful symptoms, and was ordered for distant use,

R + 30″ ⌒ prism 1° base in.

L + 30″ ⌒ prism 2° base in.

To put over them when reading, prisms to correct all the insufficiency for near point, 8°, viz., R. E. prism 3°, L. E. prism 2°.

She has continued to wear these sphero-prisms and prisms since, with much comfort, and pursues her studies satisfactorily. I received my last report from her a few weeks ago.

(To be continued.)

HABITUAL CONSTIPATION IN WOMEN AND ITS EFFECTS.

By SEBASTIAN J. WIMMER, M.A., M.D.

ONE of the most perplexing and obstinate affections that the physician encounters daily is that of habitual constipation in women. It is, however, full of interest, when we consider the many evils emanating from its effects; and becomes doubly so, on account of the relations existing between it and many of the pelvic diseases to which women are so frequently subjected. Nature has established certain laws relative to the well-being of our health, and one of these refers to the proper care of the bowels, regulating them daily, thereby cleansing the system, which readily acquiesces by promoting and stimulat-

ing the various organs onward to the acme of health which enables them to respond to the demands made without unnecessary discomfort or fatigue, thus mollifying the effects of the various maladies which are otherwise apt to confront the individual. This affection, although not a disease *per se*, is a pre-disposing, if not an exciting cause of many of the pelvic and other diseases common to women, for it lightens up maladies pregnant with grave results, when neglected or otherwise uncared for; and too much cannot be said concerning this important subject in order to put physicians on their guard, so as to fully comprehend the importance and bearing of this evil, otherwise the effects of constipation will ever remain obscure and unsatisfactory.

The physiological functions of the human organism are so interdependant, that, where one lacks this influence, others following suit, soon establish a disassociation, which ere long culminates in disease, either, through the general system, or, by a reflex nervous sympathy, thus, encompassing the entire being; for, as is well known, constipation encourages diseases other than merely the local ones, such as hemorrhoids, the various neuralgiæ, etc., it being an important ætiological factor in such complaints as pelvic and uterine congestions, disorders of the digestive apparatus and various other stubborn maladies. Fæcal poisoning at length ensues, affecting the various nervous centers, by its accumulation throughout the organism, sowing the seeds of disease, which sooner or later bear ill-fruit indeed; because the excretions which are retained in the body ferment and undergo decomposition, generating noxious gases, which, with the products of tissue waste are reabsorbed, polluting the blood, and rendering the action of the vital organs sluggish and necessarily incomplete. As stated above, it leads to a mal-nutrition of the nerve centers, which, in turn further renders the system a prey to many disturbances, for an exalted state of the nervous action being evoked thereby, it becomes turbulent and uncontrollable, and we find hysteria, chlorosis and climacteric disturbances of the mind or passions always connected with defective hæmatosis. The liver, secreting less bile promotes uterine congestion; the circulation being slow and imperfect, results follow which cause great distress during ovulation and menstruation, becoming often sources of untold suffering. Chronic constipation frequently causes displacement downward of the ovaries, leading to such complaints as sterility and irritable ovary; and again, the ovaries after becoming displaced are sometimes glued down to their new habitat by inflammatory products of an adhesive character, rendering such cases very often incurable.

Such a condition of chronic torpidity of the bowels not only opens the way to *myriads* of diseases, but actually reinforces the habit of constipation, the patient scarcely giving a thought to her bowels, and the resultant consequences are that the muscular fibers become attenuated, and it then becomes an impossibility almost, when defecation is desired, the large bowel being so inflated by the accumulation of fæcal matter. This state of affairs cannot last long without leaving a trace easily discernible as baneful, the effects of which can be appreciated in the gradual toxæmia that markedly influences the nervous system, by paralyzing its very action, as it were. Every function in the body is depressed—the strength failure, diminished appetite, poisoned condition of the blood, foul tongue, fatigue upon the slightest exertion, headache and unrefreshing sleep, all point to the fact that this condition of chronic overloading of the bowels is fraught with the gravest consequences, calculated to completely undermine the health of the woman.

Hypochondria and mental depression sometimes supervene; some authorities mentioning them as common results of this disorder. The uterus is frequently forced down upon the pelvic floor, and the ovaries made to seek new quarters as we have seen; and this leads us to inquire into the influence constipation exerts in regard to flexions and versions of the uterus. Most writers on gynæcology agree that these various malpositions of the uterus are due, in a part, to habitual constipation. Goodell says; "For, not only are local congestions produced mechanically by the irritation or the pressure from hardened fæces, and flexions of the womb brought about by the straining efforts to empty the bowels; but the intimate interdependence between the pelvic and the uterine plexus of veins on the one hand, and the portal system on the other, is at the root of all manner of female complaints. A congestion in the one determines in the other a like condition, which in turn confirms and augments the disorder of the former. It is, indeed astonishing how quickly a woman's health declines from inattention to habits of regularity."

In anterior displacements of the uterus the means exerted may be entirely mechanical, the primary influence being fæcal accumulation; but, as T. Gaillard Thomas says, in speaking of anteflexions, they may occur from prolonged and habitual constipation, producing likewise flexion of the body, and frequently causing "the cervix to bend sharply forward." He says cervical flexion "is generally produced by pressure directly exerted upon the uterus by tight clothing, which forces it against the concave surface of the vagina. This surface gives the impinging part a slant forward and keeps it thus bent. *Habitual constipation* [italics mine] increases this vicious curve, and the two causes combined often result in an unmanageable form of the affection." Thomas says, in referring to *habitual constipation;* "The habit of allowing large, hard masses of fæcal matter to remain not only for days, but for a week at a time in the rectum, as many women do, contributes largely to the occurrence of this deformity (meaning cervical anteflexion) in the soft, pliable, growing uterus of girlhood. Alone it is sufficient to bend the uterus and give it the shape of a gourd." When this condition is once established. then we may look out for such affections as endometritis, dysmenorrhœa, sterility, etc.; and frequently fæcal impaction causes menorrhagia and metrorrhagia, by producing marked congestion of the pelvic viscera, dependent upon the interference with the portal circulation. Many gynæcologists have attested to these facts, in which fæcal impaction has produced prolonged metrorrhagia, leucorrhœa, and other complaints. The nervous

symptoms due to the constitutional influences of constipation, such as hemicrania, perversion of sight, dimness of vision, the various neuralgias, etc., seem to be due to reflex influences; although they are dependent upon the original cause in the manner previously stated, for we frequently see these complaints and others too numerous to mention relieved when the bowels have been opened. In severe cases of epilepsy occurring in females during their early and middle life, dependent on menstrual disorders, constipation seems to be at the root of the evil, for the bad influence exerted on the general health by it is great. Many, if not all, chronic ovarian troubles are *indebted* (!) to it more or less; one authority having found ninety per cent. of the cases he observed suffering from chronic fæcal impaction. Disturbances of the vaso-motor system are very common. Temperature has been affected, variations occurring quite frequently, some observers having noted typhoid fever symptoms which were well developed; appearance of rash, etc., distinctly discernible. Constipation can cause a relapse in convalescence from low fevers and other typhoid conditions. Ovarian neuralgia, gastralgia, hysterical manifestations, dysuria, frequently result from a loaded colon, sigmoid flexure and rectum. The dysuria is caused by the uterus being pushed forwards, and in rare cases the transverse colon has become so weighted with fæcal matter as to be dragged downwards from its attachments.

Without elaborating on the causes of this unfortunate condition, it may be well to mention that constipation is due more probably to the indifference to the act of defecation than to any other known cause, although a natural delicacy often impels females to avoid the proximity of the closet; but the first-named cause, associated with indolent habits, the prevailing vicious style of dress and an ignorance of hygiene, all combined, are probably the root of the evil. From such habits the bowels gradually are taught to carry a greater and accumulating load, thus causing a loss of activity in the natural muscular movements of the intestines. Prof. Goodell says: "Except as the result of this vicious circle, how else explain the proverbially bad health of women living in the country, and of the poorer classes of women living in cities? Show me such a woman and you show me a costive creature, one whose whole life is spent in an unnatural struggle with the lower but needful calls of her body. This evil is in itself bad enough; but, unfortunately, it does not end there. Upon the good health of the mother depends the good health of the child. Feeble mothers beget feeble children—children who are carried from the womb to the grave, or who peak and pine under the heritage of ill health." Such, then, is the condition of the majority of American women. Such are some of the effects of constipation, and such will always be the case until women learn to regard the laws advanced by *Dame* Nature for her guidance as worthy of respect and practice.

ST. MARY'S, PA.

DR. PHILIPPEAU will hereafter edit the *Gazette de Gynecologie* in place of Dr. P. Ménière, who retires on account of failing health.

Hydrotherapeutics.

BY S. BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

VIII.

DOES not the cold bath increase the tendency to intestinal hemorrhages—is a question I have often been asked—by driving the blood from the periphery to the enfeebled intestinal vessels? Tripier and Bouveret met only four cases among 233 thus treated; of these two died, and none showed any connection with the bath. They conclude that their own experience proves that intestinal hemorrhages are less frequent under hydriatic treatment. Brand, who has studied every phase of this subject with an eye single to the elucidation of the truth, has sifted the histories of hundreds of cases for this purpose. He has gathered 4,995 cases of typhoid fever, in which 155 hemorrhages were noted, 35 dying from the latter. Hence the frequency is 3.1 per cent., and the mortality 0.6 per cent. On the other hand, among 4,890 cases not treated by water, he discovered 271 times hemorrhages, 5.6 per cent., and the mortality from this cause is put down by ten authors whom he mentions as 50 per cent. But Goltdammer, who is not so warm an enthusiast on the efficacy of strict cold baths as Brand, furnishes larger statistics (nearly 20,000 cases), from which he concludes that the cold bath has no influence in producing intestinal hemorrhages. Vogel noted among 251 cases treated by the strict cold bath, only two cases of bloody stools. All evidence, therefore, tends to prove that, so far from being influential in the production of hemorrhage, the cold bath actually renders it less rare and more mild and tractable if resorted to very early in the disease.

"That the alteration in Peyer's glands will not go beyond the stage of infiltration if treatment is instituted before 'the fateful fifth day' is another prediction that raises dubious questionings," says a writer in the *Medical Record*. I reiterate the reply made to this doubting Thomas, because it is a doubt which is but the legitimate offspring of the experience with the expectant treatment hitherto in vogue. Fortunately for the patients, but unfortunately for our pathological enlightenment, the opportunities for autopsy are exceedingly rare in cases treated by the strict cold bath. Only two cases, in which death occurred from other causes, but which had been bathed before the fifth day, furnish evidence on this point. One case is reported in *Lyons Medicale*, No. 14, 1886, and another by Brand in 1883. In the former, dying on the twenty-first day of a typical typhoid, there was no loss of substance, old or new, in the intestine. In the latter (also on the twenty-first day) no ulceration, cicatrix, pigmented spot; only fresh infiltration." If diarrhœa, meteorism, hemorrhage, and a dry, red tongue are indications of ulceration of the intestinal glands, the absence of these symptoms in the large proportion of cases treated by the strict cold bath must be accepted as logical evidence of the absence of ulceration.

Vogl's testimony on this point is strikingly conclu-

sive, and must carry conviction because it emanates from the comparative experience of many years in the same class of patients—soldiers. He says: "The diminution of intestinal symptoms is a very evident effect of the cold bath; a few trials will convince and surprise any one of its success. Among 221 cases there was a daily average of only 0.7 per cent. of diarrhœal stools; while in the cases treated with a combination of baths with medicinal antipyretics, the average was 1.9 per cent. of diarrhœa. Never was it necessary (in 251 cases with carefully written histories) to resort to opium and bismuth; meteorism with tense abdominal walls was observed only in cases received late; it was diminished by the baths. If inappropriate diet is capable, as we know, of aggravating the intestinal symptoms, and if proper diet is capable of preventing or ameliorating them, is it unreasonable to accept the proposition that the ameliorating effect of the cold bath upon the fever process influences favorably the local process, which is but one of the manifestations of the general infection?

Is it practicable to execute the strict cold bath treatment in private practice, especially among the middle and poorer classes? is a question that is frequently asked.

Among the better situated patients the plan may be carried out quite as completely as in a well equipped hospital. I would advise the avoidance of the stationary bath-tub, and indeed I would prefer ablutions to the bath which requires the removal of a patient some distance from his couch for such bath. A compromise might be made by selecting a room connected with the bath-room by a door. This I have done with good results; chiefly, however, in the case of children or persons of light weight.

It is usually not difficult to purchase a large metal or wooden bath-tub. This should be placed so near the bed that the patient may be easily lifted into it or may himself assist in his removal to it. Or one of the portable rubber tubs may be used where space is scant. Among the poorly situated people who cannot be removed to hospital, there can usually be found a large wash-tub, under which some cloths may be laid to prevent wetting the floor. The patient may be held recumbent in the tub, with his feet hanging over the edge, and thus have the larger portion of his body immersed in the water, which may be continually poured over him by the hands and by basins. Imperfect as such a bath may seem, excellent results have been obtained, especially in cases of delirium, coma, or hypostatic congestion. The inconvenience of the method should never debar the patient from its benefits. Brand mentions an interesting illustration of the overcoming of almost insurmountable obstacles by perseverance and confidence in the hydriatic treatment. A child six years old, living in the fourth story of a miserable tenement in Stettin was nursed by its brother of eleven and sister of twelve, the parents being day laborers. The girl also fell sick, and her brother continued the nursing; and when he himself fell ill, he bathed himself in addition. Brand also furnishes the detailed histories of cases of whooping cough, pregnancy, pneumonia, parametritis, heart disease and other affections, which did not prevent the successful execution of the bath treatment.

When the bath cannot be administered, the wet pack may be used with advantage. It consists of a linen sheet wrung out in water at 60 to 65° F. This is laid smoothly upon a blanket; the patient is laid upon it. It is now carefully folded around him, so that no opposing surfaces touch without the intervention of the wet linen. It is snugly tucked around the neck and beyond the feet, while a wet towel is placed upon his head in the shape of a cap. The blanket is now wound over the sheet. The patient lies ten minutes in the pack; another is prepared on the other side of the bed, he is unwrapped and placed upon this. Six such packs will reduce the temperature, as has been shown, several degrees. He is now placed in a half bath; if the latter be not convenient, he is rapidly washed with water not over 60° F., to close the superficial vessels. He may rest three hours, when, if the temperature be above 103° F. the same process may be pursued.

Natural sleep should never be interrupted.

Much tact will be necessary to persuade the patient and his friends to submit to baths. This will prove an almost insurmountable obstacle. But if the attendant has studied the subject by the light of the history and learned the immense change in the chances of recovery wrought by the bath treatment, he will not fail to bring the conviction home to the parties interested. Vogl, who is the most vigorous cold bather and who also keeps his patients in a cold atmosphere, thus expresses himself on this point: As in all other things we physicians cannot always separate our judgment on the utility or injury of any agent (article of diet, etc.) from our own personal observations and sensations, we are likely to gauge the patient's feelings regarding warmth and cold by our own. The noble principle, "Whatsoever thou would'st not have done to thyself, do it not unto others," is the greatest enemy to Brand's method, in the camp of those physicians who like warmth. The unpleasant effect of the shock, and the more or less enduring sensation of cold, which cannot always be avoided, are indeed things to bear in which the patient must be morally supported, but not with the voice of a Mars, as some may suppose, but by persuasion and relation of examples.

The patient's attention should be directed to the life saving import of the bath, and he should be encouraged by reference to those who are convalescing under the same treatment; he sees with joy from day to day in the temperature fall of several tenths of degrees, and in the increasing comfort, the fruition of his resolution, as in the rise of his fevers he observes the need for an increase of the bath. The gentle execution of a severe procedure certainly has an ameliorating effect upon the severity of the subjective sensations. Whoever has noted or is willing to note the undisturbed progress of the bath the whole day and night, in our barracks, must acknowledge that it is governed by as true a spirit of humanity as may be used in any institution. The charge of harshness we can justly deny. This testimony does

as much credit to the heart as his success does to the head of this earnest and painstaking military surgeon, who sinks the officer in the physician. I quote it simply as a guide to those who, though deeply interested in the patient's welfare, may become impatient, if the sufferer wilfully and obstinately interferes with the proper execution of the baths. Moral suasion, gentleness, and a gradual accustoming, as I have pointed out, will surely overcome all prejudices.

In conclusion I may mention one objection to the cold bath treatment, which has been urged by some of my colleagues, and which, though singular, may be shared by many. I refer to an utter disbelief of the correctness of the statistics which have been gathered by the advocates of the cold bath treatment.

Briefly stated, I have shown by carefully gathered statistics ("Transactions of the New York State Medical Society for 1889"), that the cold bath treatment has been instrumental in reducing the mortality of typhoid fever from twenty-one per cent. to one per cent., that the rate of mortality was in direct inverse ratio to the strictness of the bath procedure, and that in 1,200 cases, in which the latter was begun before the fifth day of the disease, and strictly followed, not a single death had occurred.

Such marvellous results are indeed difficult to credit; and I was not surprised to hear a gentleman who has grown gray in the service of suffering humanity, and who is the very highest type of the gentleman and physician, bluntly refuse credence to Brand's statistics. We are prone to be governed by our own personal experience, insignificant though it be in comparison with that of others, because we realize how readily men fall into errors which sustain their preconceived opinions. But it is illogical and unreasonable to refuse credence to statistics which are gathered from several totally different sources, from private and hospital practice in different countries, and among civil and military patients.

Take, for instance, the table of Brand, containing 5,573 cases, treated by the approximately strict cold bathing. *This is gathered from twenty-three different sources*, chiefly hospital practice, in which surely the histories are far more reliable than in private practice The numbers treated by these reporters vary from 11 to 2,711, all the names and other information being given in detail. Brand himself reports 479 cases, from a twenty years' (chiefly private) practice, and, be it understood, there are ten other reporters whose mortality per cent. is lower than his own.

Surely it will not be claimed that twenty-three men, most of whom are hospital surgeons, several of them in charge of large army hospitals, which are necessarily under the strictest supervision by higher officials, have conspired to sustain a false claim, and yet the 5,573 cases reported from these twenty-three sources, give an average mortality of 3.9 per cent.

Whoever studies some of these reports must be convinced by their earnestness, sincerity and genuineness of purpose. Vogl's work furnishes an illustration of the value of his statistics. He has been for many years chief of the military hospitals at Munich. He gives a complete review of all the cases of typhoid fever treated in these hospitals from 1841 to 1881—8,325 cases—*detailing the treatment in vogue each year*. He shows a gradual diminution of mortality from 21 to 2.7 per cent., and concludes, with good reason, derived from these unimpeachable records, "that this is chiefly due to the methodical cold water treatment. A further explanation of these numbers and statements, whose language should not be termed 'enthusiasm,' I deem as unnecessary."

If there exists any statistical therapeutical exposition approaching the above in precision and trustworthiness, I have failed to discover it in the history of medicine, of which I have been a deeply interested student. Individual experience must fall in insignificance before the stately array of statistical evidence, which has been brought forward to demonstrate the eminent superiority of the strict hydriatic treatment over every other in typhoid fever—not alone because of the large numbers involved, but rather by reason of the circumstantial, painstaking, judicial and fair sifting of the evidence furnished by the figures. When the results of surgery under antiseptics were published, skepticism was disarmed by the numerous sources whence they were derived. Aseptic and antiseptic surgery have become the accepted practice of modern times, although demanding great outlay of time, material and funds. The results of hydriatic treatment of typhoid are not less surprising, but, unfortunately, the latter demands so great an outlay of time and trouble that this will ever prove the chief obstacle to its universal adoption. It is my hope to contribute to the latter by this fair presentation of the subject.

The Polyclinic.

ST. LUKE'S HOSPITAL, NEW YORK.

SERVICE OF L. BOLTON BANGS, M.D.

J. V. D. Young, House Surgeon.

SPASMODIC STRICTURE OF URETHRA, DILATING URETHROTOMY.

THIS man gives a unique history. During the past three or four years, he has had at three several times complete retention of urine; these attacks occurring at an interval of about a year and readily relieved by the catheter. History of urethral discharge, simple or specific, is denied. He is married and father of two children. On September 24 last he had another attack, and entered the hospital for treatment.

From the absence of inflammatory changes and the nature of the stricture, which is situated at a depth of four inches and has admitted a sound of twenty-eight F. and from the history of the attack of complete retention, the diagnosis is clear: spasmodic stricture.

The treatment is simple, dilating urethrotomy, cutting the urethra to 30 F., afterwards passing sounds. The meatus in this case is small and we will divide it; the division should always be made slowly and carefully.

STRICTURE OF URETHRA—PERINEAL URETHROTOMY WITHOUT A GUIDE.

The main feature of interest in this case lies in the

fact that it has been subjected to treatment by electrolysis, and under that treatment the stricture became worse. He has had a discharge for eighteen years ever since his attack of gonorrhœa, has close stricture in penile portion of urethra, and two perineal fistulæ; it causes less pain to the patient to urinate through the fistulæ than through the urethra.

The stricture is so closed that it is impossible to pass a staff or filiform guide, so that we will have to operate without this aid, which renders the operation much more difficult. The tissues engorged by chronic inflammatory reaction bleed freely. The urethra is now opened through the bulb. In this operation it is important to keep in the median line. The stricture in the penile portion is exceedingly hard, cartilaginous, and it has always seemed to me that this hardening is due to the use of electricity in these cases.

—K. B. P.

MEDICO-CHIRURGICAL HOSPITAL.

PANCOAST praises the use of the ligature in the treatment of fistula in ano. He uses the black, iron-dyed silk, believing that it has some local action. The ligature is drawn just tight enough to be comfortable, and the patient is allowed to go about his usual business. Every day or two the ligature is "tightened" in this manner: A new cord is tied upon the one already in position, with a tight, small knot. The old ligature is then cut, and serves to pull the new one into position. This process is continued until the fistula is cured. The results are highly gratifying to the patient, no discomfort being experienced.

ESCHSCHOLTZIA CALIFORNICA.—The reported discovery that Eschscholtzia Californica contains an alkaloid apparently identical with morphine, goes to show that there is an ample field for investigation. The *National Druggist* mentioned this fact some months ago, but expressed doubt as to the truth of the statement. In a more recent issue, that journal mentions the investigations of MM. Adrian and Bardet (*Bulletin Générale de Thérapeutique*), who pronounce the alkaloid to be identical with morphine. Besides the alkaloid they have obtained another undescribed base, and indications of a glucoside, which would account for the fact that an extract of the plant produces in cold-blooded animals effects differing from those of morphine, even in large doses. Dr. Ter-Zakariant, who has used an aqueous and alcoholic extract of the plant in the Cochin Hospital, believes that a very valuable sedative and anodyne, free from several of the unpleasant effects of morphine, has been obtained. Dr. W. P. Gibbons, of Alameda, states that Eschscholtzia was described by Chamisso in 1820, since which it has been found over most of the Pacific Coast, Idaho, and other localities west of the Sierras. The original type *E. Californica* includes five varieties, described by different botanists —Douglass, Gray, Brewer, and Watson. Prof. E. C. Green, of the State University, recently informed me that there are five distinct species, and he is authority to be accepted. The plant belongs to the natural order *papaveraceæ*, a name derived from that of the opium plant. Waltz obtained two alkaloids from the entire plant, one of which was a bitter alkaloid, the other an acrid one; he also found a small quantity of chelerythrin, the chemical composition of which is $C_{38}H_{17}NO_8$. I have not seen any more recent analysis, though I have read of late discoveries of other alkaloids. At this day the bare assertion of the discovery of a new remedy, or of an old remedy in a new plant, requires to be sustained by something more than the chemistry of the laboratory before it can be received and endorsed in the medical profession. Years ago I made some experimental tests of the value of Eschscholtzia as a medical agent, without any definite results."

—*Occidental Medical Times.*

GYMNASTIC TREATMENT OF DIABETES.—Dr. Aye records three cases in which this method gave good results. The movements were passive at first; but when it appeared possible for the patient to undertake active movements, these were directed to as many groups of muscles as possible. Along with this there was also carried out the usual dietetic restriction. A man, aged forty-three, fairly nourished, had complained of emaciation for a year, with frequent micturition, much itching, and weakness. Six per cent. of sugar was found in the urine. Under dietetic treatment and opium, the sugar had become reduced to a minimum, but he complained very much of the increasing weakness. Soon after the beginning of the gymnastic treatment, the general condition became much better; the strength increased from week to week in spite of the fact that the patient had given up his dietetic regimen and discontinued the opium; the thirst disappeared; and nocturnal micturition lessened, while the quantity of the urine went down to about two pints daily, the sugar disappearing entirely. (*Berl. klin. Wochensch.*, No. 30, 1889.)—*Practitioner.*

THE ELIMINATION OF LEAD FROM THE ORGANISM BY MASSAGE.—Prof. G. Teneschi reports an interesting case of lead poisoning in which massage caused the elimination of the metallic poison. For two months the patient had been treated with quinine and iodide of potassium, but without any favorable result. During all this time the urine was systematically examined without a trace of the lead being found therein. Massage was therefore commenced according to the indications of Metzger. About two days after the commencement of the treatment the urine gave positive proof of saturnism. The author concludes therefore:

1. Massage cures lead paralysis.
2. As the result of massage, there is a progressive elimination of the lead from the system.
3. Therapeutical action of the massage is established by an increase in the local strength, and by a change in the entire organism.

—*Giornale Internazionale delle Scienze Médicle fasc.* 6, 1889.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Nov. 2, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

AUTOMATISM IN MEDICINE.

NOT long ago there was published in Glasgow a collected series of papers and addresses on the Physician as Naturalist, by Dr. William T. Gairdner, in which many strong arguments favoring a broader education and higher mental training for the medical student were advanced. In an admirable address, delivered at the opening of the Medical Department of the Yorkshire College, Leeds, and published in the *British Medical Journal*, the same author presents his views under the head of a plea for thoroughness, and from a somewhat different standpoint.

We have all had our laugh at the "automatic doctor," invented and patented by some ingenious Dutch apothecary. By dropping a nickel in the slot situated where the pain or ailment is located, a pill or two will be shot forth, by the taking of which the patient will be entirely cured. Such an apparatus would be a most convenient consultant, for whether the patient were suffering from colic, neuralgia, hemorrhage, stomach-ache, liver complaint, cough, or rheumatism, he would merely have to drop his nickel and receive the appropriately-labeled drug, without having to be embarrased with questions and examinations. We smile at the novel absurdity of the idea, and yet, both the idea and the smiling are the very essence of sarcasm itself upon a large part of the medical profession. The extent to which automatic diagnosing and prescribing are carried by a large majority of physicians, is doubtless the explanation of the possibility of such a conception as an "automatic drop-a-nickel-in-the-slot doctor." The bitterness of the satire is made even more stinging by the fact of its having originated from an apothecary, who has probably had a large experience in reading the average run of medical prescriptions. So automatic are we becoming, nowadays, that books of brief reference, cramped compends, and countless formularies are literally poured out by the medical presses, and pass through large numbers of editions. Loud is the cry for medical *facts*, and in our colleges and universities there is a set of men who would have nothing taught but facts, just as though there were nothing left still undiscovered and worth studying. The brain-wearied students are compelled to look to mere digests and compends in order to cram their memories with a quota of these innumerable facts. They have no time to stop and think, and hence they have no appreciation of the whys and wherefores of these facts. They graduate, and at once begin practising with facts; and if summoned into the presence of an anomalous case, they will give it a name, and then resurrect from their exhausted memories some appropriate prescription, which they may have heard from the lips of their preceptor or professor.

As the young medical man grows in years, and his practice increases, his hurry to get from one patient to another will not permit him to take time enough to study each case by itself, and so he must needs make rapid diagnoses, usually ordering, at the same time, one of his old favorite automatic prescriptions. Such doctoring gives pith to Voltaire's well-known sarcasm, that the art of medicine consists in putting a number of drugs, of which one knows little, into a body of which one knows even less.

All this begets habits of loose observation and study. Terms are used to describe diseases which mean nothing, or at least are of doubtful utility. Dogmatism and positiveness are palmed off for absolute knowledge, and medicaments are ordered, often upon the strength of one or more prominent symptoms which, in reality, may have nothing to do with the disease itself. Biliousness, myalgia, neurasthenia, irritation of the mucous membrane, are all so charmingly vague that the temptation to diagnose and prescribe for them is well-nigh irresistible. It is so easy to seize upon a symptom or two and call it a disease; it seems so learned to be quick in recognizing a trouble and ordering for its treatment. The evil is common enough in private practice, but alas! what shall we call it as we see it in dispensary work, where twenty or forty patients are run off in an hour? Here automatism has its broadest field for development, and though the temptation to make loose, slovenly diagnoses is great, the danger of the habit once formed is still greater. A dispensary service, like a preceptorship, may be of inestimable value to a student; but it is likewise liable to be a lifelong injury.

The whole tendency of modern life is towards automatism. The struggle for mere existence is becoming sharper day by day. The minute sub-division of labor is rendering us more and more machine-like, with a capacity for doing one thing perfectly, but only one thing. In some respects this is desirable; hence, the tendency in our educational

methods is to narrow down to details and to mould men into mere automata. In science and the mechanical arts, dexterity in minutiæ will always command a higher reward than broad knowledge and general capability. But medicine is more of a liberal art than a science; no one prescription will exactly suit every case of a certain class of disease; no two patients are exactly constituted alike, nor will their systems always respond alike to the same remedy. In educating young men for the profession, therefore, it is the intellect, the powers of observation, and the capacity for reasoning that need to be trained. It is better that the student should see one case only and learn to reason about it for himself, than that he should see a hundred and merely know that it is such a disease and, according to his text-books, requires such a remedy.

A physician whose knowledge amounts to no more than this is in continual danger of committing the grossest blunders. The human brain is not a storeroom, merely into which a mass of facts is to be packed away; it is something capable of the highest volition, and must therefore be trained to will and to act by itself most judiciously. As Dr. T. Clifford Allbutt, a high authority, has said, "A man whose mind has been enlarged and strengthened by a university course will, after a briefer drill, make a more skilful practitioner than one whose technical craft is gained by routine, and is not vitalized by a comprehension of principles." This author has been one of the eminently successful men in medicine, and yet he says that he used to read three books to enlarge his *medical* mind, namely, Grote's *History of Greece*, Gibbon's *Decline and Fall*, and Mill's *Logic*. If we wish, therefore, to avoid turning out automatic doctors from our colleges, we must broaden their education, strengthen their natural powers, and keep clear of the temptation to cram them full of details. We must away with the folly of attempting "to make our education more comprehensive by shutting up our students with individuals, to strengthen their reasoning powers by therapeutical drill, to substitute the ideas of the middle-class parlor for the traditions of a university."

Medicine, like pure art, cannot be practiced by rule; this is the fundamental fallacy of all so-called "schools." It demands the readiest wit, the keenest judgment, the profoundest reasoning, the strongest memory, and the most determined will. Failing any one of these a man is incompletely fitted for the most perfect practice of the art; failing all, he becomes a mere automaton, not made of wood and iron and turned by a crank, but scarcely much more, manifesting the stupidity of a mere vegetable life, and set into motion, as it were, by the formulæ and set facts pumped into him by others. If we would avoid the shame of that travesty upon the medical profession—"the automatic doctor"—we will avoid, in our methods of education, turning out automatic doctors, and becoming such ourselves.—L. H. M.

BLOODLETTING IN CONGESTIVE NEURASTHENIA.

TO the small minority who doubt the reality of such states as cerebral anæmia and hyperæmia, the question of bloodletting in certain forms of nerve exhaustion is an entirely irrelevant one. The old notion that anæmia was the cause of lessened activity, and hyperæmia of increased activity of the nervous elements, was based upon observations occasionally obtained when patients were in a condition of sleep, whose brains were by accident exposed. Experimentation, likewise, seemed to prove that sleep was induced by a diminished amount of blood in the brain, and wakefulness by the reverse. It is now questionable whether this change in the circulation is not, after all, merely a secondary one; whether in sleep the exhausted nerve cells, in falling into inactivity, do not require less nutriment, and so, of themselves, cause a lowering of the circulation. But however this may be, we do know that alterations produced in the circulation by catharsis, and the various measures of depletion in other parts of the body, will affect the activity of the nerve cells. Is not sleep a common sequence of a free venesection in many cases of congestion, and does this not seem to prove that the withdrawal of the blood diminishes the activity of the brain, as well as the fact that its previous excess was the cause of its overactivity?

There is a class of cases commonly met with nowadays among men and women leading confined, anxious, and toilsome lives, associated with mental strain, in which there are many undefinable subjective symptoms, such as a general feeling of distress, lack of interest in things of interest, unsteadiness of purpose, fear of impending physical ruin, low spirits, incapacity to appreciate the pleasures and comforts of life, etc. From these milder symptoms there may be many others of the same character, all the way up to melancholia, on the very borderland of insanity. Occasional faintness, weakened memory, slight incoherency of ideas and speech, irritability of temper, unnatural obstinacy, headache, palpitation of the heart, loss of appetite, unrefreshing sleep accompanied by disagreeable dreams are some of the later signs of this nerve exhaustion indicative of cerebral hyperæmia. But most annoying of all is the insomnia which at times seems absolutely unconquerable by every known hypnotic and remedial measure. The patient will sit in a chair and become almost asleep with drowsiness, but as soon as he lies down in bed there is a kind of thumping wakefulness that no amount of effort will overcome. From loss of sleep the sufferer becomes more irritable and depressed. He is ever longing to get away from his usual surroundings, and when he does, is again disappointed by the little relief he obtains. His appetite leaves him almost entirely. His bowels become irregular to a most troublesome degree. His eyes become now and then blurred. The vertiginous sensations increase. Hallucinations of hearing arise,

and there is continuous tinnitus aurium. The slightest unusual sound is agonizing. The headaches grow more severe—sometimes confine themselves to one side—and become likewise more frequent. Occasionally the severity of the symptoms will be such that friends will notice the change; but more frequently the healthful appearance and glow of countenance common to this class of sufferers, cause them to be deprived of the sympathy they so much deserve. They soon learn to keep reticent about their own wretchedness, knowing that the description of their own horrible sensations will be looked upon as a kind of ridiculous hypochondria. Hence they become morbid and introspective, and so grow to exaggerate their own feelings.

These cases are due to mental strain, and are common enough at the present day. They go about from one physician to another merely to receive tonics, stimulants, and directions to rest and take more exercise; but all to no purpose. Sedatives, hypnotics, blisters, counterirritation, regulated diet, hot foot baths, cold applications, electricity, are all successively tried in vain. The patient is fast sinking into despair, and, as frequently happens, begins to look upon himself as a hopeless physical wreck.

Cases presenting these general symptoms, whatever their immediate cause, hyperæmia or not, will usually respond favorably to blood-letting. Owing to the abuse of this therapeutic measure at one time, it has been allowed to fall into undeserved disrepute. The pendulum of medical opinion sometimes swings far and wide, and while we are crowding our armamentarium with all sorts of new preparations, we are foolishly neglecting some of the older resources that have proved their worth by the test of time. Novelty in treatment is sought after, whereas if a little more attention and judicious thought were devoted to the application of these older methods, far more positive good would be frequently obtained. The hypnotics are admirable in their way, but many of the cases which we have described will respond much more quickly and favorably to the application of a few leeches over each mastoid process, and after the refreshing sleep thus induced, the patient will awake with a clearer head, a brighter spirit, and a much more general feeling of well being. In extreme cases even venesection is called for, but usually the leeches will do quite as well. How simple is this measure, and how surprisingly beneficial at times, in comparison with the overdrugging which is now so common with this class of cases. Usually but a few applications are requisite to institute the change towards improvement, which may then be continued by the careful regulation of the diet, the administration of the appropriate tonics, and the recommendation of travel or some more congenial and restful diversion. We commend to our readers the trial of this treatment; for, whether they believe in congestive neurasthenia or not, symptoms such as those we have rapidly outlined will be surely ameliorated or caused to disappear entirely.

CORONILLA.

THIS is a new heart remedy, an account of which is contained in the September number of the *Therapeutic Gazette*. The plant from which it is obtained, *coronilla scorpioides* belongs to the family Papilionaceæ, and is found extensively in Southern France. According to Cardot, who experimented upon animals, coronilla arrests the heart of the frog in systole. The same author referred in 1886 at Nancy to four cases of cardiac disease in which marked amelioration was produced by this remedy.

Recently Schlagdenhauffen, Gley and Spillman have read papers upon this subject before the French Biological Society. A glucoside named coronillin has been isolated by Schlagdenhauffen and Reef, and administered in doses up to three-quarters of agrain for a man weighing 120 pounds.

The remedy acts particularly upon the myocardium, by increasing its contractility; but it is said that it must be administered in two and three grain doses, or from nine to twenty-two grain doses of the extract to produce its full therapeutic effect.

In seventeen cases, to which Dr. Spillman gave the drug, eight improved, two were slightly ameliorated, and seven remained as before. Diuresis to a slight degree was noted as one of its effects. It furthermore increased the amplitude of the pulse, diminished the œdema, and improved the respiration.

Twenty-four hours is the earliest time that the first effect is noticed after the first dose, and twenty-four hours after the cessation of its use the condition of the patient returns to its original state. Further studies are needed, particularly in view of the varying dosage recommended, and the varied effects obtained of this new remedy.

Annotations.

THE LEHIGH VALLEY MEDICAL ASSOCIATION.

THE Lehigh Valley Medical Association is evidently a live organization; for, not content with the usual annual publication of its transactions, it now comes forth with a monthly periodical—*The Lehigh Valley Medical Magazine*—to be devoted to its own doings. The profession outside of the association's own membership is invited to subscribe for the journal and send news items or other matters of interest. The management declare that they will exercise special supervision over their advertisement pages, to keep them perfectly clear of objectionable matter. We are pleased with the appearance of this first number, dated October, 1889, and will be glad to welcome all succeeding numbers to our exchange-table. The editorial and publishing committee consists of Dr. W. L. Estes, E. M. Green and Charles McIntire, Jr. The office address of the magazine is 104 North Fourth street, Easton, Pa.

TREATMENT OF MORPHINISMUS.

THE treatment of morphinismus by psychical, medicinal, and hydrotherapeutic methods is the subject of a paper by Professor Rosenthal (*Wiener Med. Presse*, Sept. 15). He refers to the value of a psychical influence upon the "sexual sphere." While in the early stages of morphinism the sexual appetite is increased, it sinks later, and the depreciation is manifested by enfeeblement of the erectile power, and not rarely by emission, until the sexual power is entirely extinguished. He has demonstrated this toxic azoospermism in several cases. Rosenthal utilizes these observations in the encouragement of the patients, who usually value their sexual power highly, to persist in the abstinence cure. He substitutes the salts of codeine (chiefly muriate of codeine), given per os, usually in connection with bromide of sodium, forty-five milligrammes, in lieu of one of the usual morphine doses. Codeine produces sleep without disturbing the digestion.

He lays stress upon half baths of 75° F., wet sheets of 75° F.; on tonics and diffuse faradic brushings in gastralgias and diffuse pains. This combined treatment rendered him, in a large number of cases, good service.

A NEW MECHANICAL TREATMENT FOR TABES.

A NEW mechanical treatment of tabes is commended by Juergensen at the recent meeting of the Section for Internal Medicine. In six cases he has observed favorable results from the application of Hessing's corsets, made from finely woven cloth and thin steel ribs. The freeing of the spine produced by wearing the corset soon results in relief from the intestinal and cystic trouble; then the lancinating pains cease, the patient walks better. The patellar reflexes are not restored. The general improvement is most marked. The corset must be worn for years, under the supervision of the maker. No explanation is given by Juergensen, unless the circulation and nutrition of the cord are improved by the extension of the spine.

Erb had seen two favorable cases from the treatment.—*Bul. Klin. Wochenschr*, 30th September.

LONDON POST GRADUATE COURSES.

THE medical staffs of the Brompton Chest Hospital, that for Sick Children, for the Paralyzed and Epileptic, the Royal London Ophthalmic Hospital, and that for Diseases of the Skin, have united in a Post Graduate scheme. Three courses, each of eight weeks' duration, will be given during the year, the first opening on Monday, January 13, 1890; the second on May 5, and the third on October 13. The fee for the first course is ten guineas; that for any one hospital alone, three guineas. A complete prospectus is promised in November.

PHELPS' OPERATION FOR CLUB-FOOT.

A GRATIFYING tribute to American surgery is paid in Büngner's work on the Treatment of Club-foot in Volkmann's Klinik at Halle. Büngner says that Volkmann has given up the division of the tendon of the tibialis posticus as well as other operations, and recommends Phelps' operation as the principal method of operative treatment of club-foot. All the cases of congenital club foot treated by Phelps' method not only recovered without reaction, but have also furnished the most beautiful results with regard to function. We are pleased to note this well merited recognition of Dr. A. M. Phelps, formerly of Chautauqua, now of New York.

Letters to the Editor.

COUNT WALDECK.

SOME time ago I wrote a letter to you respecting the "Brown-Séquard elixir." In it, I asked, "Has Brown-Séquard used his own elixir, or is he another Count Waldeck?"

Believing that some of your readers may not understand why I refer to Count Waldeck I beg to present an extract from *Life in Paris*, by Arsène Houssaye; a series of "Letters on Art, Literature and Society," Boston, 1875; which will explain, and which so far as I know does not appear in medical literature.

PARIS, May 2, 1875.

"People in society in Paris received yesterday the following notice: 'You are requested to assist at the funeral of M. Jean Frederick Maximilian Count Waldeck, officer of the Order of Genius and Merit of Venezuela, honorary member of the London Athenæum, member of the Geographical Society of Archæology, Honorary Vice-President of the Universal Alliance, and author of several works, who has died in his 110th year, furnished with the sacraments of the church at his house, No. 74 Rue des Martyrs'."

Since Count Waldeck, who had been successively page of Marie Antoinette, soldier of the Republic and of the Empire, prisoner of cannibals, ranger in virgin forests, explorer of American ruins, three times shipwrecked, left for dead in a duel, smitten by fevers of all colors—white, yellow, green and blue; married, also, when 83 years of age—since he had neglected so many chances of dying, one cannot help asking how he came at last to die? It was he who invented "the third youth," beginning at sixty years, which we call "St. Martin's Summer." He published a learned book to prove that a man never dies, but commits suicide, whatever his age may be. Count Waldeck, therefore must have killed himself. Death seized him, pencil in hand. On the fatal day, he said that he had ten years of work on hand, and did not wish to lose an hour.

This case was so remarkable that the late Prof. James Aitken Meigs would read the anecdote to his class when lecturing upon generation and sexual vitality.

A. C. W. BEECHER, M.D.

PHILADELPHIA, OCTOBER 14, 1889.

MONO-BROMIDE OF GOLD is recommended by Goubert as the best bromide in epilepsy. It is also useful in hemicrania and in strumous ophthalmia. Medium dose one-eighth to one sixth grain.

—*Merck's Bulletin.*

Society Notes.

ACADEMY OF MEDICINE.

Stated meeting, October 3, 1889.

President LOOMIS in the chair.

A PAPER was read by Dr. C. L. DANA, entitled

A CONTRIBUTION TO THE PATHOLOGICAL ANATOMY OF CHOREA.

W. S., male, single, Swiss, aged eighteen years, was admitted to the hospital December 15, 1888; family history unknown; had always been sickly; emigrated to America at the age of twelve years; the choreic movements came on at the age of eight years.

When admitted to the hospital he was in poor condition, weak and anæmic. There was no heart murmur; urine normal. On the left parietal bone was found a softened spot, where he had been trephined in San Francisco for supposed brain trouble.

Patient's movements were so severe as to prevent his feeding himself, and convulsions of hysterical character occurred, which were treated by chloral hydrate.

December 28. Thirteen days after admission, patient was given physostigmine, under which the movements and hysterical fits improved.

June 6. Symptoms of pneumonia developed.

June 8. Died.

Autopsy.—Rigor mortis fairly well marked; left lung, beginning pneumonia; kidneys small, capsule adherent, parenchymatous changes; other viscera normal. Dura mater not thickened, pia slightly adherent, brain congested; superficial softening found under temporal lobes; no hæmorrhages. Brain and cord placed in Mueller's fluid, afterwards in alcohol. Some of the deeper tissues did not stain or harden well. Microscopic sections made and stained. Slight acute lepto-meningitis. Neuroglia cells not increased, pyramidal cells nearly normal. The chief changes were found just beneath the cortex, and were of a peculiar honeycomb appearance. The spaces and crypts were empty or filled with bloodvessels; the vessel walls were slightly thickened; in the perivascular spaces was an exudate which included blood-cells, and eroded the perivascular spaces as described by Dickinson. Base and top of temporal lobe, superficial edges, showed no trace of degeneration. Basal ganglia did not appear to the naked eye as much involved as the cortex. Internal capsule showed more severe changes in the vessels, something like fatty degeneration and varicosities of the nerve fibers due to increase in myeline sheath, and hyperplasia of the tissue of the neuroglia. Corpora quadrigemina normal. Crura cerebri less vascular than at a higher level. Motor branch fifth nerve apparently normal. A neuro-fibroma, size of a pea, found in the medullary gray matter, floor of fourth ventricle pressed on, but not atrophied. Dura mater of spinal cord normal, pia mater somewhat adherent. No degeneration of anterior or posterior columns. Cerebellum normal. Changes in cord most marked in cervical and dorsal regions; same vascular changes as in brain. Cord had double central canal.

As a summary, we find that the lesions are a lepto-meningitis, degenerative changes in vessel walls, dilatation and erosion of perivascular lymph-spaces, and double central canal.

The mortality of chorea is large in England; three or four per cent. in the English hospitals die. A few years ago the French saw a good deal of the fatal type; the Germans do not report so large a mortality.

The English note particularly changes in the bloodvessels, while the Germans mention those in the connective tissue.

Some 200 cases of acute or chronic chorea have been reported; from these I have selected 39 cases which give a scientific and satisfactory account of the brain lesion. These cases prove the great uniformity with which heart lesions and vascular, perivascular, and nerve changes are found in chorea.

The classification I have adopted and the forms of chorea which I describe are those known as the acute and chronic chorea of Sydenham. Of the 39 cases which I have analyzed, 25 were acute, 14 chronic. Of the 25 acute cases, 6 were of Russian origin; and as I have not had access to the original monograph, I will exclude them, leaving a total of 19 cases. In these cases there was found cerebral congestion and softening, paralysis of the vessel walls (vaso-motor), stasis of blood, thrombosis, disintegration and dilatation of vessels, dilatation of the perivascular spaces by the exudate, neuroglia not increased.

The process is not an inflammatory one, for none of the products of inflammation are found. In the older cases are increased dilatation of the perivascular spaces and the spaces eroded, vascularity increased, and more marked vaso-motor and trophic changes. Changes more marked in the lenticular nucleus and optic thalamus.

The disease was localized earlier in England, and changes looked for in the basal ganglia, often to the exclusion of other parts of the brain. Admitting, then, there are vascular and degenerative changes in the parts mentioned, there were several theories offered as to its etiology: the humeral, embolic, functional, infectious, etc. That there is an abnormal state of the blood is frequently indicated by the fibrinous deposits found on the cardiac valves. As to the inflammation, no changes of inflammatory character are usually found; the small emboli present are not sufficient to account for the lesions. In regard to the infectious theory, the three cases in which micro-organisms were found are not numerically sufficient to warrant its acceptance. My own opinion inclines to a humoral theory, as producing through the blood those changes in the brain which result in the production of the movements known as chorea. These changes are brought about by emotion in a strongly neurotic child, or by a blow or a fall, a kind of traumatic neurosis.

Discussion.—DR. L. C. GRAY: My remarks must be limited to congratulating Dr. Dana on his very interesting and able paper. It is so complete that to add to it would be an impossibility.

Dr. Moses Allen Starr: I join with Dr. Gray in congratulating Dr. Dana. Personally I am inclined to the infectious theory, but agree with Dr. Dana that there are many objections to it. With the relation of chorea to rheumatism, which in one of its forms is known to be infectious, it seems to me that we cannot well afford to throw aside the theory of infection without careful examination. It is a well-known clinical fact that persons with bad blood are more liable to infection.

There have been reported three cases in which micro-organisms have been found, and there is no reason why the lesions which have been so interestingly described may not be due to micro-organisms. This would afford a marked advance in the pathology of the disease.

It is perhaps a difficult thing to determine whether those cases which die and those which live have the same pathology. Many cases must be considered functional, and in these cases we cannot lay down as exact a pathology as in those which die.

Dr. Mary Putnam Jacobi referred to two cases of chorea reported in the last number of *Brain*. In one case, at the autopsy, a peculiar coloration of the brain was found, due to a staining by blood pigment; in this case the most marked changes were found in the cord.

Against the infectious theory was the frequent origin of chorea in mental emotion. A neurotic child fell down a flight of stairs. Chorea developed. Did she catch the infection at the moment of her fall? Dr. Dana's case seemed to imply a congenital cause, as there was a defect in the development of the cord.

Dr. Birdsall: I am pleased to congratulate Dr. Dana, as one of those few who have contributed to the pathology of chorea. While I admit the value of the anatomical lesions, are they the result, or the cause of chorea? Changes, such as have been described, the softening found in the temporal lobe and the congestion of the brain, have also been found in epilepsy. I think they are the result of functional changes. The infection theory is plausible in many cases, but we may have several causes, as emotion, blood infection, etc. An English writer mentioned a pre-choreic state, in which there was a change in the nasal mucous membrane something like diphtheria. Eye strain has also been advanced, and numerous tenotomies have been performed. It has had its brief sway.

At present I am unable to accept the lesions as the cause, not the result. They represent a type, not a distinct disease. As the majority of cases occur in childhood, when coördination is not as perfect as in adult life, when the disease is once established it is easy to see how secondary changes follow.

Dr. Le Fevre mentioned the case of a boy. The mother had rheumatism at twenty years of age, which was followed by a marked protrusion of the eye-balls. A daughter was afflicted in the same manner. The boy, the third son, developed chorea, which was treated for a year. A source of irritation being discovered in a tight prepuce, circumcision was performed. The chorea was relieved. He has since developed the eye trouble.

The President: From a clinical standpoint every one who has a large experience in general practice has noticed the marked connection between chorea and infectious diseases. It occurs largely in families of strong neurotic tendencies, and in a large majority of cases is associated with cardiac phenomena. They have a strong gouty or rheumatic history, as these diseases may occur after the appearance of chorea. I regard chorea as infectious, and that the many so-called causes, emotional disturbances, falls, etc., are merely incident with its apearance, and have no actual relation to the disease. The germ is not caught at the moment of the fall, it is already there. I should be very loath to regard the changes described to-night as the cause of chorea.

Mr. Dana: In replying to the remarks of the President and Dr. Starr on the infectious origin of chorea, I do not dwell on them, as they are so far from being demonstrated; even if the disease was proved to be of germ origin, it would not change the pathology. There is the humoral element of the disease, which may be endogenous, or exogenous. The President's remarks regarding these lesions being found in other diseases, I do not understand. I did not speak of the lesions found as being the primary cause, but certainly they are the result of the microbe or humor, and I believe that the choreic movements are the result of these anatomical changes. The convulsions were hysterical, not purely epileptic, and the brain changes were not similar to those found in epilepsy.

The President: I do not doubt that these changes are found in chorea, but I do not believe that they are found in this disease alone.

Dr. Dana: It is known that we can artificially inject the blood materials which induce these changes, and it does not produce epilepsy, but chorea.

SECTION IN SURGERY.

October 14, 1889.

Dr. Abbe in the Chair.

DEMONSTRATION OF CASES.

Dr. B. F. Curtis presented a man who had received a very deep

TRANSVERSE WOUND OF THE FOREARM,

severing the flexor tendons. They were sutured immediately, but one sloughed; he has fair use of the individual fingers, which but for the sloughing and embedding of the tendons in the cicatrix, would have been much better; the wound was caused by broken glass. Would a second operation in which the tendons were dissected out improve his condition?

Dr. Abbe: I do not see why, if the tendons are dissected out, and allowed to heal in a separate sheath, improvement would not be obtained.

Dr. Sayre: A somewhat similar case was reported by Dr. Phelps, in which the tendons were dissected out, and much improvement gained.

Dr. Phelps: I would like to mention that case again; the man commenced active motion too early, the result was not as good as I anticipated.

DR. GIBNEY: How does Dr. Curtis dress these cases?

DR. CURTIS: The tendons were sutured by the house surgeon at Saint Luke's, and dressed with iodoform.

DR. ABBE presented a case of

REMOVAL OF COMPOUND GANGLION INVOLVING FLEXOR TENDONS OF FOREARM,

ten weeks ago, with perfectly free play of the tendons after operation. In the ganglion were a very large number of melon seed bodies, and a considerable quantity of gelatinous material. These cases are now recognized as tuberculous. Active motion was commenced on the sixth day.

DR. CURTIS mentioned the case of a young girl in whom, as a result of cellulitis, the index finger was bound down by adhesion of the tendon. An incision was made, tendon and sheath formed one mass, a tendon was whittled out, and good result obtained.

DR. PHELPS presented a case of

TUBERCULAR DISEASE OF ASTRAGULUS AND BONES OF THE TARSUS IN A CHILD THREE AND A HALF YEARS OLD.

A first operation was made in which the astragalus and the ends of leg bones were excised; relapse occurring, the bones and sinuses of the tarsus were thoroughly curetted, the whole cancellous tissue of the os calcis being removed; removing the Esmarch bandage, the cavity was filled with blood clot; the wound healed rapidly.

There is total restoration of the os calcis and other bones. After a few weeks the leg was placed in plaster; at the end of thirteen weeks the child was allowed to run around using the leg freely.

DR. POWERS: I would ask Dr. Phelps what histological change took place in the blood clot, by which the os calcis was reproduced? How does the blood clot cause this reproduction of bone?

DR. PHELPS: The blood clot filling the cavities of the bone formed a good basis for the reproduction of the bone; the bone is not developed from the blood clot, but in it.

DR. PHELPS, also presented an Italian woman who at the age of five years had

OSTEOMYELITIS.

The entire femur, tibia, and fibula seemed to be involved, and contraction of the leg on the thigh occurred.

Last November he did an excision on the plan of Fenwick's operation; found a cavity running up to a distance of nearly two inches in the femur; the tibia and fibula were also invaded by a sort of fatty degeneration. The cavity was scraped out, as were also the articular ends of the tibia and fibula, and the bones wired together. Solid bony anchylosis was obtained. The wound healed under one dressing.

The paper of the evening, entitled

KNOTS, LIGATURES AND SUTURES

was read by Dr. B. F. Curtis.

The paper was a thorough review of the various knots, etc., used in surgical practice.—K. B. P.

ALLEGHENY COUNTY MEDICAL SOCIETY.

Abstract of Special Meeting, September 17, 1889.

W. F. KNOX, M.D., President, in the Chair.

BIRTH OF A DEAD AND OF A LIVING FŒTUS.

DR. GREEN reported the delivery of a living and thriving fœtus of about seven months after an easy labor, immediately preceded by the extrusion of a dead fœtus of probably three and a half to four months' gestation. There were two placentæ, one a mass of fat without any trace of vessels, the other normal; each also possessed a separate and distinct sac. This was the second case of the kind he had encountered. In the first the living child was born at term, and the dead one at three or four months.

SYPHILIS COMMUNICATED TO THE MOTHER BY THE FŒTUS.

DR. BATTEN: A patient had syphilis thirteen years ago, and during eight years has presented no sign of the disease. He married, and two years after the birth of a fine, healthy child, presenting no taint, the mother has secondary symptoms. I am positive she was a good, honest woman; and I know the husband has not had syphilis for thirteen years. Was she inoculated through the child, or through the semen of her husband? I believe it was through the child.

DR. GREEN: There is another point in such cases: Some persons who contract syphilis have it violently for a number of years. They have well-marked symptoms periodically. I think that, at such times, they would be perfectly competent to inoculate a woman.

DR. KEARNS: I think it is impossible for the wife to escape tertiary symptoms, and the child will be apt to become affected through her. I believe, with Dr. Batten, that the mother becomes contaminated through the child.

REMARKABLE EMACIATION OF A SYPHILITIC.

DR. WARD reported the case of a man, aged forty-six, who presented complete consolidation of the left lung and syphilis of the brain. His ordinary weight was two hundred and twenty-five pounds, and when he presented himself he weighed one hundred and eighteen pounds. His temperature was 100°, his pulse 90. He expectorated profusely, and anorexia was complete. He improved under the mixed treatment with iron, and is recovering his health and his weight.

DR. BLUME: A married man with several children had primary and secondary syphilis. His wife presented no sign of the disease; her husband had no intercourse with her while he had symptoms. About fourteen months later she aborted: she had no metritis, and her abortion was due to infection. Another patient, who had syphilis twenty-one years ago, presents brain symptoms periodically, and with treatment promptly recovers.

FAILURE OF APPLICATIONS OF MERCURY AND TURPENTINE IN DIPHTHERIA.

DR. KŒNIG: As I reported to this Society some time ago, the success I had had in the treatment of diphtheria by local applications of corrosive sublimate and turpentine, I desire to report the following fatal case. This case was the third in the family, two recovering. The local treatment applied was one grain of corrosive sublimate in one ounce of spirit of turpentine. The application should have been made every three hours, but owing to the restlessness of the patient, it was omitted in the night. The primary seat of the membrane was the nares, and there was also a spot as large as a quarter upon the roof of the mouth. The membrane was black, hemorrhagic, and the child died, despite everything I could do, on the fourth day, from bleeding at the nose.

CHANCROID SIX AND A HALF WEEKS AFTER EXPOSURE.

DR. MCMULLEN: A patient presented himself with a chancroid, which appeared between six and seven weeks after exposure.

DR. STEWART: An unusual case; it was probably a chancre; the time of appearance of the latter may be as late as two months.

Camden Letter.

CAMDEN, as you are aware, is a large and rapidly growing city, and there is much of interest occurring here in medical circles from time to time.

An event of this sort was the regular meeting of the City Medical Society, held on Thursday evening, 10th instant, with the President, Dr. E. L. B. Godfrey, in the chair, and the Secretary, Dr. W. A. Davis, at his desk. The meetings of this Society are held monthly, and are exceedingly interesting. The attendance, as a rule, is large. The exercises consist of the reading and discussion of papers, the exhibition of pathological specimens and the reports of cases of rare or interesting diseases. All of this leads up to the culminating point, which is the banqueting table; around which the members join in social intercourse, and for the time being forget the cares and fatigues of practice. At the last meeting the paper presented for discussion was by Dr. Harry Garratt, entitled "Surgical Shock, its Pathology and Treatment." The limits of this letter will not permit me to give extracts from this valuable contribution, but there were points brought out in the discussion that will, no doubt, interest your readers.

Dr. Dowling Benjamin said that in his experience remedies in shock were often unsatisfactory. It is questionable whether there is any remedy for an impression upon the system so profound as in certain cases of shock. Thinking upon the philosophy of shock, it is problematical whether it is possible to increase the vital force that has been so disorganized by injury. Some scientists think they have proved that the vital force is matter in motion. Vital force is something quite different from chemical force. I hold that it is a distinct force, and does not correlate with the others. Can it be supplied, when absent? Can any drug put vitality into a system profoundly shocked? I have tried it and seen our remedies fail. If a heart is weak and rapid, theory teaches us to give digitalis; and we wait the reaction that may never come. Then what is the matter with theory? Theoretically we may say that digitalis will prove effective, because a certain amount of blood is necessary to relieve shock. But, if we whip up the heart, we increase the liability to hemorrhage. I have watched with much interest the giving of quinine, strychnine, digitalis, etc., and have not been favorably impressed with the results. Ammonia has at times afforded striking benefits, but no one remedy does as much good as alcohol. After alcohol, the secondary shock of the operation is not so great.

Dr. C. W. Henry suggested the use of hypodermic injections of nitro-glycerine, in doses of two minim of a one per cent. solution.

Dr. W. H. Davis thought that in cases of shock attended with profuse hemorrhage, our reliance should be upon readily assimilated nourishment and slight stimulation.

Dr. E. P. Townsend declared that shock is a more frequent accompaniment of railroad injuries than of any other class of wounds. In the army, shock was not so often met with, as men go into battles either with eagerness or laboring under great excitement. Total failure of vital power is death, and shock is an inter-mediate condition.

Dr. O. B. Gross stated that it is said the wisest course to pursue is to desist from the administration of ether during shock. He thought this was a mistake. Ether is salutary in such cases. It acts as a stimulant, and he believes its early use in shock is beneficial.

President E. L. B. Godfrey said: At the last meeting of the Society of Railroad Presidents the question was decided that, after railroad injury, operation should be performed immediately. I am not in accord with those views. In profound shock, let the patient alone so far as operation is concerned. I have never yet known a case of car-wheel injury of the thigh to recover, whether operation was resorted to or not. Thigh cases are fatal because the wound is oblique, and a longer time is required to consummate the injury. The hardest bone and the largest nerve in the body are involved, and the hemorrhage is excessive. The shock is greater than the vitality of the patient, and no remedy is available. Every organ in the body is involved in the perturbating effect. I cannot agree that the stimulating effect of ether is beneficial; the secondary shock of the operation is greater.

Dr. G. T. Robinson related an interesting case of shock occuring during typhoid fever, as the result of profuse loss of blood.

Dr. E. P. Townsend considered it to be a condition of collapse—not shock.

Dr. D. Benjamin said: I have always been desirous of knowing the difference between shock and collapse.

Dr. E. P. Townsend answered that shock is due to failure of vital force; an injury to the nervous system. Collapse is due to loss of blood.

Dr. David Strock called attention to an important indication for the adminstration of the carbonate of ammonium in shock—that is, its power of antagonizing the formation of heart-clot. He thought alcohol stood preëminent among the remedies used in the treatment of the condition under discussion.

Dr. H. Garratt, in closing the discussion, said shock is due to depression of the vaso-sensory system. Treatment should have as its object the arousing of the dormant vital force.

Another event occurring during the past week, of interest to the profession in Camden, was the opening of the Camden Training School for Nurses at the Cooper Hospital. This step was made possible by the courtesy and liberality of the Board of Managers, who have placed the fine lecture room and the various appliances of the institution at the disposal of the members of the medical and surgical staffs. Pupils will hereafter be instructed in all the branches pertaining to nursing in private practice or hospital wards. The course of instruction will be as follows: Medical Nursing, Dr. E. L. B. Godfrey; Surgical Nursing, Dr. D. Benjamin; Obstetrical Nursing, Dr. W. A. Davis; Anatomy and Physiology, Dr. O. B. Gross; Dietetics, Dr. Daniel Strock; Hygiene, Dr. J. H. Wills; Instruction in the Hospital Wards, Dr. H. Genet Taylor and Dr. A. M. Mecray. The inaugural exercises of the school were held on Friday afternoon last, in the presence of a large concourse of prominent men and women of Camden. The Secretary of the Board of Managers of the Training School, Dr. Daniel Strock, formally declared the school opened for the instruction of pupils, after which he introduced the President of the Board of Managers, Dr. H. Genet Taylor, who delivered a most excellent and appropriate address, which was received with applause. The lectures of the course will be delivered every Tuesday and Friday afternoon at 4 o'clock. D. S.

CAMDEN, N. J.

Book Reviews.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, Volume III, No. 3, September, 1889, containing Congestive Neurasthenia, or Nerve Depression, by E. G. Whittle, M.D.; The Art of Embalming, by Benjamin Ward Richardson, M.D.; The Etiology, Diagnosis and Treatment of Tuberculosis, by Dr. H. von Ziemssen; Psycho-therapeutics or Treatment by Hypnotism, by Dr. C. Floyd Tuckey; Sexual Activity and the Critical Period in Man and Woman, by Dr. Louis de Sere; Index and Contents for Volume III.

The present number of these excellent monographs is replete with matter that is new and of universal medical interest.

Neurasthenia and nerve depression would seem to be terms of contradiction to apply to states of nerve excitement and exaltation caused by congestion; for the wakefulness, melancholia, lack of fixed purpose, and general fear of impending dissolution so common as symptoms of the conditions herein described, are quite the reverse of those in which there is an actual weakening or depression of the nervous centers. However, the author has here presented a strong argument, based upon actual experience, favoring bloodletting in these congestive states. Nowadays, when nerve section is so entirely neglected as a remedial measure in comparatively mild troubles, the argument seems altogether quite new, and is certainly deserving of the most careful consideration.

Dr. Richardson's brochure on embalming is highly entertaining and particularly practical to those of the profession who care to employ the art for the purpose of making post-mortem examinations, preparing anatomical specimens, or preserving bodies for medico-legal purposes. The ancient and modern history of the art, the method of procedure, and the composition of the preservatives are all fully described and somewhat illustrated.

Tuberculosis, its etiology, diagnosis and treatment, receives practical consideration at the hands of Dr. von Ziemssen. No higher praise is needed in behalf of the authoritative value of his little work than the mere mention of the author's name. Though the disease is not considered in all of its varieties, it is treated in so general a manner as to exhibit its main characteristics and necessary treatment. Despite the general consensus of opinion in regard to the value of Koch's great discovery, the widely different views as to the hereditary character and intimate nature of the tubercular processes renders a carefully prepared resume of this sort extremely valuable and instructive.

Psycho-therapeutics is a timely monograph on the treatment by suggestion. This new addition to our therapeutic resources cannot receive too much study at the hands of the medical profession, if for no other purpose than to deprive quackery of fraudulent profits and criminality a means of doing harm. Hypnotism seems to be a fact, and its proper use is the only question now that remains to be studied. This monograph upon the subject will give a fair idea of what it is, how it may be employed, and the results that may be expected from it. The reports of cases add materially to the force of the general statement advanced.

The final monograph is an essay upon the sexual activity in man and woman. The subject is studied from a physiological standpoint, and though the three chapters comprising the essay do not contain anything that is particularly new, they are exceedingly readable and would highly interest a physician during a leisure hour or so.

Pamphlets.

The Treatment (not Preventive) of Puerperal Fever. By Charles Warrington Earle, M.D., Chicago. Reprint from the Chicago *Medical Journal and Examiner*. 8 pages.

Fortunately this affection is rapidly succumbing to the advances made in obstetric antisepsis. Dr. Earle has given a review of all of the approved methods of treatment, both medical and surgical.

Retained Debris as One of the Causes of Puerperal Fever. The Intra-uterine Douche and Curette. By Charles Warrington Earle, M.D., Chicago. 5 pages.

The heterogenetic origin of puerperal fever is too well recognized to permit of any disregard of antiseptic precautions during parturition, and the author is correct in laying great stress upon the immense responsibility of the obstetrician. He urges immediate operative procedures in every case of high temperature after childbirth.

The Medical Digest.

THE caustic effect of carbolic acid is modified by pure glycerin. If water is added it becomes irritating.—*Apoth. Ztg.*

PUERPERAL IRRIGATIONS (Hebert).—

℞.—Chloral	. . . . .	10 parts.
Borax	. . . . .	5 "
Water	. . . . .	500 "

Tablespoonful for injection with Eguisier apparatus.

—*Gazette de Gynecologie.*

M. MANDOT has induced labor in seven cases attended with eclampsia, obtaining thereby five cures and two deaths. He proceeds thus: he introduces into the cervix, which is sufficiently dilated, a flat metallic canula, breaks the membranes and then injects into the uterine cavity, under very weak pressure, ten litres of a carbolic solution of one per cent. strength.—*Revue de Therapeutique.*

DEFORMED CHEST AND TUBERCULOSIS.—The irregular form of the chest has long been regarded as a factor in predisposition to tuberculosis. But an exact examination of 275 healthy and the same number of phthisical persons, demonstrates that the dimension of the chest walls in the latter is the result and not the cause of the disease. There was no difference found in acquired and inherited phthisis.

—*Deutsche Med. Zeitung.*

EFFECT OF SALT ON DISEASE GERMS.—Dr. J. Forster, Professor of Hygiene at the University of Amsterdam, publishes in the *Tijdschrift voor Genees Kunde* an article on the effect of salt on the germs of contagious diseases. Cholera microbes seemed to be killed in a few hours; whereas typhoid fever germs were found to be still active and capable of communicating the disease after several weeks and even months of immersion in brine.

ANTIPYRIN IN DIABETES has been the subject of several recent contributions by Robin, G. Sée, Dujardin-Beaumetz and others. The remedy is said to be useful in the cases based upon an alteration in the nerve centers; in these cases it does not remove the glycosuria, but diminishes it even while ordinary diet is used. Then a period of rest from strict dieting may be afforded. The dose is 15 grains two or three times a day between meals, continued for eight days, then omitted for a time, especially if albumen appears in the urine. One writter who observed excellent results in the diminution of the urine sugar, rejects the remedy because the digestion is disturbed by it and albuminuria appears. Caution is therefore required.—*Berl. Kl. Wochenschr.*

COLORED SPECTACLES.—Dr. Konigstein, while giving directions to his class on the uses and prescribing of spectacles, said that green glass as a protection against strong rays was worse than useless, and did more harm to a sensitive eye than good, as it allowed the yellow rays to be transmitted and unnecessarily irritated the eye. As a protection against strong rays the blue or smoked glasses were the only real protection. The blue should be light, as a deep blue color produces a violent disc in the centre of the lens, which apparently corresponds to the fovea centralis, and by a protracted use of dark blue spectacles the patient may become annoyed by the mosaic work of the fundus of the eye appearing before him. The phenomenon seems to be connected with the pigmenting changes in the macula lutea.

—*Medical Press and Circular.*

INFANTILE CONVULSIONS (Knagges).—Children under six months should receive every hour a teaspoonful of the following solution:

Sulphate of calcium	. . . . .	0.6 gramme.
Distilled water	. . . . .	250 grammes.

M.

This dose may be increased. In children over one year of age, the dosage may vary from 0.75 gramme to 0.30 gramme every hour. The frequency of administration must depend more or less on the gravity of the case. The medicine should always be freshly prepared, as it becomes rapidly inactive.

—*Revue de Therapeutique.*

TREATMENT OF INGROWING TOE-NAIL.—Dr. Clements strongly recommends the employment of tinfoil in the treatment of ingrowing to-nail. He first has the toe thoroughly washed with soap and carefully dried. He then envelops the whole nail with tinfoil, putting a strip between the portion that grows in and the raw surface caused by it. The tinfoil is fixed by means of a very thin layer of common wax, and the patient told not to wash the part, but to use dry bran for rubbing off the dirt. Of course the toe has to be repeatedly dressed with tinfoil, but, if the operation is carefully performed, it is surprising how long the tinfoil will remain intact; even when the patient is, as as usually the case, very poor and very badly shod. This, he says, brings about in a very few weeks the complete healing of the sore, and causes the nail to grow more slowly, and in a more healthy manner.—*Lancet.*

TREATMENT OF SYPHILITIC VEGETATIONS.—Soft vegetations: M. Zeissl prefers to the alcoholic lotions of corrosive sublimate the use of Pleick's paste, formula as follows:

Corrosive sublimate,
Alum,
Camphor,
Carbonate of lead,
Vinegar of wine, equal parts by weight.

A mixture is thus obtained with which one should bathe the diseased surfaces when the vegetations are of moderate consistency, and until some local œdema or mercurial salivation makes its appearance.

2. Horny vegetations: The same author employs inunctions of a pomade made thus:

Iodide of arsenic	. . . . .	0.60 cent.
Grey ointment	. . . . .	15 gram.

Or better still:

Arsenious acid	. . . . .	0.60 cent.
Grey ointment	. . . . .	15 gram.

Repeat the application two or three times a day by means of a tampon of wadding left in place.

—*Rev. Gen. de Clin. et de Therap.*

PEPSIN POMADE (Douglas).—

Extract of pepsin	3.
Lanoline	10.

To rub upon ulcers and bad appearing cicatrices.

PRIMARY SYPHILIS (Rizat).—

Corrosive sublimate	1 centigramme.
Extract of gentian,	
Chlorate of potash	āā 5 "

In pill. One should be taken night and morning at meal time and continued for three consecutive months.

PILLS FOR PSORIASIS (Bazin):

Oil of Juniper	5 grammes.
Extract of bitter-sweet	5 "
Arsenious acid	0.05 gramme.

M.—One pill, increasing to fifteen or twenty a day.

—*Revue de Therapeutique.*

DIURETIC (Abet):

Mild watery alcoholic extract of chimaphila	10 to 15 grammes.
Syrup of bitter orange peel	25 "
Rum	10 "
Water	80 "

M.—Take tablespoonful every half hour.

ODOROUS PERSPIRATION.—Powder those parts of the body which emit the odor with a piece of lint steeped in the following mixture:

Powdered rice	60 grammes
Subnitrate of bismuth	25 "
Permanganate of potash	10 "
Powdered talc	5 "

—*Revue de Therapeutique.*

TREATMENT FOR TOO ABUNDANT MENSTRUATION (Rheinstadter).—

R.—Dialysed ergotin	10 gram.
Distilled water	70 "
Glycerin	20 "
Salicylic acid	0.2 "

M.—Teaspoonful diluted in three tablespoonfuls of water, to be injected into the rectum once a day after stool.

—*Gazette de Gynecologie.*

NEURALGIA.—A writer in the *Courier Méd.* gives the following as useful in neuralgia:

R.—Alcohol, camphorat	90 parts.
Ætheris	30 "
Tinct. opii	6 "
Chloroform	20 "

M.—Sig. Apply on flannel.

COMBINATION OF COCAINE AND IODOFORM (*Deutsche Medic. Woch.* 1889, No. 24).—In order to prevent the pain which sometimes follows the application of iodoform to wounded surfaces, the following combination may be used:

R.—Very finely powdered iodoform	10 parts
Pure cocaine	0.3 "

Mix carefully and add:

Menthol	0.4 "
French tincture of lavander	20 "

For external use.

—*Gazette de Gynecologie.*

Medical News and Miscellany.

DR. J. MADISON TAYLOR has removed to 1504 Pine Street.

DR. JOHN WELSH CROSKEY, has removed to 3325 Powelton avenue.

DR. ORVILLE HORWITZ succeeds Dr. J. Ewing Mears as demonstrator of surgery in the Jefferson Medical College.

The medical colleges of Baltimore have refused admission to a colored student, on the plea that it would drive away white students, especially those from the Southern States.

THE Linton District Medical Society, one of the oldest in the State will meet at Centralia, Mo., on November 12 and 13, 1889; this will be its eighteenth semi-annual session.

THE cyclorama of "Jerusalem and the Crucifixion," now at the corner of Broad and Cherry streets, will soon be moved to London, England, where it will remain permanently.

WE are informed by Prof. Tyson, of the University of Pennsylvania, that the matter of mixed classes has never been brought before the medical faculty and is not likely to very soon.

DR. LAUDER BRUNTON is about to pay a three months' visit to India, as the guest of the Nizam's Government, for the purpose of testing the results of the Hyderabad Chloroform Commission.

THE celebrated painting of Rembrandt, called the "Anatomical Lesson," has been bought, it is said, by Mr. Ellesworth, for the Institute of Art, of Chicago. It formerly belonged to the Princess de Sagan.

DR. ROSWELL PARK, of Buffalo, has been invited to deliver the Mutter lectures on "Some Point or Points Connected with Surgical Pathology," before the College of Physicians of Philadelphia, during the winter of 1890–91.

THE St. Charles County Medical Society will meet in Warrenton, Mo., on November 19, 1889. This is a live and active county medical society, and will hold its bi-quarterly meeting in Warrington by the invitation of Dr. W. W. Middelbank.

A CHINAMAN, fairly dropping to pieces with leprosy, was recently found in the streets of San Francisco, and sent to the pest-house of that city. He had just arrived from Napa, where he had been employed in picking grapes. N. B.—Don't indulge in Napa Valley wine.

WE are informed that Judge Stinson objected to the classification of the Norristown Asylum patients as white and colored. If this be in the monthly reports only, there is nothing objectionable in it; but if the physicians of that trustee-ridden establishment are going to prevent a race classification of lunatics on the political pretext of "obliterating the color line," they are contributing a very apposite illustration to those who do not believe in that mode of managing an asylum for the insane.

Dr. Charles L. Weed, one of the leading oculists in this city, died October 15, at his father's home, 1804 Green street, of heart disease, after an illness of three months, He graduated from Jefferson College in 1883. Dr. Weed was until his death chief of the eye department of the German Hospital, and had charge of a similar department of the John B. Stetson Dispensary.

Laryngology has lost one of its most prominent representatives in the person of Professor Rudolph Voltolini, of Breslau, who died on September 11, in the seventy-first year of his age. He was born in 1819, and studied medicine at Breslau, and afterwards at Berlin. After spending some years in medical practice, he qualified as *Privat Docent* of Laryngoscopy, Otoscopy, and Rhinoscopy at Breslau, in 1860. In 1868 he was appointed Extraordinary Professor of these subjects, the chair being expressly created for him.

Dr. Philippe Ricord, the celebrated French surgeon, known in Paris for many years as the "great American doctor," is dead. He was born in Baltimore on December 10, 1800.

Dr. Ricord was the grandson of a distinguished physician of Marseilles and the brother of J. B. Ricord, the author of works on language, medicine, and natural history, many of which were first published in this country. Under this brother, Philip made a number of scientific studies and began the study of medicine in this city. In 1820 he went to Paris. In 1828 having begun the practice of medicine at Olivet, near Orleans, he returned to Paris and delivered a course of lectures on Surgery, and in 1831 he was appointed surgeon-in-chief of the Hospital des Veneriens du Midi. At this hospital, from which he retired on account of age in 1860, he gained a great reputation as a specialist. By a decree bearing date July 28, 1862, he was appointed physician-in-ordinary to Prince Napoleon, and on October 26, 1869, was named consulting surgeon to Napoleon III, whom he had assiduously attended during a recent illness, and who in return had presented him with a snuff box and 20,000 francs.

Dr. Ricord became a commander of the Legion of Honor, and in 1871 was made a grand officer for services during the siege of Paris. He also received many foreign decorations. He has been an active writer, several of his works on surgery having been crowned by the Academy of Sciences.—*Press.*

The Guild of St. Luke, Evangelist and Physician.—At the annual meeting of the Guild, held in Philadelphia on St. Luke's day, the following officers were elected: Provost, J. H. Packard, M.D.; Vice-Provost, A. D. Hall, M.D; Warden, Rev. N. F. Robinson; Secretary, T. R. Barker, M.D.; Treasurer, C. H. Burnett, M.D.; Mission Secretary, Rev. C. N. Field; Registrar, Robert P. Robins, M.D.

Council: The Rt. Rev. C. T. Quintard, the Rt. Rev. W. E. McLaren, Blencour E. Fryer, M.D., Dallas Bache, M.D., J. W. Ross, M.D., W. G. Dyas, M.D., Robert Reyburn, M.D., S. C. Chew, M.D., D. R. Brower, M.D.

The revised constitution for the use of the Chapters throughout the United States was presented by the Provost and adopted by the Guild.

The annual report of the work of the Guild was submitted and the special effort directed to the elevation of the standard of religious observances on the part of practitioners and students of medicine, heartily endorsed.

Plans for the carrying on of the good work were matured for the ensuing year.

T. Ridgway Barker,
Sec. Guild of St. Luke.

The Boston *Herald*, while not recommending the use of hair-dyes in general, on the authority of an eminent lady physician, gives two prescriptions which are perfectly harmless. Thus the elixir has another rival in keeping up the appearance of youth.

A Pageant for Charity—A Novel Entertainment Being Prepared by Society Ladies.—The Fair to be given in aid of the Medico-Chirurgical College at the Academy of Music during the week beginning December 16, will be a revelation to society. It will be known as "An ancient and modern pageant, with an annual Leyden Fair." The latter part of the title was suggested by the custom of giving a great annual fair for the sick and the suffering of the Flemish City of Leyden, which was instituted in commemoration of the raising of the siege of the city by the troops of William of Orange in 1574.

The whole lower floor of the Academy, including the stage, will be boarded over, and the decorations and booths will be of a character never before attempted in this city. At the back of the building there will be a representation of a street in ancient Leyden, and the aids will be dressed to represent the inhabitants of a mediæval city of the Netherlands. Around the sides of the building will be erected temples, shrines and houses on an elaborate architectural scale.

Every afternoon and evening that the Fair is in progress, entertainments of various kinds will be given. One day there will be charades, the next tableaux, and the next a theatrical performance. One afternoon the children will have a Mother Goose ball. A thousand young ladies dressed in the picturesque costumes of the times they will be supposed to represent, will act as aids, and on Monday night after the Fair closes they will give a grand ball.

—*Times.*

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute catarrh, the abortive treatment of, of the nose and throat, Bishop. Weekly Med. Review, Oct. 12, 1889.

Abdominal section, Hall. Cin. Lancet-Clinic, Oct. 19, 1889.

Angular curvature, the mechanical remedy, Taylor. N. Y. Med. Journal, Oct. 12, 1889.

Anæmia to chlorosis, the relations of, Forchheimer. Medical News, Oct. 19, 1889.

An unusual healing process, Pettyjohn. The Journal of the National Association of Railway Surgeons, Sept., 1889.

Antiseptic surgery, Stemen. *Ibid.*

Acute and chronic enlargement of the adenoid tissue at the vault of the pharynx, some personal observations respecting, and the means used for their relief, Delavan. N. Y. Med. Journal, Oct. 12, 1889.

Antiseptic solutions, Langdon, Cincinnati Lancet-Clinic, Oct. 12, 1889.

Arthropathies, traitement des, Guyon. Annales d'Orthopédie, 1 Oct., 1889.

Aphorismes sur le diagnostic et la thérapeutique de la tuberculose du larynx, Schnitzler. Revue de Laryngologie, d'Otologie et de Rhinologie, 1 Oct., 1889.

An epidemic of pemphigus neonatorum, E. B. Kilham, M.D. American Journal of Obstetrics, Oct., 1889.

A plea for thoroughness: introductory address by William T. Gairdner, M.D. L.L.D. Brit. Med. Journal, Oct. 5, 1889.

Action physiologique du rein de la salamandre terrestre, par MM. Phisalix et Langlois. La France Med., Sept. 28, 1889.

A study of malarial fever in Eastern Massachusetts, Chas. H. Cook, M.D. Boston Med. and Surg. Journal, Oct. 10, 1889.

Bakterien und Krankheitsgifte. Berliner Klinische Wochenschrift, 30 Sep., 1889.

Backward displacements of the uterus, the surgical treatment of, Strong. Boston Med. and Surg. Journal, Oct. 17, 1889.

Bronchitis, treatment of, Fothergill, N. E. Med. Monthly, Oct., 1889.

Beta-naphthol, further observations upon, Shoemaker. The Therapeutic Gazette, Oct. 15, 1889.

Cæcitis, or appendicitis, Carson. St. Louis Med. and Surg. Journal, Oct, 1889.

Cocillana in diseases of the lungs, clinical notes on, Stewart, The Med. Age, Oct. 10, 1889.

Cocaine, the status of, in surgery, Wyeth. International Journal of Surgery. Oct., 1889.

Curettage de l'uterus, liqueur d'absinthe, vascins ulcereux, vomissements incoercibles de la grossesse. Bulletin par le Dr. Em. Bananlt. Revue de Thérap. Med.-Chir., Oct. 1, 1889.

Climate in relation to disease, D. H. Cullimore, M.D. (Continued.) Medical Press and Circular, Sept. 25, 1889.

Comparaison du bassin de la paralysie atrophique avec le bassin atrophique, à proprement parler, par le Dr. Emile Blanc. Archives de Tocologie.

Case of rhinolith, and two cases of a tooth in the nose, Jonathan Wright, M.D., Brooklyn, N. Y. Medical Record, Oct. 12, 1889.

Case of extra-uterine pregnancy; operation; recovery, L. S. McMurtry, M.D. Amer. Journal of Obstetrics, Oct, 1889.

Combined rectal and intra-uterine irrigator, John S. Coleman, M.D. With woodcut. *Ibid.*

Dyspareunia, caused by a rare injury of the hymen, Paul F. Mundé, M.D. With plate. *Ibid.*

Discussion on removal of bony growths from the external auditory canal. Brit. Med. Journal, Sept. 28, 1889.

De quelques nouveaux diuretiques végétaux, par M. L. Jumon. La France Médicale, Sept. 24, 1889.

Essay on the functions of indifferent cells in the human organism (continued), James Dickinson. London Lancet, Sept. 28, 1889.

Foreign bodies in the eye, C. S. Jeaffreson, M.D. F.R.C.S. London Lancet, Sept. 28, 1889.

Growth of surgery in Europe, William Anderson, F.R.C.S., Medical Press and Circular, Oct. 2, 1889.

Hypnose et suggestions par le Dr. Guermonprez. Revue de Thérap. Med.-Chirurgicale, Oct. 1, 1889.

Heredity, Sir William Turner. Medical Press and Circular, October 2, 1889.

History of protective inoculation, Robert Maguire, M.D. Med. Press and Circular, Oct. 2, 1889.

Inebriety and crime, Prof. R. J. Kincade. Quarterly Journal of Inebriety, Oct., 1889.

Icterus gravidarum, report of a case with remarks. H. Illoway, M.D. Amer. Journal of Obstetrics, Oct., 1889.

Inoculation and vaccination for smallpox amongst the Chinese, James Cantlie, M.B. F.R.C.S., Hong Kong. British Medical Journal, Oct. 5, 1889.

L'hérédite syphilitique, par M. le Pr. Fournier. Feuilleton de la Revue de Thérapeutique Medico-Chirurg., Oct. 1, 1889.

Les recherches récentes sur la tuberculose, par M. L. Greffier. La France Médicale, Oct. 1, 1889.

L'importance pathologique des ligaments larges, par Lawson Tait. Archives de Tocologie, Sept, 1889.

Muscular advancement, F. R. Cross. British Medical Journal, Sept. 28, 1889.

Menstruation et fécondation, par le Dr. Auvard, accoucheur des hopitaux. Archives de Tocologie, Sept., 1889.

Medico-legal problems of inebriety, T. D. Crothers, M.D., Quarterly Journal of Inebriety, Oct., 1889.

Nature and consequences of inebriety, T. L. Wright, M.D. *Ibid.*

Need for a liberal education in medicine: introductory address by T. Clifford Allbut, M.D., etc. British Medical Journal, Oct 5, 1889.

Nux vomica, W. Simonson. Pharmaceutical Era, Oct., 1889.

Notes on leprosy as observed in Antigua, West Indies, John Freeland. Brit. Medical Journal, Oct. 5, 1889.

Nécessité d'un complément à la loi de protection de l'enfance, par le Dr. Jules Rouvier. Archives de Tocologie, Sept. 1889.

Nouvelle methode pour atteindre les organes pelvieux par la voie sacrée, par le Dr. Roux. Gazette de Gynécologie, Oct. 1, 1889.

New antiseptic artificial membrana tympani, John Ward Cousins, M.D. British Med. Journal, Sept. 28, 1889.

On aprosexia, being the inability to fix the attention, and other allied troubles in the cerebral functions caused by nasal disorders, Dr. Guye. *Ibid.*

On some causes of backwardness and stupidity in children, William Hill, B.Sc. M.B. *Ibid.*

On the diagnosis and treatment of scrofulous glands, W. Knight-Treves, F.R.C.S. London Lancet, Sept 28, 1889.

Orifice pubio-périnéal, étude d'anatomie obstetricale, par le Dr. Fallot (suite et fin). Archives de Tocologie, Sept., 1889.

On one form of puerperal eclampsia, Walter T. Colman, M.R.C.S. London Lancet, Sept. 28, 1889.

Perichondritis of the larynx, F. de Havilland Hull, M.D., etc. *Ibid,*

Podophyllum, J. P. Meidenbauer. Pharmac. Era, Oct., 1889.

Review of sixty years in drugs. Pharmac. Era, Oct. 1889.

Syrup yerba santa, D. L. Haigh. Pharm. Era, Oct., 1889.

Syphilis héréditaire transmise à travers deux générations, par le Dr. Edmond E. King (suite et fin). La France Medicale, Sept. 28, 1889.

Substitutes for opium in chronic diseases, J. F. A. Adams, M.D. Boston Med. and Surg. Journal, Oct. 10, 1889.

Sketch of the late Dr. J. Edward Turner, T. D. Crothers, M D. Quarterly Journal of Inebriety, Oct., 1889.

Sterility in women: its etiology and treatment, E. S. McKee, M.D. Amer. Journal of Obstetrics, Oct., 1889.

The early stage of general paralysis, Chas. F. Folsom, M.D. Boston Med. and Surg, Journal, Oct. 10, 1889.

The want of knowledge of mental diseases so prevalent in the average medical man, Geo. Thompson, M.D. London Lancet, Sept. 28, 1889.

Unique case of fractured exostosis, Thomas H. Manley, M.D. *Ibid.*

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 583. NEW YORK AND PHILADELPHIA, NOVEMBER 9, 1889. The Medical Register. Vol. VI, No. 149.

PAGE

ORIGINAL ARTICLES.

THE TREATMENT OF CHRONIC NASAL CATARRH. By C. F. McGahan, M.D., Chattanooga, Tenn. - - - - - - - - - - - 649
INSUFFICIENCIES OF THE OCULAR MUSCLES AND THEIR TREATMENT WITH PRISMS AND BY GRADUATED TENOTOMIES. By Read Jennings McKay, M.D., Wilmington, Del. (Concluded) - - - - - - - - - 651
THE PROPER USE OF ERGOT IN LABOR. By F. O. Donoghue, M.D., Syracuse, N. Y. - 655

PARIS LETTER. *Linn* - - - - - - - - 656
Absinthe. *Cadeac and Meunier* - - - - 656
Carbolized Solutions. *Carles* - - - - - 656
Astigmatism. *Bull* - - - - - - - - - 656
Cerebral Wounds - - - - - - - - - - 656
Wholesale Sales to Opium-eaters. *Luteaud and Decoust* - - - - - - - - - 656
Iodide of Potassium. *Huchard* - - - - 657
Exercise - - - - - - - - - - - - - 657
Membranous Colitis. *Huchard* - - - - 657
Chloral in Obstetrics - - - - - - - - 657
Treatment of Cold Abscesses and Adenitis. *Bouchard* - - - - - - - - - - 657

THE POLYCLINIC.

MEDICO-CHIRURGICAL COLLEGE:
Gastric Catarrh. *Woodbury* - - - - - 658
Diabetes Insipidus. *Woodbury* - - - - 658
MONTEFIORE HOME, NEW YORK:
Laparotomy for Ovarian Cyst. *Dennis* - 658

EDITORIAL.

SECTARIANISM IN MEDICINE - - - - - - 659
MERCURY IN CONSUMPTION - - - - - - 660
A MEDICAL UTOPIA - - - - - - - - - 661

PAGE

ANNOTATIONS.

The Fallibility of Experts - - - - - - - 661
The Hammock Cure - - - - - - - - - - 662

LETTERS TO THE EDITOR.

The Teeth in Neuralgia. *Rosenthal* - - - 662

SOCIETY NOTES.

AMERICAN RHINOLOGICAL ASSOCIATION - 662
Report of a Case of Brain Abscess, emptying Into the Naso-pharynx. *Gillette* - - 662
Reasons why so many Physicians Fail in Treating Chronic Rhinitis. *Rumbold* - 663
Reflex Symptoms of Rhinal Diseases, With Reports of Cases *Dreese* - - - - 664
Ocular Reflex Symptoms in Nasal Diseases. *Moore* - - - - - - - - - - 664
Therapeutic Measures in Rhinology. *Gordon* - - - - - - - - - - - - 664
Atrophy, Hypertrophy and Deviations of the Septum. *Von Klein* - - - - - - 665
The Treatment of Chronic Nasal Catarrh. *McGahan* - - - - - - - - - - 665
Surgical Treatment in Diseases of the Nose. *De Vilbiss* - - - - - - - - 665
The Administration of Quinine Where There is Defective Hearing. *Sessions* - 665
Importance of Constitutional Treatment Rhino-pharyngeal Inflammations. *Knode* - - - - - - - - - - - - - 665
Catarrhal Neuralgia. *Hobbs* - - - - - 666
Physiological and Therapeutic Action of Certain Drugs in the Treatment of Affections of the Upper Air-passages. *McClellan* - - - - - - - - - - - 666

PAGE

NEW YORK COUNTY MEDICAL ASSOCIATION, 666
Podalic Version in Cases of Contracted Pelvis. *Harrison* - - - - - - - - - 666
Double Monsters. *Fernandez* - - - - - 666
HARLEM MEDICAL ASSOCIATION - - - - 667
Diphtheritic Paralysis of the Palate, and Paralysis of the Ciliary Muscle of the Right Eye. *Swineburne* - - - - - - - 667
Tonsillitis Leptothrasis Benigna. *Wolf* - 667
ACADEMY OF MEDICINE - - - - - - - - 667
POLYCLINIC THERAPEUTICAL SOCIETY - - 667
Olive Oil in Gall-stones. *Mays* - - - - 667

BOOK REVIEWS.

Transactions of the Louisiana State Medical Society - - - - - - - - - - - 668
Electrician's Pocket Companion. *Jamieson*, 668

PAMPHLETS - - - - - - - - - - - 668

THE MEDICAL DIGEST.

Eau de Cologne - - - - - - - - - - - 668
Antiseptic Sponges - - - - - - - - - - 668
Castor Oil Chocolate - - - - - - - - - 669
Carbolic Injections in Anthrax - - - - - 669
Electrolysis in Surgery - - - - - - - - 669
Diagnosis of Cerebro-spinal Meningitis by Puncture of the Liver - - - - - - - - 669
Antipyretics - - - - - - - - - - - - 669

MEDICAL NEWS AND MISCELLANY, 670

ARMY, NAVY, AND MARINE HOSPITAL SERVICE,
Changes in - - - - - - - - - - - - - 671

MEDICAL INDEX - - - - - - - - - - 672

NOTES AND ITEMS - - - - - - - iv, xvi

Original Articles.

THE TREATMENT OF CHRONIC NASAL CATARRH.

(Read at the Seventh Annual Meeting of the American Rhinological Association, Chicago, October 10, 1889.)

BY C. F. McGAHAN, M.D.,
CHATTANOOGA, TENN.

CATARRHAL inflammations of the nose and naso-pharynx have been the *bête noir* of specialists, since rhinology has been acknowledged a special branch of science; not that they are hard to cure, but on account of the continuous treatment necessary, and amount of care and prudence that the patient is forced to observe if he wishes to be completely cured. The great Bennett, in speaking of pulmonary phthisis, says: "It is a disease from which no fool recovers." I am sure that these words would be more applicable to chronic catarrh, as there is no disease which takes more perseverance and skill to attend than the one under discussion.

The remedies for the treatment of nasal catarrh comprise almost the whole materia medica. Formerly it was treated principally with strong astringents—for example, strong solutions of nitrate of silver by the post nasal syringe, sprays of tincture chloride, tannic acid, etc. There are some at present who still cling to this form of treatment, combined with Thudichum's nasal douche; but most of us use the astringents but seldom, and then only in weak solutions. It is to Professor Rumbold that we owe thanks for pointing out not only the danger of this douche, but its uselessness. He has shown conclusively that the water from it only bathes the lower and part of the middle turbinated bones, and does not reach the catarrhal secretions, located upon the superior and the upper part of the middle turbinated bones. Therefore, with all due respect to Dr. Seiler, who says in the third edition of his work (which has just appeared) that "if certain instructions are closely observed there will be no unpleasant effects; but on the contrary the patient will be benefited," I must say that I do not agree with him. I can see how the symptoms could be ameliorated for a short time; but from the laws of hydrostatics and the anatomy of the nasal cavity we all know that the douche only does its work incompletely. As science has advanced in the treatment of affections of the mucous membrane located in other parts of the body, we have given up the strong astringents for the bland, unirritating, and soothing applications, and so it is in the treatment of nasal and naso-pharyngeal affections.

Chronic catarrh is caused *first*, by repeated attacks of acute catarrh from frequent colds, the membrane being left more sensitive after each attack; *secondly*, by irritating gases and substances inhaled; *third*, by polypi causing irritation of the mucous membrane around where they are attached. The first, namely cold, is the most common cause, and it produces an hypertrophic condition of the mucous membrane over the turbinate bones and septum.

I will take up the treatment of catarrh with marked hypertrophy and polypi, and then the treatment of the variety with only moderate hypertrophy and no polypi. Where we have polypi, of course, the first thing to do is to remove them, which can be done by the snare or the galvanic cautery, and it depends upon the skill of the operator with these different instruments as to which he will use. For most cases where the polypi are located in the anterior chamber, I prefer the cautery; and Dr. Lewis exhibited a stor-

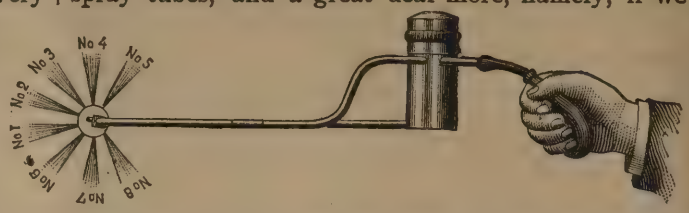
age battery at the meeting of the Mississippi Valley Medical Association that overcomes almost every objection to its use. By this apparatus we can control the amount of heat to which the platinum is raised, the impossibility of doing which has been one of our great objections to this instrument. But when they are in the posterior chamber of the nose, I prefer the snare. The old method of passing a pair of forceps into the nasal cavity, and then—without the eye as a guide—nipping off whatever obstruction came in the way, is too unscientific to receive more than a passing notice.

Having removed all the polypi, the treatment resolves itself into that of ordinary chronic catarrh.

It is of the greatest importance that we impress upon the patient the necessity of frequent visits and perseverance with treatment from the beginning, so that he will not become discouraged. The first point to settle as regards treatment is whether the patient uses tobacco or liquor, and if either, they should be stopped immediately, else what we have gained from one treatment will be counteracted by the vice before the next is given, and after dragging along this way for some time the patient will cease coming, being convinced that he cannot be cured. Where we have hypertrophy of the septum or turbinate bones, the first point to be decided upon is the extent of the hypertrophy.

I am indebted to Dr. G. V. Woolen for a suggestion, namely, if the patient is not able to breathe through the nostrils in the morning it is proof that we should resort to operative measures, which should cease as soon as the patient's nostrils are open in the morning, and then confine our treatment to medicinal and not surgical means. I have not been able to give these suggestions a fair trial, but intend to do so. When marked hypertrophy is present, the best treatment is by the galvanic cautery; you can destroy with it the exact amount of tissue necessary, stopping or continuing its action at will. *Acids* I do not like in the treatment of hypertrophies; it is impossible to control the exact amount of tissue they will destroy; and then the pain is always more intense than after the use of the cautery. The hypertrophy being reduced, we have simply a case of chronic catarrh with moderate hypertrophy, to combat.

In the commencement of the treatment it is always essential that we should spray out the nasal cavity thoroughly, and for this purpose nothing is better than the time-honored Dobell's solution, or the combination with *listerine* which is recommended by Lefert. Seiler's tablets are convenient and effective. In using the spray the stream should be so directed that every part of the nasal cavity shall be reached by it and plenty of solution must be used, the object of it being to remove the mucus from the membrane, so that the medicament can be applied directly to the surface of the membrane. Spraying that will not do this fails in an essential point and cannot be considered to be thoroughly done. I have in my office all the different spray tubes of any value—Sass, Rumbold, Davidson, Richardson, and De Vilbiss, and I must say my preference is for the latter. With it we can do everything that can be done with the other spray tubes, and a great deal more, namely, if we



wish we can douche out the nose. With a De Vilbiss for aqueous fluids, and one of the same make for oils, we are equipped to apply any nebulæ to any part of the nasal cavity.

Having cleansed the nasal cavity thoroughly we are now ready to apply our medicament. When there is moderate hypertrophy I generally use about three times a week a spray of vaseline with a combination of the iodides, or with iodine and carbolic acid. The liquid albolene (as manufactured by McKesson and Robbins) is by far the nicest vehicle that I have yet used, but I find that it does not remain upon the tissues as long as the vaseline, and when we are using it for its protective effects I think that the vaseline will be preferable; but as an unirritating vehicle the albolene is the prettiest preparation. I now use the iodine and iodides dissolved in albolene, first as a spray for their alterative effect, and then spray in pure vaseline alone to protect the tissue from air or any particles that may be suspended in the air. Sometimes I use the chloride of zinc, but in very weak solutions, and very seldom where we have the simple uncomplicated chronic catarrh. After cleansing the nasal cavity thoroughly, I usually spray the parts with vaseline combined with a few drops of eucalyptus or oil of gaultheria, sometimes a drop of carbolic acid to the ounce of vaseline. On account of the hydragogue effect of glycerine upon the tissues it occurred to me some time ago that in hypertrophic conditions of the nasal cavity it might be useful in drawing the water from the tissues and thereby reducing them in size. I had often seen it advised in combination with other drugs in the different sprays, but my way of using it was similar to that of the gynecologists when they apply it on tampons for different hypertrophic conditions of the uterus. After thoroughly cleansing the cavity I apply to the hypertrophic membrane a tampon soaked in a solution of glycerine one part, water four parts, which I allow to remain in from one to four hours.

As the membrane becomes accustomed to the glycerine, I rapidly increase the proportion of it in the solution until I use equal parts of it and water. I advise plugging the anterior nares with absorbent cotton, which prevents the tampon from being expelled. I have been experimenting with this treatment for the past six months, and think it will be found of great benefit in reducing many cases of hypertrophies, and I am sure a trial will well repay you. Dr. Lidlo, at a recent meeting of the Society of Military Surgery in Vienna, advocates a method similar to this for the treatment of ozæna, but he used a spray of 10 per cent. glycerine, which I do not think is necessary; after which he applies a tampon soaked in a solution of glycerine one part, water three parts, which he allows to remain three hours. I must say

I do not advocate insufflations of powders, except it be when the membrane is in a state of hyperæsthesia and then to coat it over with a powder composed of morphine, bismuth, and gum acacia. I consider the constitutional treatment almost as important as the local,—give tonics, and nourishment, try and get the stomach to assimilate food that is put in it, but by all means keep it in a healthy condition. I have had good results from *bovinine* combined with Hoff's malt. Plenty of fresh air and exercise are essential. The most important part of the after treatment is to prevent the patient from catching cold, and once he has caught a fresh cold, to teach him the quickest way to break it.

For the prophylactic treatment the patients must be clothed in flannel, not only over the whole body, but also the extremities; then they must accustom themselves to bathe the head, neck, and shoulders in cold water in the morning, and the feet at night. The cold once caught there are numerous remedies given to abort it. I have had the best results from opium and belladonna, and often add to this a spray of a two per cent. solution of cocaine in the nares. It is of course necessary to give a cathartic. Quinine I do not like as it is not reliable.

As it was my good fortune to take two courses under the late Prof. Elsberg, I would like to give you his directions to abort an acute rhinitis. The first prescription he gave the patient was:

℞.—Ammon. carb . . . . . ℥j.
Liq. morph. sulph . . . . . ℥js.
Mist. amygdalæ . . . . . ℥xij.
S.—℥j every three hours for the first day.

Then when the patient was in bed at night and covered up he gave a diuretic: ℞.—Sp. acetatis ammon. ℥ijss; the next day he gave the morphine mixture every four hours, and the second night a cathartic, as a comp. colocynth pill.

If the cold should return in a day or two take another six doses of the morphine mixture, and then the cathartic; when it seizes the lower portion of the naso-pulmonary mucous membrane take:

℞.—Tr. benzoin comp. . . . . ℥j.
Ext. conii . . . . . gr.x.
Ammon. carb. . . . . ℥js.
S.—Put into a pint of hot water and then inhale the steam. Place mustard plasters over the chest one night and over the back the next.

I simply give Elsberg's treatment to show how we have advanced in our treatment of acute cold in the past few years.

Lotions for Vulvar Pruritus (Percy):

Carbolic acid	1.3	gramme.
Tincture of opium	15	"
Hydrocyanic acid.	7	"
Glycerine	15	"
Distilled water.	120	"

On the other hand Scanlin recommends the following pomade:

Hydrochlorate of cocaine	0.6 gramme.
Lanoline	30 grammes.—M.

—*Revue de Therapeutique.*

INSUFFICIENCIES OF THE OCULAR MUSCLES

AND THEIR TREATMENT WITH PRISMS AND BY GRADUATED TENOTOMIES.

Read before the one hundredth annual meeting of the Delaware State Medical Society at Dover, Delaware, on June 11, 1889.

By READ JENNINGS McKAY, M.D.,
of Wilmington Delaware.

(Concluded from page 627,)

Case VIII.—On October 10, 1888, Mrs. M. E. T., aged forty, first consulted me, saying she had had headache all of her life. Has worn weak convex glasses (selected under a mydriatic) the past six months, with some slight relief. Her eyes ache and blue after near work. Examination shows far-sightedness and astigmatism, and insufficiency of internal recti, from 2° to 3° for distance, and some amount in accommodation, abduction 5°, adduction 4°. She was exercised with prisms daily, and every other day for twelve days, and on October 22 glasses were ordered as follows:

R. E. + 42^{s} ◯ — 144 cyl. axis 15° ◯ prisms 2° base in.

L. E. + 42^{s} ◯ — 144 cyl. axis 165° ◯ prism 2° base in.

This corrected her reaction and insufficiency. She was ordered to wear them constantly, and to report from time to time how she gets along. This she has done, and very favorably (last time May 18, 1888), saying she is free from those headaches she used to have, and when she has pain, it is very slight. She can sew with comfort, and read the papers, but not books, as much as she wishes.

Case IX.—Miss A. T., aged thirty-five, consulted me first October 4, 1882, for scleritis of L. E., which became inflamed seven months previously. She complained of often seeing double. Her eyes improved, relapsed, and improved again, first under salicylate of soda, and later under hydrarg. bichloride, which latter she has used more or less irregularly from time to time for years. R. E. V.=$\frac{16}{70}$. L. E. V. $\frac{16}{40}$ was ordered + 42, as she was far-sighted. March 19, 1883, + 20 was ordered for all distances. R. E. V.=$\frac{16}{100}$, L. E. V.=$\frac{16}{20}$, April 11, + 15 was ordered for near uses.

November 8, 1884, + 12 for near uses was ordered. Declining a mydriatic, as she wanted to continue at work, she was ordered on October 4, 1887:

R. E. + 14^{s} ◯ — 14 cyl. ax. 165° V.=$\frac{15}{30}$.

L. E. + 18^{s} ◯ — 48 cyl. ax. 90° V.=$\frac{15}{12}$. +

September, 12, 1888—She called as requested, and examination showed, insufficiency of interni for distance of 25°. Could not measure it for the near point.

September 28.—Insufficiency 27°.

September 29.—A graduated tenotomy of left externus was done under six per cent. solution of cocaine, until the rectus tendon was entirely cut off, and only 2° to 3° of insufficiency remained.

On October 24, one week later, from 6° to 10° were found, and she would not submit to further operations.

On November 1, 1888, prisms 3° on each side, bases in, were ordered in hook-grab frames to wear on her

distant glasses. These were worn until April 22, 1889, when glasses were ordered under 2 p. c. solution of hydrobromate of homatropine, as follows:

R. E. + 9ˢ ◯ — 8 cyl. ax. 165° ◯ prism 3° base in.

L. E. + 13ˢ ◯ — 30 cyl. ax. 90° ◯ prism 3° base in.

To be worn for all distances. When first obtained and worn on the street she was greatly pleased with her improved vision. She continues very comfortable, but is not able to sew constantly.

CASE X.—Dr. D., aged twenty-four, consulted me first, June 20, 1883, for conjunctivitis palpebral and far-sightedness. October 29, 1883, paralysis of left superior oblique was diagnosticated. He had vertical diplopia, and carried his head to his shoulder habitually. Correcting glasses and prisms were ordered for far-sightedness:

R. E. + 42 ◯ prism 3° base up.

L. E. + 42ˢ ◯ prisms 4° base down.

These he wore with considerable relief to his severe headache. But he did not always wear them, as they often annoyed him. July, 1888, examination of him, after "Stevens' method," detected insufficiency of his superior recti of 26°, and his interni of 70°. Dr. Charles Hermon Thomas, of Philadelphia, saw him with me, confirming the latter diagnosis. The case was transferred to him for treatment. Dr. Thomas has operated upon him five times by graduated tenotomies, three times upon his left superior and twice upon his right inferior recti. The patient has experienced great relief and comfort, and does not have his frequent attacks of most excruciating headache. He wears correcting glasses selected under a mydriatic.

R. E. + 26ˢ ◯ — 60 cyl. ax. 165.

L. E. + 26ˢ ◯ — 60 cyl. ax. 155°;

without any prismatic correction. His insufficiencies have been fully corrected, and he can use his eyes as much as he desires without discomfort.

CASE XI.—On September 28, 1886, M. H. T., aged ten years, a school girl, her father a physician, was brought to me by her mother, who stated that her eyes began to trouble her two years previously by itching, smarting and burning. She had headaches if she used her eyes much. Examination showed far-sightedness, and + 48 glasses were ordered for all uses. On November 20, they were changed to + 30 for all uses. She was somewhat relieved, but her headaches grew worse, and no internal remedy seemed beneficial, as her father reported.

November 22, 1888.—She was again examined. Insufficiency of the superior recti was detected: abduction 4° 5°, adduction 3° to 4°. She was exercised with prism, and wore for some weeks a prism of 1°, base up, on her R. glass, with considerable relief from her headaches.

December 14, 1888.—Homatropine, 2. p. c. solution, was used to suspend her accommodation, and glasses were ordered as follows, to correct the far-sightedness, astigmatism and insufficiency, viz:

R. E. + 18ˢ ◯ — 144 cyl. ax. 180° ◯ prism 1° base up.

L. E. + 18ˢ ◯ — 144 cyl. ax. 180°.

She began at once to wear them with comfort, and has practically gotten rid of her headaches, being very rarely troubled by such pain, and able to attend school regularly.

CASE XII.—September 4, 1888.—Mr. S. J. P., clerk in a grocery store, was referred to me by a physician, to have his eyes examined, as medicines did not afford any relief. He complained of a great deal of headache and dizziness. Has dypsepsia. Examination showed far-sightedness and astigmatism. Insufficiency looked for, but not found; + 36 glasses were ordered, which helped him somewhat for a time.

December 31.—He returned, by the doctor's advice, again. Prism test showed insufficiency of externi for distance, and insufficiency of interni for near point; abduction 6°, adduction 3°. He wore on L. E. prism 1° base down, and out 135° for three days. From January 3 to 20 he wore prism 1° base up on R. E. On January 21 changed 2° prism base up on R. E., and became very comfortable; no pain or dizziness while wearing glasses, but both promptly came on if the prism was removed. Declined use of a mydriatic to correct his refraction, as he could not spare time from his business. February 14, he was ordered;

R. E. + 36ˢ ◯ prism 2° base up.

L. E. + 36.

Which he has continued to wear with comfort, and attend to his business.

CASE XIII.—Mr. F. E. H., aged twenty, clerk and telegraph operator, U. S., was first examined April 19, 1884. He reported his eyes had been weak from time to time for several years after prolonged use. Present attack began twelve days ago. Had to stop work. Not very strong. Ordered hypophosphites comp. V. $=\frac{16}{16}$. Has slight conjunctivitis. Ordered borax and camphor lotion. He was far-sighted and astigmatic, and was ordered + 42 for near uses. July 16, 1884, ordered + 30 for all uses. April 20, 1885, after three days use of a 2 and 4 grain solution of duboisia sulphate was ordered:

R. E. + 18ˢ ◯ — 72 cyl. ax. 180°.

L. E. + 18ˢ ◯ — 72 cyl. ax. 180°, for all purposes. V.$=\frac{18}{12}$.

Continued their use with comfort until April 16, 1888, when he was examined, and found to have insufficiencies of his superior and internal recti, corrected by

R. E. prism 2° base in, and

L. E. prism 1½° base down,

which he was ordered to use in hook-grab frames on his sphero-cylinders for near work. September 18, 1888, he was directed to continue his prisms for near purposes only, as he reported he was very comfortable in using them, although he had 1° of insufficiency of his superior recti, and 1° of his interni for distance, which he declined to have corrected.

CASE XIV.—Dr. M., aged forty-three, in March, 1886, V $=\frac{15}{10}$ +, began to have phlyctenular conjunctivitis of his R. E., and in June, 1886, of his L. E. Both eyes continued inflamed more or less until October, 1886. He was unable to attend to his practice three months of 1886. Began to wear glasses to correct his far-sightedness, and changed them until in March, 1887, he was wearing

R. E. + 30 ⊂ — 72 cyl. ax. 110°.
L. E. + 30 ⊂ — 72 cyl. ax. 40°.
for all uses. Reading and writing continued painful. July, 1887, under a four-grain solution of atropia continued four days, correcting glasses were selected.
R. E. + 24 ⊂ — 60 cyl. ax. 100°.
L. E. + 24 ⊂ — 60 cyl. ax. 50°.
These were worn constantly, and still near use of eyes very painful. Then an additional convex glass in front of his sphero-cylinders was tried (+ 36) to relieve presbyopia. He experienced no perceptible relief from near use of eyes during fall of 1887. In January, 1888, began to look for insufficiency of interni, and it was detected. On March 26 began to use prisms, bases in, R. E. 2°, L. E. 3°, for near uses only, and began to feel some relief. March 31, 1888, began to use sphero-prisms.
R. E. + 36 ⊂ prism 2° base in.
L. E. + 36 ⊂ prism d° base in.
in hook grab frames on his distant glasses for reading and writing. Began to improve slowly but gradually. Later, insufficiencies of superior and internal recti for distance were detected. Was exercised with prisms, abduction 4°, adduction 18°. On June 7, 1888, consulting Dr. Charles H. Thomas, of Philadelphia, he detected that for distance R. E. needed prism of 1° base up and in at 45°, and that L. E. needed prism of 1° base in, to correct distant insufficiencies; and that the above sphero-prisms for near uses were also needed and continued. From that time improvement was steadily progressive, and relief from the almost constant pain on attempting to read was gradually more and more manifest. After one month's vacation during August, 1888, returning home, the insufficiencies were the same for near and distance, viz., R. E. prism 1° base up and in at 45°, L. E. prism 1° base in, and only + 36 glasses without prisms have been worn on distant glasses for near uses.

CASE XV.—Mrs. M. M. H., aged thirty-six, a small and delicate woman, came first under observation November 25, 1887, stating that for sixteen years past she had been weak and sickly. For several years has had severe spells of sick headache, until she began to wear glasses, three months ago. One month ago her eyes began to pain again.

After a week's use of a two and four grain solution of duboisia sulphate, glasses were selected.
R. E. + 24 ⊂ — 72 cyl. ax. 180°.
L. E. + 24 ⊂ — 72 cyl. ax. 180°.
She wore these glasses constantly, but could not read with comfort. She carried her head turned toward her shoulder, could never look up with comfort. Has crossed diplopia, both far and near.

June 27, 1888. Insufficiency of the interni of 2½° to 4° was found; abduction 9°, adduction 6°.

After trying prisms and exercising with them, she was ordered, July 9, 1888:
R. E. + 24 ⊂ — 72 cyl. ax. 180° prism 1½° base in.
L. E. + 24 ⊂ — 72 cyl. ax. 180° prism 2° base in.
These were worn with comfort for a few weeks only; still could not read and complained of diplopia.

September 5 to 20. Insufficiency of interni 7½°, in accommodation 9½°, abduction 6°, adduction 1° to 2°.

October 24. A graduated tenotomy of right externus was done.

November 16. Repeated tenotomy of R. externus.

December 5. Did a graduated tenotomy upon left externus. Her child took sick next day, and she was closely confined, nursing him through scarlet fever, for several weeks. After a number of weeks, insufficiency of superior recti, which had always been looked for, manifested itself, and was corrected by prism 1° base up on R. E. Diplopia still very troublesome, preventing reading. Insufficiency of externi manifested itself (her original trouble being insufficiency of the interni), and she was worse without the prism, which corrected the upward swing of one eye. She wore this prism for some months, and on April 27, 1879, was ordered in her R glass + 24 ⊂ — 72 cyl. ax. 180° prism 1° base up, and continued for left glass + 24 ⊂ — 72 cyl. ax. 180°. Has had very little insufficiency of any kind, and very little diplopia after this time. Her eyes have continued to improve, although she has been very ill with pleuropneumonia this spring.

CASE XVI.—November 13, Miss M. C., aged forty-five, who has charge of a number of children, and sews, stated that in 1875 her eyes began to annoy her. In 1876 a prominent oculist ordered her + 30 glasses. Lately she has been wearing + 20 for all uses with comfort until a few months ago, when they did not suit for near work such as sewing, and + 60 were ordered to wear over them for near uses.

February 19, 1884. + 16 were ordered for distance, and + 12 for near uses.

May 19, 1887. + 20 were ordered in front of her distant ones (the + 16).

On June 6, 1888, she was complaining a great deal, when insufficiency of interni of 1° was detected, and insufficiency of interni in accommodation 5°, with abduction 5°, and adduction 7°. She was exercised with prisms and wore them several days for some hours, and on June 26 was ordered:
R. E. to continue + 16.
L. E. + 16 ⊂ prism 1½° base up and in, at 150°, which she has worn with great comfort ever since.

July 12, 1888. For reading, to correct insufficiency in accommodation, she was ordered;
R + 20 ⊂ prism 2° base in.
L + 20 ⊂ prism 2° base in.
to wear in front of distant ones. In the spring of 1889 one of these prisms was discontinued. She can work much better, but has occasional blurs.

CASE XVII.—Miss E. T., aged sixty-seven, consulted me on July 7, 1888, stating that thirty years ago she had measles, and her eyes had been weak ever since. Twelve years ago she was ordered by a prominent oculist of Philadelphia two pairs of glasses, distant ones and near ones, with prisms, with bases in for insufficiency of interni for near point. She could not wear the distant ones with comfort, but did the near ones for several years. She is a martyr to neuralgic headaches and spinal irritation. Examination detected myopic astigmatism and insufficiency of superior and internal recti, abduction 9° adduction 1°. After a number of trials with prisms, on July 25 glasses were ordered for distance.

R.— 72 cyl. ax. 180° ◯ prism 1° down and in at 135°.
L.— 71 cyl. ax. 180° ◯ prism 4° base in.

To be worn constantly, and for reading wore + 16 in front of them. She could and did wear the distant glasses with more or less comfort, but was not able to read at all satisfactorily.

Returned to me early in March, 1889, and after testing and trying prisms with her reading glasses, she was ordered March 25:

R.+16" ◯ prism 4°, base in.
L.+16" ◯ prism 4°, base in,

which she found quite an improvement, but was still unable to read or sew as much as desired. She was to use them with or without her distance glasses.

CASE XVIII.—Mrs. L., aged fifty-three, consulted me October 17, 1888, saying she had been near-sighted since childhood. Began to wear concave glasses at twenty-four years of age. Now is wearing No. 5 concave and V=$\frac{15}{30}$, but cannot read at all lately with or without them. She is suffering very much from bad sick headaches. Being in a moving crowd distresses her very much. Examination showed compound myopic astigmatism, insufficiencies of superior 5°, and internal recti 2°. Prisms to correct this were loaned her, which she wore for several weeks with her concave glasses, when the following glasses were ordered:

R.—5½" ◯—60 cyl. ax. 180° ◯ prisms 3°, base in.
L.—5½" ◯—60 cyl. ax. 186° ◯ prisms 5°, base up,

which she began to wear at once. After several days she became used to them, and wears them for distance with great comfort and satisfaction. For reading and music she puts on them +16" in hook grab frames, and gets along fairly well. A few weeks ago she confirmed this report.

CASE XIX.—On January 9, 1889, I examined A. G. S., a school-girl aged sixteen years (daughter of a physician) who was reported as always having had headaches and they were worse lately. No medical treatment seemed to help her. She was nervous and irascible to an unusual degree. She is not strong. Her vision was $\frac{15}{12}$. Has slight far-sightedness, and insufficiencies of her superior and internal recti. She was loaned, R. E. 3°, base in.

L. E. 4°, base up.

which she wore with comfort from the beginning. Removing them created immediate confusion and dizziness, and she desired them put on. She only wore them irregularly although requested to wear them constantly, but she would not, out doors, for some time. Her headaches and irascibility soon greatly improved after she had worn them constantly awhile. On February 2, 1889, was ordered:

R. E. prism 6°, base in.

L. E. prism 4°, base up, in eye-glasses. She wore these constantly for several months, with great relief of all of her painful symptoms. I met her June 20, and she reported herself very comfortable and *unable to do without her prismatic glasses.*

CASE XX.—On November 6, 1888, Miss E. C., aged twenty-seven, U. S., called to see me about her eyes, reporting they had been weak and painful two or three years. She has had a great deal of neuralgia on left side, and her left eye has been misty at times. Examination showed considerable myopia without glasses, which she had never worn.

R. E. V=$\frac{15}{70}$ and increased to $\frac{15}{30}$ by —9" glass.
L. E. V=$\frac{15}{200}$ and increased to $\frac{15}{30}$ by —4" glass.

Further examination by prism test showed insufficiency of superior and the external recti. She tried plain myopic glasses,

R.—10,
L.—4,

for a time, returned them, complaining she could not wear them. She was tried a number of times in office with prisms, and on November 22 was ordered:

R. E.—10" ◯ prisms 3°, base up.
L. E.—4" ◯ prisms 5°, base out.

These she could not wear. They made her dizzy and afraid of falling. She is now wearing near-sighted glasses without prisms.

CASE XXI.—On March 29, 1889, Wm. G. R, boiler maker, aged thirty-one, had his left eye injured by a flying chip of iron, which caused a vertical rupture of cornea and sclerotic at the outer margin of cornea, and prolapse of a portion of iris, with intra-ocular hemorrhage. The prolapsed iris was snipped off under cocaine, and compressed bandages worn constantly. V=$\frac{15}{200}$. Local treatment was kept up (cocaine and atropia) securing and keeping up dilatation of pupil. During next ten days a number of paracenteses were done. His eye improved very satisfactorily, and about April 15, he wished to try to work. V=$\frac{15}{40}$. When he looked with both eyes he had diplopia, which was painful and very annoying to him. Examination with prisms showed it to be insufficiency of superior and external recti. He was loaned prisms on April 18, for his insufficiencies:

R. E. prisms 4°, base out.
L. E. prism 2°, base down,

which blended images promptly and with comfort. He went to work with them, and reported on 25th the prisms continued comfortable, and prisms removal caused confusion, pain and dizziness. To continue their use. On May 2, reported not so comfortable, eye painful. Examination showed a change in the disappearance of the insufficiency of the superior recti, and a slight increase of the insufficiency of external recti from 4° to 5°. Prisms were given: R. E. 3°, base out, L. E. 2°, base out.

March 27, the insufficiency of externi was 7° and prisms were given him:

R. E. 4°.
L. E. 3°, bases out, which he is still wearing with comfort.

A brief resumé of these twenty-one cases shows two cases, I and II, were slight insufficiencies relieved by wearing correcting glasses, and being exercised with prisms for a few weeks, and taking internal remedies to improve their general health.

Cases III, IV and VI are insufficiency of the external recti relieved by correcting glasses and prisms, but case V with a large amount of insufficiency externi (18° to 20°) required three graduated tenotomies and prisms as well as correcting glasses.

Cases VII and VIII were insufficiency of the interni and relieved by correcting glasses and prisms, but case IX with 27° of insufficiency of the interni

for distance, had a tenotomy done correcting about 20°. Declining further operations, sphero-cylindrical prisms were ordered.

Case X insufficiency of the superior recti of 27° was relieved by five graduated tenotomies by Dr. Charles H. Thomas, of Philadelphia, Pa., and correcting glasses without prisms.

Cases XI and XII, also insufficiency of the superior recti, were relieved by glasses and prisms.

Cases XIII, XIV, XVI, XVII, XVIII and XIX insufficiencies of the superior and internal recti were relieved by correcting glasses and prisms.

Case XV also insufficiencies of the superior and internal recti was not relieved by correcting glasses and prisms, until three graduated tenotomies were done.

Case XX, insufficiencies of superior and external recti was not relieved by correcting glasses and prisms and declined tenotomies.

Case XXI, traumatic in origin, insufficiencies of the superior and external recti were relieved by prisms alone, the insufficiency of the superior recti disappearing.

THE PROPER USE OF ERGOT IN LABOR.

Read before the Syracuse Medical Association, Oct. 8, 1889.

By F. O. DONOGHUE, M.D.,

Member of Medical Staff of St. Joseph's Hospital.

THAT there should be any diversity of opinion concerning the use of a drug so frequently brought into requisition in the lying-in room as ergot is somewhat surprising, considering that its physiological properties are so well understood. The specific action of ergot is to produce contractions of the uterus and to lessen the intervals between each pain. The explanation of this unquestionable action is the stimulation of the center for the uterus in the spinal cord, or that the drug acts directly or indirectly upon the muscular fiber through the blood supply. Be this as it may, there is no disagreement among medical men as to the statement that, when administered in ordinary doses, it is pretty certain to produce in the parturient uterus powerful and persistent contractions. Notwithstanding this universal agreement as to its action, ergot is given in labor by different physicians in widely different conditions. Some give it to stimulate the uterus in all stages of labor; some to expel a retained placenta; some advise it in uterine inertia from any cause whatever, and others administer it as a prophylactic against post-partum hemorrhage; still another class give it merely as a matter of routine.

In my own practice I find myself giving less and less of ergot yearly; in fact I might almost say I have ceased giving it. I have learned that in most cases the pains are better adapted to their purpose than any modification we may make, and in case there be any disproportion between the size of the fœtus and the pelvis of the mother, or any obstruction to delivery, I believe a prompt application of the forceps is preferable. The physician is then master of the situation. He may exert little or much force, as is required. It is well known that, if a dose of ergot be given, this may be followed by tetanic contractions over which we can exert no control. It is also well known that these contractions are very destructive to fœtal life, as in the intervals of normal labor-pains ăeration of the fœtal blood takes place in the placental capillaries. Ergot, therefore, interferes seriously with the fœtal circulation. If speedy and rapid delivery do not take place, the death of the fœtus is likely to ensue. Moreover, the lacerations of the uterus and perineum which may follow the administration of ergot should not be forgotten.

Upon what grounds ergot is administered for the expulsion of the retained placenta I cannot conceive, It produces exactly the opposite condition hoped for: of firm contraction, and holding in a vice-like grip the secundines which we are endeavoring to deliver.

As a prophylactic against post-partum hemorrhage, other means more speedy and certain in action should be invoked, Those who depend upon ergot for its control are pretty sure to be sadly disappointed. We have no warning that post-partum hemorrhage is about to take place, and it is certainly not justifiable to administer it in every case, anticipating it.

I am impressed with the belief that we would hear less of retained placentæ, hour-glass contractions, uterine and perineal lacerations, and stillborn children if ergot were less freely given than it is at present.

The question might be very appropriately asked, Under what conditions could ergot be given with benefit. The answer: When, from any cause, there is uterine inertia, and there is no possible obstruction to immediate delivery. Then ergot may be given.

I am not an extremist to desire that ergot be expunged from the obstetrician's aid. Nor do I wish to inveigh against it as an invaluable remedy in some conditions. Yet I desire to enter an emphatic protest against its use as a matter of routine in obstetric practice. The cases must be very rare indeed which call for its administration.

PATHOLOGY OF SEVERE BURNS.—Dr. Oscar Silbermann, of Breslau, studying the clinical and pathological signs of the destruction of numerous red-blood corpuscles, found by his experiments: 1. That after extensive burns of the skin the red blood-corpuscles alter their form and lose their power of resistance to heat, drying, compression, and staining. 2. In consequence of these alterations numerous thromboses in the arterioles and capillaries, especially in the finer branches of the pulmonary artery, occur, leading to stasis in different organs—*e. g.*, lungs, kidneys, stomach, bowels, liver, spleen, skin, and brain. 3. The large deviation of the pulmonary capillary circulation produces a considerable impediment to the emptying of the right heart and serious venous congestion, as well as dangerous arterial anæmia. 4. This state, coupled with the above-mentioned symptoms, leads to bleeding and parenchymatous alterations in the affected organs. 5. The interference with the circulation also produces dyspnœa, a small pulse, angina, eclampsia, and anuria, as well as a remarkably low temperature.

—*Lancet.*

Paris Letter.

ABSINTHE.

A PHYSIOLOGICAL study of absinthe made by Messrs. Cadeac and Meunier, a few weeks ago, seemed to prove that absinthe itself was not dangerous. These gentlemen found that the liquor sold under that name did not contain absinthe alone, but consisted of a mixture of absinthe, anise, badian (or the star anise), coriander seeds, fennel, mint, and some other less harmful aromatics. Taking each substance separately and giving it to animals, they decided that the absinthe was relatively innocent, while aniseseed was the most dangerous part of the drink. A new study of the matter, however, by Dr. Laborde, the distinguished chief of the physiological laboratory at the Faculty of Medicine in Paris, proves that the first experimenters were in error. Dr. Laborde found, on injecting a cubic centimetre of essence of absinthe (that is to say one gramme) into the cellular tissue of a guinea pig, that the animal was taken at once with a violent convulsive attack, with all the symptoms of epilepsy, which gave it no rest until it expired about an hour afterwards. On making the same experiment with ess. anise on another animal, not the slightest symptoms of convulsion followed. These series of careful experiments only confirm the already accepted opinion, that absinthe has a most dangerous influence over the human organism, when injected, and that it is not true that the aniseseed, and other aromatics used in its preparation, have much influence over its toxic action.

CARBOLIZED SOLUTIONS.

A rather important fact has been brought out by M. Carles. It is to the effect that carbolic acid solutions differ according to what is used for dissolving the acid. One of the most interesting solutions is with glycerine; here it was found that no matter what the degree of concentration, the solution *was not caustic*, and that it is well supported by the mucous membranes, while solutions made with water will burn even the unbroken skin, not to speak of the caustic action of such solutions on the mucous membranes, which all know to be extremely caustic. Even the glycerine and alcoholic solutions become caustic when the slightest quantity of water is added. The outcome is not to use any water in such solutions when intended for internal, or even local, use.

ASTIGMATISM.

The late congress of the *Société Française d' Opthalmologie* had an excellent meeting, and one of the most interesting papers was one giving some observations tending to show that "regular astigmatism, unassociated with disease of the cornea, is subject to variation with age." This subject was treated in a most original manner by Dr. George J. Bull, of Paris, formerly of America and Canada.

Dr. Bull gave the results of a study of a large number of cases that had been examined by Dr. Javal for the last twenty years, and also of a considerable number that had been carefully gone over by Dr. Bull himself. The whole number of cases was grouped in methodical tables, and the difference was noted as they were observed at the several examinations made; and they were then compared with one another. Although considerable differences were several times observed, Dr. Bull did not feel justified in concluding that astigmatism may increase or diminish with age. But a case, absolutely characteristic, observed with special care by the subjective method, and studied with the ophthalmometer, having shown him an increase of two dioptrics in the corneal, and total astigmatism of a young subject, he then believed that however rare such variations may be, and however difficult to explain in the present state of the etiology of the subject, we must, however admit that they do occur. The practical conclusion follows—that we cannot rest satisfied with one determination of a patient's astigmatism, but we must re-examine his eyes from time to time.

CEREBRAL WOUNDS.

The delicate question of cerebral and medullary traumatisms, and their relation to legal medicine, was brought up in The International Congress on Legal Medicine, and, after a very complete discussion by all the leading lights present, it was decided that "In the present state of science it is difficult, if not impossible, for a physician to determine exactly the consequences of such injuries, as patients who seemed to be seriously injured have been known to get well after a few weeks or months; and others who do not seem to be much affected by the accident will yet suddenly be taken with most serious symptoms, even after a long time, and they then fail to return to health. So that, only by a *very long* and attentive observation of such cases can a proper prognosis be made out." Under these conditions, doctors should not be held to give an absolute appreciation of the actual state or of the future cure of such patients. A definite opinion can only then be given after a lapse of considerable time. The court can, in the meanwhile, give some temporary relief as may be thought just, until the final report can be made that can establish the extent of the injury. This is interesting to all physicians who may be called to testify in accident cases.

WHOLESALE SALES TO OPIUM-EATERS.

Drs. Luteaud and Decoust, in the same Congress, called attention to the fact that the morphinomaniacs have taken to buying their drug from wholesale druggists, either directly or through some friend or messenger. The only restriction put upon wholesale chemists has been that they keep a register of the names and addresses of those who buy poisons from them. It is quite a common thing nowadays for those who want drugs of all kinds, as well as morphine, to buy from wholesale merchants. In this way they have a triple advantage. 1. They escape the doctors' care and fee. 2. They get the drug cheaper. 3. They get it in large quantities. The retail chemists have become careful not to renew morphine prescriptions too often, and the very fact that they charged a certain sum for such solutions was a check on their being used too much, particu-

larly by such patients as could not afford to pay. But with the new system they get the drug from the wholesale merchant for a low price, and make their own solutions. The following resolutions were passed :

1. That wholesale druggists and manufacturers of pharmaceutical products shall only be allowed to sell morphine and cocaine to regular druggists, and they must deliver it to them by their own men.

2. The retail druggists shall only be permitted to fill a morphine or cocaine prescription once, and they must put the name and address of the person to whom they sell on their own books, and send a copy of the same to the police station of their district, where it must be written on the police report book.

IODIDE OF POTASSIUM.

Dr. Huchard calls attention to the administration of iodide of potassium, and as it is used in large quantities by all physicians, it may be well to give this excellent observer's method. He thinks that the reason why it is not tolerated in some cases, is nearly always because the renal filter does not work well, so that the indications are to add milk and other diuretics to its use. Dr. Huchard gives the following formula :

℞.—Sodium iodide . . . . . 5 grammes
Arseniate of soda . . . . . 0.05 "
Extract of squill . . . . . 0.05 "
Distilled water . . . . . 300 "
Sig. Take two tablespoonfuls per day.

Professor Dieulafoy and Dr. Besnier also give arsenic with iodide of potassium, using as many drops of Fowler's solution as they give grammes of iodide, that is, up to five, six or eight of each. Of course, after that dose, the arsenic is lessened.

EXERCISE.

"*The Pleasure of Movement*," is the title of a late work by a physician who praises exercise in the treatment of diseases. We extract some gems from it: "There is certainly a physical and moral pleasure that accompanies every movement of our bodies. The physical action enables us to get rid of pain, and the moral gives us the satisfaction derived from our fight against the natural forces." "Movements seem to please us the more they are in direct opposition to the laws of gravity. Indeed the dream of humanity seems to be to get rid of gravitation." "Movement, or active exercise, is the best of the anæsthetics ; when ever we accomplish an energetic effort, as long as it lasts, we are almost insensible to pain ; when, for instance, we are immobile, a blow on the shoulder hurts us; but during the excitement of violent exercise (boxing, etc.), some of the hardest blows are not felt at all." "Movements procure a positive physical pleasure, as all the functions are accelerated, the heart beats faster, the respiration increases in frequency and depth, and we feel a sensation of good health ; we live quicker, and are happy to do so; movement will then permit us to flee from pain, and it is also certain that muscular exercise is the best remedy for mental and moral troubles and annoyances."

MEMBRANOUS COLITIS.

The very common affection, spoken of sometimes as *membrano-mucoid colitis*, or, as Dr. Huchard wishes it, "muco-membranous concretions of the intestines," is often seen among women, who are usually constipated, and suffer at the same time from uterine complaints as well, or from neurasthenia. They pass, per rectum, a variable-shaped mass of muco-membranous structure. It would seem that some inflammatory process is the cause, but many think that enteritis is not a necessary element in its etiology. It certainly depends on constipation, bad alimentation, sedentary life, and, perhaps, the arthritic diathesis. Dr. Ringer recommend arsenic for the trouble, but Dr. Brunon lately sums up its modern treatment as follows :

1. Evacuate the fecal matter and eliminate the muco-membranous exudate by the oily purgatives, or with magnesia, podophyllin, or give mercurial purgatives, such as calomel, blue pill, etc., but do not use the alkaline or drastic forms of purgation.

2. Realize, as much as possible, intestinal antisepsis, by rectal injections of solutions of borax. In children this may be done by having powders of bismuth and chalk blown into the rectum.

3. If there is pain, use belladonna, or opium ; the last when no constipation. The nervous element, when present, is best treated with hot baths.

4. The alimentary regimen is one of importance. At first there should be suppression of all solid foods, raw fruit and vegetables. Give raw meat, scraped, and put into a meat soup. All vegetable food must be given mashed into a *puree*, and a little alcohol may be given. The Vichy, Vals and Plombiéres mineral waters are also used to an advantage.

CHLORAL IN OBSTETRICS.

A suggestion in a late paper as to the use of chloral in obstetrics, seems like a good one. It is well known that it is not easy to give this drug when needed in eclamptic fits, as the woman cannot swallow, so that it is mostly used per rectum. But here, again, its effects are often sought for in vain.

The author of the present paper proposes to use an œsophageal sound, putting a wooden wedge between the teeth, and passing the sound with care so that it does not pass into the larynx, which, however, would be quickly noticed, as the respired air would be felt coming from the sound. Having placed it, four to five grammes of chloral in one hundred and twenty grammes of water, is passed per the sound, and a rapid effect is obtained.

TREATMENT OF COLD ABSCESSES AND ADENITIS.

The favorite treatment in Paris in late years has been to inject a solution of iodoformed ether into such abscesses, after drawing more or less of the contents. This, however, causes great pain from the violent distension of the sac that follows the injection ; and the fact is that sometimes the ether causes a profound sleep to follow. It was found also that the iodoform was dangerous, as it might poison a person in cases of large abscesses. This being so, naphthol is now used. It is inoffensive, but it is but little soluble. Prof. Bouchard's formula is used as follows :

℞.—Naphthol beta . . . . . 5 grammes.
Alcohol at 90 per cent . . . . . 33 "
Hot distilled water . . . q. s. ad 100 cubic centimeters.
M.—Filter while hot.

When injecting it, keep the bottle in a hot water bath, and fill the syringe first with a hot antiseptic solution. Evacuate the pus, and inject slowly.

DR. THOMAS LINN.

The Polyclinic.

MEDICO-CHIRURGICAL COLLEGE.

PROF. FRANK WOODBURY, M.D.

GASTRIC CATARRH.

A MIDDLE aged man, who complained of continual pains about the heart. There were no murmurs; appetite was good; was subject to eructations; had slight pain in his head; urine was high colored and acid; there was bad taste in his mouth in the morning; his feet used to smell, but do not at present; there was a feeling of general discomfort and disinclination to work. There was an unpleasant feeling about the epigastrium and back, and a tendency to nausea in the morning. He used alcohol some years ago. The clinician said that drinking cold beer had a great tendency to produce gastric catarrh by its irritation, and increasing the flow of mucus. This patient was hearty and robust in all other respects. His trouble was gastric catarrh. He was recommended to pursue gymnastic exercises, and was allowed no alcoholics. Drinking hot water one-quarter of an hour before meals is an excellent plan. If a teaspoonful of salt be added to a goblet of hot or cold water, and taken before breakfast, it acts as a laxative, and cleanses the stomach. Oxide of silver given on an empty stomach is admirable for this condition of catarrh. As there was fermentation in this case, he was ordered:

℞.—Acidi hydrochlorici diluti, min. xx.

before each meal, to assist the digestion. One-half hour after eating he was to take:

℞.—Acidi carbolici . . . . . ♏ ss.
Tincturæ iodi . . . . . ♏ iij.
M.—Dose.

To regulate his bowels the following pill was to be taken at night:

℞.—Pulv. rhei . . . . . gr. iij.
Podophyllin . . . . . gr. ½.
M.—Dose.

DIABETES INSIPIDUS.

Boy, aged twelve years, was taken with a nervous chill a few months ago, and began to lose appetite and body weight. He was very thirsty all the time, and drank large quantities of water—about six quarts in twenty-four hours. He had no pain or discomfort, but his bowels were constipated. His urine was clear, of low specific gravity—1.001—slightly acid, and showed no signs of albumen or sugar. Patient had good health in every other respect, save that he had an occasional nervous chill. His appetite was poor. He had to pass his water every hour of the day and night. There was no history of injury to the head, or sunstroke, and, in fact, there was no exciting cause that could be absolutely pointed out as the source of the trouble. Being a case of polyuria, he was given codeia, gr. ⅓, four times a day; and in addition, fl. ext. ergot, min. xx, four times a day. This treatment had been followed out, but there was no improvement. The lecturer regarded this as a purely nervous disease of functional character, and so treated the symptoms manifested. He limited the amount of water to be drunk, and urged the use of skimmed milk only, as it contained all the nourishment needed. Three or four quarts daily were allowed, this amount to be gradually reduced in quantity. Patient might use water crackers with the milk. He was now ordered potassium bromidum, gr. xxx, each night, to be increased by 10 grains daily, to control the demand for passing water. Flannel was to be worn next the skin, and the best hygienic habits at all times were to be observed.—W. B. S.

MONTEFIORE HOME, NEW YORK.

SERVICE OF DR. F. S. DENNIS.

OCTOBER 23, 1889.

Leo Ettinger, Resident Physician.

LAPAROTOMY FOR OVARIAN CYST.

THE patient, a young girl, aged seventeen, deaf-mute, had for several years a marked distention of the abdomen. The swelling was painless and gradual in its growth, and occasioned no inconvenience to the girl, and had no effect on her general health, which was good.

The case had been examined by a number of physicians, and considerable difference of opinion existed as to its nature. It was sent to the Home from a metropolitan hospital as a case of tuberculous peritonitis, and was accepted as incurable. Diagnosis before operation lay between peritonitis, encysted peritonitis, ovarian cystoma or papilloma. Dr. S. Baruch made the diagnosis in the case of unilocular papillomata, and the operation sustained his diagnosis. The strong element of doubt in this case arose from the diagnosis of Dr. Walters, who stated that Olshausen, whose clinic she had attended during the year, had three similar cases, which, on operation, proved to be encysted peritonitis.

Operation.

Incision was made through the linea alba to the peritoneum, and cyst exposed; there were no adhesions, cyst tapped, extracted and pedicle tied by the intertwisted suture, and charred by the Paquelin cautery, pedicle dropped, peritoneum, muscles and abdominal walls sutured separately.

The tumor proved to be an unilocular papilloma arising from the hilum of the left ovary. The ovary had degenerated to a hard fibrous ball, the fallopian tube was elongated and adherent over the external surfaces of the cyst.—K. B. P.

DURING six months there were sixty-five deaths at the Norristown Hospital.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Nov. 9, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

SECTARIANISM IN MEDICINE.

WE are hoping to see the day when medicine will be so nearly perfect as a science that sectarianism will be an absolute impossibility. We hope to see all those who practise the medical art universally united upon certain general fundamental principles, and differing only upon matters of minor importance or of doubtful reality. Perhaps the very fact of medicine being an art, as well as a science, precludes every possibility of the realization of such a hope. Hence great liberality must be exercised where the opportunities for differences of opinion are so abundant; neither dogmatism nor sweeping criticism should for one moment be tolerated. As in religion, so in medicine—sectarianism has ever been rife. "Schools" have arisen, and for their dogmatism are as much to be condemned as is the excessive bitterness of those who oppose them in too general a manner, without crediting them with the good they may possess.

In connection with certain endeavors made to secure a State Examining Board, the question of sectarianism in medicine has been recently brought into prominence and made the source of much comment.

At a late meeting of the Philadelphia County Medical Society, two carefully-prepared papers were read, one entitled, Against Sectarianism in Medicine, by Dr. Edward Jackson; the other An Ethical Question, by Dr. S. Solis-Cohen, both of which elicited a considerable amount of earnest discussion. Dr. Jackson took the ground that all intelligent men should be respected for their convictions, and that differences of opinion so common in the profession generally should not be made the means of preventing that fellowship and union necessary to the furtherance of scientific knowledge. Referring then more particularly to the homœopathic school of medicine, he declared that its professors should not be criticized by the doctrines of homœopathy as taught in the *Organon*, since few of them at the present day practise these old teachings. Hahnemann was a reformer who did much to correct old abuses; but, like all reformers, was led too far by his enthusiasm. The practical homœopathists of the present time admit the good work of Hahnemann; but they recognize his errors and so exercise a more liberal profession, consistent with the broader idea of a physician. To substantiate his position, the author of the paper quoted from the Announcement of the Hahnemann College, of Philadelphia, showing that there they use the same text-books, teach the same subjects, and require the same amount of practical work as most of the so-called regular colleges. We have no reason, he said, to think that these subjects are less thoroughly taught, or that they are more ignorantly practised by the homœopathists than by the regulars.

Dr. Solis-Cohen's paper was a much longer and stronger argument, based upon the general assumption that a man must be credited for practising what he professes to. A large part of the paper was occupied with quotations from the *Organon*, and comments upon the same to demonstrate the absurd, unscientific, and mystical teaching of Hahnemann. The writer then clearly asserted that men who bear the name and practise under the colors of homœopathy must be considered as believing and practising those teachings if they are honest men. If they do not believe and practise homœopathy, as Dr. Jackson seemed to insinuate of most of them nowadays, and they still continue to avail themselves of all the advantages which the term *homœopathy* has with the laity, they are then not honest, and are simply practising deceit. In either case, a regular physician—who is honest to himself and to the laity—cannot consult with gentlemen of the homœopathic school, for in the first instance the consultation would be simply null and void, the homœopath holding to his tenets, and the regular regarding those tenets as absurd; and in the second instance he would be the abettor of fraud and dishonesty, the homœopath failing to practice what he publicly professes. Such, in brief, is the outline of the arguments of these two papers.

Unity in the profession is undoubtedly most desirable; but unnecessary and harsh criticism is not the best means of attaining that end.

It is true that we must respect men for the honesty of their convictions; but that is something quite different from respecting the convictions themselves. We confess our admiration for a homœopath, or any other "path," who honestly practises what he believes, and has the boldness to stand out publicly for his beliefs. But if it be true, as Dr. Jackson insinuated, and as Dr. Wirgman declared had been told to him by a prominent homœopathist, that in this city alone, out of two hundred and fifty pro-

fessors of the doctrines of Hahnemann, only seven were true homœopathists, no severer criticism need be offered against the school, for they are then nothing more, nothing less, than medical men making use of a trade-name to further their own private interests. Again, to assert that these gentlemen are *non compos mentis* because they are honest enough to stand by the doctrines of their great teacher, is both untrue and entirely gratuitous. Granting that they are honest in their convictions and practices, their peculiar experience or modes of reasoning may be such as to lead them into the homœopathic way of thinking, and no other. If they are true to their profession, we repeat that we admire them, though we cannot sympathize with them in their beliefs.

It seems, after all, that the great bugbear in regard to consultations between the regular physicians and the homœopathists is the name *homœopathy* itself. If a name is to be no indication of a man's views, then consultations with and the endorsement of eclectics, metallotherapists, mesmerists and Christian scientists would be quite proper, if we could only be assured that they practised upon a rational, scientific basis, regardless of what they professed or what absurdities might be involved in the terms of their profession. But this statement of the case is a *reductio ad absurdum*, and amounts simply to an impossibility.

We have occasionally met men of high intelligence among homœopathists, and we would like to have the honor of ranking them on the roll of general physicians, free from all dogma, and striving only to cure the ills of humanity in whatever way a broad and liberal science dictates. We would like to see them drop the term homœopathy with all the narrowness and dogmatism attached to it by Hahnemann, who first employed it and gave it its meaning. If they are really practising medicine upon general principles, let them decline boldly and honestly to bear any sectarian name, and so aid in promoting the union of the profession. If, however, they are homœopaths and Hahnemannians still, let them stand honestly by the doctrines attached to the name they bear, and we will be glad to grasp their hands out of the respect we bear them for the honesty of their convictions, though we may differ from them as to the value of those convictions.

MERCURY IN CONSUMPTION.

INCREASED knowledge often displays in a more glaring manner one's own weakness and inability. It is so in all departments of science, medicine included. Before the invention of the telescope and discovery of the celestial systems, man imagined that he and his little earth were the centers of all things created; he foolishly thought that in himself was the only expression of force and intelligence. In the light of these latter day revelations he now beholds his own ittleness and physical weakness. Since the discovery of the bacillus of Koch, our knowledge of phthisis pulmonalis has become so accurate that scarcely any disease is capable of being diagnosed with greater certainty; yet in regard to its treatment we have not advanced one iota beyond the older methods, but instead have become more hopeless of being able to attack the origin of the trouble itself. After having studied the vital history of the bacillus and experimented in every possible way to destroy it when it has once entered the tissues, we are compelled to think that such a very desirable result is well nigh impossible. Hence we must still rely upon the earlier plans of treatment, empirically wrought out long ago, namely those of prophylaxis and hygiene.

There are some who are beginning to believe that after all tuberculosis is to be classed in the same category with scrofulosis, syphilis and similar constitutional affections, and that the bacillus is but a secondary product, finding in the first named disease its most favorable conditions for development. In accordance with these views hygiene is the only proper basis for the prevention and rational cure of tuberculosis.

The surest prophylaxis is to keep the constitution at the high-water mark of health; when the disease has once effected its invasion, the only proper treatment is to restore and keep the organism in a vigorous state. Tonics of all sorts have been tried for this purpose, among them the preparations of mercury.

Notwithstanding the experience of a thousand years' summed up by Collin in the remark that "mercury is pernicious in consumption," the treatment has been revived and extensively studied during the past year. Martell, of Breslau, concluded after a three years' investigation (*Wiener Med. Wochenschrift*, July 1, 1889) that *calomel* is the best adapted specific antiseptic in the treatment of tuberculous conditions. Dochmann declares (*Therapeut. Monatshefte*, September) that the same remedy exercises a favorable action in the ordinary forms of anæmia, even where iron has been ineffectual; it stimulates the appetite, removes habitual constipation and regulates menstruation.

Mercury, in small doses, is undoubtedly a tonic; in large doses it is debilitating and fatal. Prof. Edward L. Keyes, of New York, published an article in the January number of the *American Journal of Medical Sciences*, 1876, giving the results of his experiments with mercury in modifying the number of red blood corpuscles in syphilis. He asserts that mercury decreases the number of the red blood corpuscles when given in excess; when given in smaller doses, continued for a short or long period in syphilis, alone or with the iodide of potassium, it increases the number of red corpuscles, and maintains a high standard of the same; given in the same way to individuals in fair health, not syphilitic, it is a tonic for a time at least, here likewise increasing the number of the corpuscles.

Dr. John R. Hall, of Marshall, Mo., has published

a paper in the present number of the same journal, reporting his experience along with a number of cases in which the iodine and mercurial treatment was tried in incipient phthisis. He says: "About eight years after reading Prof. Keyes' article, I first administered small doses of bichloride of mercury with potassium iodide to patients suffering from phthisis, with a result which, compared with former experience in such cases, was no less surprising than gratifying."

The common symptoms exhibited more or less by all his patients were a frequent pulse, elevated temperature, wasted or wasting body, loss of appetite, cough, often accompanied by bloody expectoration, pulmonary dulness on percussion, increased vocal resonance, prolonged expiratory murmur, moist râles, etc. The mercury was given in doses of one-thirty-second to the sixteenth of a grain, and the potassium iodide from two to five grains, three times a day. A marked improvement was the result in most of the cases, and in a small percentage a cure seems so far to have been obtained. The only allusion to the use of mercury in this way found by the author, was a paper read May 22, 1888, by Dr. L. N. North, of Brooklyn, who says that "the chlorides of mercury, especially the bichloride, have, I believe, been the means of doing much good," and are therefore to be placed among the number of remedies beneficial in consumption. There is nothing specific in the action of mercury employed in this manner; its beneficial action is undoubtedly due to its effects upon the processes of nutrition. Syphilitic phthisis does not differ in its anatomical aspect from the non-specific or ordinary sort, hence the action of the mercurial is not dependent upon its antagonism to the syphilitic poison entirely.

The iodide treatment we have had some slight experience with, but the results were not sufficiently favorable to induce us to continue it long enough for the purpose of comparison. The theoretical considerations for the employment of iodine and its compounds, have not been supported by the clinical results. The use of the mercurials in combination with the iodides, however, may prove more beneficial, not from any theory of their specific action, but from the simple observations of their effects upon nutrition. This treatment is therefore applicable to all diseases characterized by emaciation, diminution or destruction of the red corpuscles, and fibrous infiltrations. If these symptoms are characteristic of consumption, and usually they are when it is in its incipiency, the use of the mercurials combined with the iodides, is both rational and deserving of more extensive trial.—L. H. M.

A MEDICAL UTOPIA.

IN the great socialist novel, "Looking Backward," the author thus describes the status of the physician under the new dispensation: "The good a physician can do a patient depends largely on his acquaintance with his constitutional tendencies and condition. The patient must be able, therefore, to call in a particular doctor, and he does so, just as patients did in your day. The only difference is that, instead of collecting the fee for himself, the doctor collects it for the nation by pricking off the amount, according to a regular scale for medical attendance, from the patient's credit card. We have no poor doctors. Anybody who pleases to get a little smattering of medical terms is not now at liberty to practise on the bodies of citizens, as in your day. None but students who have passed the severe tests of the schools and clearly proved their vocation are permitted to practise. Then, too, you will observe that there is nowadays no attempt of doctors to build up their practice at the expense of other doctors. There would be no motive for that. For the rest, the doctor has to render regular reports of his work to the medical bureau, and if he is not reasonably well employed, work is found for him."

It is questionable if there are many physicians who would not welcome a rearrangement of society which would relieve them of all necessity of "taking thought for their future," or providing for the rainy day, which would remove all fear for the future of their families, enable them to devote themselves heart and soul to the work of their profession, and retire from active participation in it at the age of forty-five, to spend the remainder of their lives in recreation, travel, study, and the working out of theories suggested by their previous experience. Such a system is in strict harmony with the ideal of a profession as distinguished from a trade; and it is somewhat remarkable for a layman to take the same stand in regard to the limitation of the right to practise to those who first approve their fitness, and also to place the profession upon the highest ethical plane. And if the standard so long upheld by the profession be the one right and proper for the physician, it would seem not unnatural to infer that it might be as well suited to the rest of mankind. Mr. Bellamy should, therefore, find numerous supporters in our ranks for a scheme of a new Utopia—or a new Christendom.

Annotations.

THE FALLIBILLITY OF EXPERTS.

HOW much longer will common sense be overruled by what is called "expert evidence?" Nellie Bly, the New York correspondent, was adjudged "hopelessly insane," committed to an asylum and kept for ten days under a close guard by one of these experts, and when he was confronted with the published account of his atrocious ignorance he justified it by saying the woman "lied;" that she had merely pretended to be insane. Presently a man will justly be regarded with suspicion and dread who calls himself an expert.—Washington *Post*.

This is worse than the usual ignorance of the newspaper writer who meddles with such matters. Any

one of ordinary intelligence can study up the symptoms of insanity, and simulate them in a way calculated to deceive an expert, *whose attention has not been attracted to the question of malingering*. For instance, a man who is said to be insane, in his conversation with us imparts the information that he is the Grand Mogul, and has a mission on earth to raise a pyramid of human heads equal to Tamerlane's. We are informed by his friends that he has made attempts to begin this structure by cutting off his mother's head; furthermore, he is a person whose condition does not suggest the question of malingering. If the man admits his attempt at murder and attempts to justify it by an insane delusion, there would not only be sufficient grounds for certifying to his insanity, but the physician would be culpable in not using his influence to have the man confined as a dangerous lunatic. And if it subsequently turns out that the whole story is untrue, the delusions simulated, and the alleged lunatic is a reporter in search of a sensation, we do not see how the expert is to be blamed, or by what process he is supposed to detect the imposture.

THE HAMMOCK CURE.

THE author of the suspension treatment for ataxy now states that he obtains equally valuable results by swinging his patients in a hammock. The distinguished specialists who have been causing new nervous tissue to grow where the original is destroyed, by means of the suspension method, will doubtless exploit the hammock cure; especially as they have been suspiciously silent of late concerning the suspension method. It is about time for a new sensation (especially since that eminent worshipper of gig-respectability, the *Ledger*, has informed the medical profession that it mustn't investigate the Brown-Séquard theory) and the hammock cure has some very attractive features to recommend it. It will be popular with the fair sex; the hammock being susceptible of varied and effective ornamentation by ribbons, etc., and requiring the strength of a masculine arm to keep it in motion. Very charming costumes can be designed for it, and the daintily slippered foot cannot possibly be hidden entirely. A page in buttons is requisite to drive away errant insects, and see that no wandering caterpillars molest. As the picture develops it really looks as if fame and fortune await the man who popularizes this new method.

Letters to the Editor.

THE TEETH IN NEURALGIA.

A CERTAIN amount of attention is often necessary in order to avoid mistaking true neuralgia for other analogous affections. It is most frequently mistaken for the pain arising from decayed or newly erupting teeth; but a careful examination of the mouth will soon disclose the trouble, if from the teeth, and the proper treatment of the same will eradicate supposed neuralgia. But no amount of dental treatment will remove the pain of true neuralgia; in fact, such treatment has a general tendency to aggravate the pain. The following case is given as an illustration, and is one of many wherein the aforesaid mistake in diagnosis caused unnecessary suffering to the patient.

Miss J., age twenty-two, had been under treatment for what her medical adviser told her was true neuralgia of the inferior dental nerve. For the last six months experiencing no relief under the treatment, she put herself under my care. The location of the pain suggested to my mind an abscess or exostosis of the left inferior bicuspid tooth. I made a thorough examination of all the teeth, and, except for a deciduous left inferior molar, I found the mouth and teeth in a normal condition. The molar I removed, and afterward, in probing into the cavity, I struck the unerupted second bicuspid tooth. In a few days this had completely erupted, and the patient has been free from pain since. The pain naturally arose from an irritation of the nerve of the bicuspid, caused by pressure of the molar on it during mastication, as the patient experienced the most pain during that act.

In conclusion, I would say that in all cases of true or supposed neuralgia of the trigeminus, the first course to pursue is to give the mouth and teeth a thorough examination, for it will be found that, in a vast number of such cases, here lies the seat of the trouble.

DR. WILLIAM M. ROSENTHAL.
CHICAGO, ILL.

Society Notes.

AMERICAN RHINOLOGICAL ASSOCIATION.

Seventh Annual Meeting, held at the Palmer House, Chicago, Ill., October 9, 10, and 11, 1889.

OCTOBER 9. FIRST DAY—MORNING SESSION.

THE Association was called to order at 10 A. M. by the President, DR. JOHN NORTH, of Toledo, Ohio.

The following were elected Fellows of the Association: Dr. E. L. Siver, Fort Wayne, Ind.; Dr. C. L. Dreese, Goshen, Ind.; Dr. C. F. McGahan, Chattanooga, Tenn.; Dr. Ely McClellan, Chicago, Ill., and Dr. L. B. Gillette, Omaha, Neb.

The next thing in order was the President's address, which dwelt (1) with the relations that the physician bears to the public; (2) the relations of the specialist to the general practitioner and other specialists, and (3) what the American Rhinological Association has done for the public and for the profession.

A paper by Dr. L. B. Gillette, entitled

REPORT OF A CASE OF BRAIN ABSCESS, EMPTYING INTO THE NASO-PHARYNX,

was read by title.

The patient, aged twenty years, farmer by occupation, strong and healthy, while working on an embankment in September last with a wheel scraper, in driving along with it loaded, it in some way became unlatched and the handle in flying up struck him forcibly under the chin, knocking him down a sixteen-foot embankment, where he lay unconscious for thirty minutes. A week afterward he noticed

that something was wrong with his eyes. About the 15th of October he went to work in a brick-yard; worked three days, and then complained of being nervous and of having a slight headache. On the evening of the third day he got soaking wet in a rain, went home cold, had a chill, followed by fever. A physician was called, and pronounced it malarial fever. Dr. Gillette being subsequently called to see the case, found the patient suffering with intense headache, the pain extending down between the shoulder blades, and particularly into the right arm. Both pupils were widely dilated. Temperature was 101°; pulse, 105. He knew he had an inflammatory condition to deal with. A day or two after his advent into the case there developed marked compression of the brain. Temperature went down to 96°; pulse as low as 42; respirations to 9 or 10. Complete paralysis of right side, and partially of left; complete loss of sensibility as well as of consciousness. He also lost the sense of sight, and remained in this condition four days, without any perceptible changes whatever. The patient took his food and medicine regularly. He was surprised one morning on finding that the patient had much improved. The mother told him that during the night the patient had a violent attack of coughing, and showed him the character of the sputum. It was about an ounce of green, stinking pus, mixed with mucus. From this time the patient began to improve. There was an immediate return of consciousness, a quickening of the heart's action and respirations. Examination of the throat showed that the pus came from above. No pus came out of the Eustachian orifices, and when the patient leaned forward it would come out of the anterior nares. The discharge lasted two weeks. Where it came from, or how it got through, he could not tell. His opinion favored the ethmoidal and sphenoidal sinuses. As a result of this terrible ordeal the patient, when seen three months since, was totally blind, sense of hearing lost in right ear, has not got the use of his right arm, and his mind is not what it was. Could such results take place without some destruction of the brain tissue proper? Could the patient have the same results from an *intra-meningeal accumulation?*

In the treatment Dr. Gillette used opium, quinine, mercury, cold applications to the head, and cupping at the back of the neck, and the triple bromides as they were indicated. As soon as marked compression of the brain had developed, he began to use eighty grains of iodide of potash each day, and kept it up for thirty days. Did this treatment have anything to do with the results?

Dr. Thomas F. Rumbold, of St. Louis, read a paper entitled

REASONS WHY SO MANY PHYSICIANS FAIL IN TREATING CHRONIC RHINITIS.

The (1) is *defective instrumentation.* Not one of the physicians whose offices he had visited had a tongue depressor that would not cause the patient to retch as soon as it was introduced into the mouth. The blades of all the instruments he saw were too wide to go between the the teeth, and too long—being about six inches in length. These instruments were seldom used in examinations, the exceedingly defective method of drawing the tongue out with a napkin being employed instead.

2. The *spray-producers* used were made for watery solutions only. These physicians did not possess an instrument that could throw warm vaseline. Liquid cosmoline was found in every office. While this remedy is far superior to tannin, iodine, nitrate of silver, or any of a dozen other agents commonly found in offices, yet it is much inferior to warm vaseline.

3. The *compressed air* used was taken from a container of a capacity of from three to four or five gallons. Air enough was forced into this reservoir to show a pressure of from thirty to seventy pounds. The reservoir was filled by an air pump whose barrel was made of brass; the piston was packed with leather—which is partially-decomposed animal tissue—and it was lubricated with rancid oil of some kind. Ten pounds is the greatest pressure that the mucous membrane can stand without producing irritation, while by far the greater majority of patients require from only six to eight pounds pressure.

4. Reason for failure is an *anatomical* one. He meant by this an error in locating the disease. Innumerable clinical observations and post-mortem examinations prove conclusively that rhinal inflammation invariably commences on the superior and middle turbinated processes, and extends in all directions in the nasal passages, and into the passages connected with them, except on the floor of the nasal passages or so-called inferior meatuses. These two portions are seldom affected with inflammation.

5. The *physiological* reason.

Other reasons were *pathological* and *etiological.*

Keeping in mind that every irritation produces inflammation, what are the indications for treatment of chronic rhinitis?

(*a*) The diseased secretion, which is always acrid, therefore irritating, should be removed. If morbid growths are present, as these also are irritating, they should be removed, thus removing the local sources of inflammation.

(*b*) The new secretion, that is, that which is to be formed upon the surfaces that have been cleansed, should be prevented from becoming acrid, thus preventing another cause of inflammation.

(*c*) Hygienic and sanative measures should be insisted upon. This is to prevent a continuance of the irritation to the sensory nerves that are located upon the surface of the body and mucous membrane, by colds and other irritating agents, thus removing the originating causes of the inflammation.

Dr. A. de Vilbiss, of Toledo, in opening the discussion, differed from Dr. Rumbold in that he did not believe properly tanned leather readily decomposes. Rancid oil for lubricating the air pump is hardly ever used. Personally, he used vaseline and naphthol. With regard to vaseline, it was used as a protector to the mucous membrane on account of its density.

Dr. C. F. McGahan, of Chattanooga, heartily concurred in what Dr. Rumbold had said regarding vaseline. Where we want the surface protected

nothing will better take the place of vaseline. He sometimes uses iodine in weak solutions, and has not as yet had any bad effects from it.

Dr. A. G. Hobbs, of Atlanta, uses the oil of vaseline. *First*, for cleansing purposes, and *second*, for its celerity. He can warm it much quicker than the solid vaseline. The danger and greatest objection to the douche, in cleansing the nasal passages, is its liability to set up middle ear catarrh, which is sometimes produced by the post-nasal and anterior nasal douche.

Dr. John North, of Toledo, did not favor the use of tongue depressors. Patients should be trained to manage their tongues without them. When he did use one, it was a small, wire tongue depressor. He uses the oil of vaseline for cleansing the nasal passages with a little alkaline spray, or even with eucalyptus, or some other antiseptic dissolved in it. High pressure the rhinologist did not want.

Dr. C. L. Dreese, of Goshen, Ind., read a paper on

REFLEX SYMPTOMS OF RHINAL DISEASES, WITH REPORTS OF CASES.

The *first* case was one of heart, stomach, and lung troubles, caused by sympathy from rhinal disease. The removal of the latter affection was followed by recovery of the former. The *second* case was one where incontinence was a reflex symptom of chronic nasal catarrh, and was cured by treating the catarrhal trouble alone. The *third*, in which epilepsy was a complication of rhinal disease.

Afternoon Session.

Dr. C. H. Moore, of Indianapolis, contributed a paper on

OCULAR REFLEX SYMPTOMS IN NASAL DISEASES.

He had relieved a case of neurotic affection of the Eustachian tube of the left ear by spraying the nasal passages with vaseline. Hack mentions a number of cases of hemicrania and asthma cured by the galvano-caustic destruction of the hyperplasia of corpora cavernosa of the nasal cavity. Voltolini demonstrated that asthma may be relieved by the removal of nasal polypi. A certain group of eye symptoms, such as lachrymation, photophobia, conjunctival hyperæmia, are observed in a number of patients that come to the rhinologist, and yet the examination of their eyes reveals no anomaly, the vision normal, no eye strain, conjunctivæ healthy, the puncta lachrymalia favorably placed, and the tear ducts open. For such cases a simple eye wash has been ordered, cold or warm applications recommended and general hygienic treatment advised without any relief to patients. Relief of the rhinal affection in these patients was generally followed by a cure.

The cases he reported had the following symptoms in common:

1. Burning and smarting sensation of the eyelids, especially in the morning.
2. Difficulty to distinguish an object in an ordinary daylight.
3. Increased vascularity of the conjunctivæ and lachrymation on exposure to the air.
4. The sound condition of the eyes and their appendages.
5. Failure of ocular and general treatment.
6. The efficiency of nasal treatment.

Dr. N. R. Gordon, of Springfield, Illinois, said his rule of proceeding with such cases is to examine the eyes for irritation or the condition of refraction, and if the latter is normal and no other source of irritation can be found in the eye, he examines the mucous membrane of the nasal passages, and very often the cause is to be found there.

Dr. R. E. Lewis, of Indianapolis, said there was no doubt but that a number of such cases are being constantly referred to the rhinologist. It should be determined that there is no error of refraction requiring treatment before the rhinologist accepts the case. About one-third of his cases were sent to him by Drs. Thompson and Stillson (oculists), but not until the eye trouble has been corrected, after which he commenced to treat them for rhinal troubles. This he believed to be the logical course to pursue in such cases.

Dr. E. Fletcher Ingals, of Chicago, related the case of a lady which illustrates the possibilities of eye trouble being caused by nasal disease. She came to him with hypertrophic rhinitis. He proceeded to cauterize the turbinated bodies, and before she left the office she asked him if he could not do something for her eyes, that she was unable to use them more than five minutes at a time for the last three years. He referred her to an oculist that she might get relief. She did not return to his office for two weeks; on her return, she said she had not been to an oculist, but that the next day after the nose had been cauterized she was able to read at night, and it did not affect her eyes.

Dr. N. R. Gordon read a paper on

THERAPEUTIC MEASURES IN RHINOLOGY.

He said that after the surgical removal of hypertrophoid tissue, a curative local treatment, continued at short intervals for one or two years, or even longer, is necessary. This should consist of the oil of vaseline, with a small amount of eucalyptol, or something of that character. Astringents do but little, if any, good. Where the oil of vaseline fails salt and water in proper proportions with a small amount of listerine, or Dobell's solution, are suitable remedies. To prevent mouth breathing during sleep, he recommends his patients to wear a little instrument made of celluloid that fits neatly between the teeth and lips.

In atrophic catarrh, after the removal of all secretion on the surfaces, where the mucous membrane is very thin, or even ulcerated, he finds the application of a solution of *resorcin*, one drachm to the ounce, to be exceedingly beneficial. In the most unyielding and obstinate form of nasal catarrh he uses a glycerine suppository, composed of 95 per cent. *glycerine* and 5 per cent. *stearin*. The solidified glycerine is placed so as to come in contact with the atrophoid, or ulcerated portion of membrane. The glycerine soon asserts its well-known affinity for water, and the result is an abundant flow of thin mucus.

OCTOBER 10—SECOND DAY—MORNING SESSION.

DR. C. H. VON KLEIN, of Dayton, Ohio, read a paper entitled

ATROPHY, HYPERTROPHY AND DEVIATIONS OF THE SEPTUM,

in which he said he had examined the nasal cavities in over 600 patients, and found not exceeding two per cent. to have an absolutely straight division of the nares. In almost every case he observed deformities of some sort, either atrophy, hypertrophy or deviation of the septum.

The causes which are most common to deviation of the septum, occur to people when they are in their babyhood. When children commence to creep and walk around, passing from chair to chair, they fall, and nine times out of ten it is on their nose. Personal observation leads him to believe that *atrophy* of the septum is confined to the cartilaginous portion. *Hypertrophy*, on the other hand, is confined to the osseous portion of the septum, and these conditions are generally caused by such injuries as may occur to any other part of the bony system. A stroke or fall on the osseous portion of the septum may produce hypertrophy.

The paper was followed by one on

THE TREATMENT OF CHRONIC NASAL CATARRH,

by DR. C. F. MCGAHAN, of Chattanooga. (See page 649.)

AFTERNOON SESSION.

DR. A. DE VILBISS, of Toledo, contributed an interesting paper entitled

SURGICAL TREATMENT IN DISEASES OF THE NOSE.

in which he said, until recently few diseases have caused more dissatisfaction in their treatment than chronic nasal catarrh. He did not wish to be understood that in every case of nasal catarrh there is a demand for surgical interference, but in every case that demands operation, a catarrhal condition of the nasal passages was usually found to exist. He had given relief from frontal headaches, mental depression, etc., by the removal of the hypertrophic tissue from the middle turbinate. He believed the time was not far distant when the sphenoidal sinus, frontal sinus, post and anterior ethmoidal cells (after death), would be looked into and examined, to find a special cause for certain symptoms that existed during life, and the answer found. Schwable, Axel Key and Retzius have demonstrated the fact that not only can the lymphatics of the nasal mucous membrane be injected from the sub-dural and sub-arachnoidal spaces, but if force be used the fluid will pass through the lymphatic canals to the surface of the nasal mucous membrane. Permanent nasal stenosis should be relieved by an operation, as it is due to either traumatism, hypertrophic tissue over turbinate bones, thickening of tissue or deflections of nasal septum, gelatinous polypi, adenoma of vault of pharynx, fibromata or sarcomatous tumors, and the only source of relief is their removal or correction of misplaced parts. Preparatory to operating he always cleanses the naval cavities of acrid matter, and protects the cut surfaces, after operation, by keeping them covered with iodized or carbolized albolene or vaseline. Hemorrhage, if necessity demands it, he controls by cotton plugs. If the source of hemorrhage is well back in the nasal cavities, he uses small cotton plugs tied with a string in the form of a kite-tail, which are easy to introduce, and easy to remove.

A paper by DR. E. L. SESSIONS, of Hillsboro, Texas, entitled

THE ADMINISTRATION OF QUININE WHERE THERE IS DEFECTIVE HEARING,

was read by title in the absence of the author.

OCTOBER 11—THIRD DAY—MORNING SESSION.

At the solicitation of Dr. Seth S. Bishop, of Chicago, a committee was appointed by the President to co-operate with the United States Hay Fever Association with reference to the investigation and treatment of hay fever,—to report annually.

DR. R. S. KNODE, of Omaha, contributed a paper on the

IMPORTANCE OF CONSTITUTIONAL TREATMENT IN RHINO-PHARYNGEAL INFLAMMATIONS,

in which he said the rhinologist ofttimes becomes discouraged with all the means at his command, when he finds that patients do not improve as he would like them to do; but if the history is carefully looked into there would be found some diathetical condition at the bottom of the nasal trouble, which, if the rhinologist could relieve, would cause a subsidence of the local inflammation. This catarrhal condition frequently extends into the stomach and intestines, and from the duodenum to the ductus choledochus, in which we have the combined symptoms of gastro-intestinal catarrh associated with jaundice, and when the nutritive system becomes implicated, there is a wide range of sympathetic disturbances which invariably follow.

The principal sympathetic phenomena transmitted from this condition are sick headache, depression, melancholy, sleeplessness, hypochondria; the heart's action is often disturbed; there is sympathizing dyspnœa, and to these may be added languor, lassitude and irritable temper.

The general principles in the treatment of such cases would be a properly restricted diet, consisting of milk, stale bread, soft boiled eggs and well-cooked rice. If milk is not well tolerated, it should be peptonized; foods containing little starch and largely diluted with water are the best tolerated. Among the internal agents may be mentioned the alkaline carbonates, combined with purgative salines, especially where the nasal trouble is associated with disease of the stomach, which is a frequent complication in malarial districts. And in these regions no treatment is effective until we diminish the engorgements of the liver and spleen, and nothing accomplishes this so well as the use of alkalines and saline laxatives, and these may be assisted by small doses of mercurials. Carlsbad and other mineral waters have been extolled; but phosphate of soda and Rochelle salts, if perseveringly used, may take their place. General hygienic treatment in all cases must be insisted on.

REFLEX INFLAMMATION OF THE NOSE AND THROAT was the title of a paper by Dr. E. L. Siver, of Fort Wayne, Indiana.

The author reported a case of laryngitis with aphonia which lasted two weeks, and which he thinks arose from a deflected septum and posterior hypertrophy of the inferior turbinated bone.

Dr. A. G. Hobbs, of Atlanta, read a paper on

CATARRHAL NEURALGIA,

by which he meant to include not only the headaches and brow-aches which are caused by the pressure from nasal hypertrophies or foreign bodies, but all reflex pains that have for their origin pressure in the nasal cavities, whether they be located in the forehead, the temples, across the bridge of the nose, or over the cheek bones. That such reflex pains do occur, and have for their cause pressure in the nasal cavities, was known long ago. If they were only occasional or of short duration, they might not demand so much attention; but in many cases the pains are more persistent than the neuralgias from any other cause, and they many times produce a more profound impression upon the general system, indicated by a sense of lassitude, a haggard expression, a malassimilation, and a decided loss of weight. He had no statistics bearing upon the comparative frequency of catarrhal and ocular neuralgias other than his own note-book of the last three years. In it he found fifty-four cases under the combined headings: *Catarrhal neuralgia, ocular headache, and catarrhal and ocular neuralgia* combined; 36 cases occur under the first caption; 14 cases under the second, and 4 cases under the third.

After recognizing the ætiology of a case exhibiting these reflex pains, on account of the severity of the pain, temporary relief should be given the patient by the application of cocaine sprays, or in the case of complete stenosis, the cotton probe saturated with cocaine first; then the sprays. The effort should then be made to reduce the pressure permanently by the means that is most rapid.

If the pressure be due to a polypus, extract it; if to a deflected septum, remove the deflection; and if it be (as is most likely the case) due to an hypertrophy, reduce it with the galvano-cautery, the snare, glacial acetic acid or chromic acid. He most frequently resorts to the latter. After the removal of the pressure, pain ceases to a great extent, if not entirely; then the more soothing treatment of vaseline sprays in combination with cocaine, pinus canadensis, oil of terebene or oil of eucalyptus, daily or tri-weekly, will complete the resolution.

He knew of no class of cases that applied to the rhinologist for relief in which treatment gives more prompt and satisfactory results. Indeed, when there is no mistake made in the ætiology, the result is absolutely sure, if means are resorted to that are effectual in removing the pressure upon the terminal sensitive nerves that are distributed to the nasal mucous membrane.

Dr. Ely McClellan, of Chicago, read a paper on the

PHYSIOLOGICAL AND THERAPEUTIC ACTION OF CERTAIN DRUGS IN THE TREATMENT OF AFFECTIONS OF THE UPPER AIR-PASSAGES.

Officers for 1890.—President, Dr. A. G. Hobbs, Atlanta, Ga.; First Vice-President, Dr. A. B. Thrasher, Cincinnati, O.; Second Vice-President, Dr. E. R. Lewis, Indianapolis, Ind.; Secretary and Treasurer, Dr. R. S. Knode, Omaha, Neb.; Librarian, Dr. John North, Toledo, O., Member of Council, Dr. C. H. Von Klein, Dayton, O.

Next place of meeting, Louisville, Kentucky, 1890, in conjunction with the Mississippi Valley Medical Association.

NEW YORK COUNTY MEDICAL ASSOCIATION.

Stated meeting, October 21, 1889.

C. S. Wood, President, in the Chair.

RESOLUTIONS on the death of Dr. A. B. Mott were read by the Secretary and adopted.

Dr. John Shrady read the biography of Dr. Mott, mentioning his distinguished services as Medical Inspector in New York during the late war, his efforts in founding St. Vincent's Hospital and Bellevue Medical College. Dr. Mott was a member of many medical societies, and a 33d ° A. A. S. R. Mason. The paper of the evening was read by Dr. Geo. T. Harrison.

PODALIC VERSION IN CASES OF CONTRACTED PELVIS.

Dr. Harrison gave as his opinion that version was safer than forceps, in cases of gesto-minor or flat pelvis.

In the discussion which followed, the method of Braxton Hicks was warmly recommended, the external method of Pinard not coming under consideration.

A second paper was read by Dr. A. M. Fernandez, on

DOUBLE MONSTERS,

with exhibition of a specimen.

September 13, 1889, Dr. Fernandez was called to a young woman aged twenty-three, native of Nicaragua, married one year, who was on a visit to this city. She was in her sixth month of utero-gestation, and during the evening felt a dribbling of water down her legs, accompanied by slight pains in the abdomen. Ordered strict maintenance of recumbent posture and gave morphine. At 10 P. M., true labor-pains came on. Woman refused examination; so waited with patience until 12.30 A. M., when she begged relief. At 1 A. M. consented to an examination, and to my great surprise found three feet protruding through the vulva; thought it was twins; tried to push up third leg, but did not succeed; then sent to New York Hospital for a physician to consult with. Dr. Frank Wilson, the ambulance surgeon, responded to my call. We both examined the case carefully. I decided to do nothing, but let "Dame Nature" have her way. We succeeded perfectly, for while Dr. Wilson was holding the legs and I was rubbing the perineum with oil, the fourth leg

came down, and soon the hips were born; a spiral motion of the body (internal rotation) then took place, and the heads were soon delivered.

Description of the monsters (Thorapages): This specimen belongs to Class A of Playfair's scheme.[1] "Two nearly separate bodies, united in front to a varying extent by the thorax or abdomen." In my case the children are united along the sternum, both male; one measuring 14 inches in length, the other 13; circumference of heads, 10¼ and 11½ inches; circumference at pelvis, 13 inches. By this description, you will see there is a similarity between my case and the bond of union in the celebrated Siamese twins. The doctor then read a series of extracts carefully culled from the Index Medicus and Surgeon's General Catalogue.

There was no discussion, as no other member has had the fortune to meet such a case. —K. B. P.

HARLEM MEDICAL ASSOCIATION.

Stated Meeting, October 2.

Dr. M. C. O'Brien, Vice-president, in the Chair.

Dr. Swineburne presented a case of an electrician, aged thirty-four, no specific disease, who consulted him for defective vision of left eye. Examination revealed a slight paralysis of the external rectus of that eye. Next day, while reclining in a horse car, he suddenly became unconscious, and remained so for forty-eight hours, and was confined to bed for one week. To-night, as you can see, the external rectus is somewhat paralyzed, which, combined with shortening of the internal rectus, produces an internal strabismus. Ophthalmoscope discovered fundus normal.

Dr. Mallesons, who had attended patient during his illness, stated temperature was subnormal, pulse low (50), he never had rheumatism, complained of pain over apex of heart, and had double mitral murmur, albumen in urine.

Dr. D. C. Cocks thought absence of fever, with rapid recovery, tended to exclude cerebral hæmorrhage, and thought coma was due to the systemic effects of albuminuria, and not due to nuclear trouble. These peculiar eye troubles have been known to antedate posterior spinal sclerosis.

Dr. H. J. Wolf examined patient, found reflexes normal. He had seen a case which verified Dr. Cocks' statement, where paralysis of the rectus muscle preceded locomotor ataxia.

Dr. Swineburne presented a young girl suffering

FROM DIPHTHERITIC PARALYSIS OF THE PALATE, AND PARALYSIS OF THE CILIARY MUSCLE OF THE RIGHT EYE.

The interesting point in these cases was the pathological nerve changes which caused the paralysis.

Dr. Cocks believed the cause to be a neuritis, and that usually they would recover, even without treatment; strychnine was his favorite remedy. Disease seldom lasted longer than two weeks.

[1] Obstet. Trans., vol. viii., Lond.

Dr. H. J. Wolf read the paper of the evening, entitled

TONSILLITIS LEPTOTHRASIS BENIGNA.

Dr. Richard reported a case of extensive laceration of scrotum, removal of lacerated portions, suture and immediate union. Also three cases of sciatica, in which he had tried all the new analgesics, but without success.—K. B. P.

ACADEMY OF MEDICINE.

SECTION IN OPHTHALMOLOGY.

October 21, 1889.

Dr. Pomeroy in the Chair.

Demonstration of a Case of Cataract Extraction, Dr. Herman Knapp.

Case of Microtesia; Opening of the Auditory Meatus, with Improvement of Hearing, Oren D. Pomeroy,

Case of Coloboma of the Choroid. per Weeks; Demonstration of the Use of Schweiger's Perimeter, Herman Knapp. —K. B. P.

POLYCLINIC THERAPEUTICAL SOCIETY.

At the last meeting of the Polyclinic Medical Society a therapeutical section was formed from among the faculty, clinical assistants and students of the Philadelphia Polyclinic, the object of which shall be the scientific and systematic investigation of the action of drugs and remedies in the cure of disease. The executive committee of this section formulates a programme of practical work for each meeting, decides what agents are to be investigated, devises specific directions in regard to such investigations, and supplies printed blank forms to carry the work into practical effect, with which any member of the profession who desires to take part in the research will be furnished free on application. These blank forms are filled out by the observers and returned so soon as the investigation is completed, which will be at the end of one, two or three months; at which time the reports will be analyzed and presented at the following meeting with due credit to each contributor, and the results will be published in the medical journals. It is believed that a combined effort of this kind will not only benefit those who are engaged in the work, but will be of great value to practical therapeutics.

Dr. Mays read a paper on

OLIVE OIL IN GALL-STONES

and olive oil in this affection was made a subject for investigation during the next two months. All communications in reference to the subject should be addressed to Therapeutical Section, Philadelphia Polyclinic.

Eight cases and two deaths from typhoid fever have occurred at Yale College within the past week, but the authorities deny sensational stories of a threatened epidemic, and state that the infection was in every case contracted previous to the arrival of the patient at the college.

Book Reviews.

TRANSACTIONS OF THE LOUISIANA STATE MEDICAL SOCIETY, at its Eleventh Annual Session, held at New Orleans, La., April 9, 10, 11, 1889. Pp. 364. L. Graham & Son, New Orleans, 1889.

The Louisiana State Medical Society enrolls a membership of 192, and, judging from these Transactions, is quite an active organization. The majority of the papers read are short, pithy, and practical; they are more numerous than is generally the case. After the various reports of committees and chairmen of sections comes the President's address, an able appeal for stronger organization and increased interest, by Dr. I. J. Newton. The annual oration, delivered by the Rev. T. R. Markham, is a highly literary and scholarly production, detailing the history of medicine and lauding it for its noble work in the general cause of humanity. In the various papers and communications read by the members, ophthalmology, surgery, gynæcology, therapeutics and general medicine are fairly well represented. Dr. R. Matas' paper, upon a multiple, subperiosteal sarcoma of the skull, is accompanied by a clearly-executed photogravure which adds much to its value. Puerperal eclampsia, by Dr. R. H. Day; The Surgeon of the Present Day, by Dr. F. Formento; and Circular Enterorrhaphy, by Dr. R. Matas, are among the most notable contributions deserving of special mention. The entire volume is full of interesting and instructive matter, and is worthy of something better than a mere paper back cover.

ELECTRICIAN'S POCKET COMPANION. By ANDREW JAMIESON, C.E., F.R.S.E. 12mo. Cloth, pp.64. New York: The Industrial Publication Company, 9 Barclay Street. Price, 75 cents.

This little book is invaluable to the practical electrician, and to the physician who desires, as he should, to understand the methods of testing his batteries, and of working out the formulæ involved in resistances, both of apparatus and patient. It covers every branch which the practitioner will need directions concerning, and it will give him an insight into practical electrical work which must be of great service to him. The illustrations are good, and sufficiently numerous to elucidate the points discussed in the book.

Pamphlets.

Antiseptic Obstetrics. By Charles Warrington Earle, M.D., Chicago. Reprint from the Transactions of the Thirty-seventh Annual Meeting, Illinois State Medical Association. 12 pages.

A brief resumé of the rise of antiseptic obstetrics, with rules and directions for physicians in their private practice, in order that the low mortality-rate of hospital practice may be more closely approximated.

Atropine in Enuresis. By William Perry Watson, A. M., M. D., Jersey City, N. J. Paper read before the Section on Diseases of Children, American Medical Association, Newport, R. I., 1889. Reprint from the *Archives of Pediatrics*, October, 1889.

The Medical Digest.

EAU DE COLOGNE.—The following formula was awarded the palm by the *Chemist and Druggist* out of 219 competitors:

Oil of bergamot	℥ij
" lemon	℥j
" neroli	gtt. xx
" origanum	gtt. vj
" rosemary	gtt. xx
Alcohol, triple distilled	Oj
Orange flower water	℥j

British weights and measures.

ANTISEPTIC SPONGES—Prof. J. Perrens.—Take a string of fine new sponges, neither too small nor too large. Commence by beating them with a small hammer, or a piece of wood, in order to knock out the dust and any mineral particles that they may contain. Examine particularly the point where the sponge was attached to the rock; often there are minute grains of sand firmly adherent at this point, and which should be absolutely removed to avoid irritating an already painful wound. It is better to cut this point off with the scissors. Having done this, wash the sponges freely in water, squeeze, and place them in fountain basins, preferably enameled ones, containing the following solutions:

1.	Hydrochloric acid	10 grammes.
	Water	1 litre.

Allow them to remain six hours in this mixture, then wash freely again in water, and steep them for six hours in the following:

Water	1 litre.
Permanganate of potash	1 gramme.

By treatment with chameleon solution of a beautiful, intense violet hue, they will become more or less rapidly discolored; and after washing freely in water, will retain a brownish shade.

Immerse the sponges next in the following liquid for two hours:

Liquid bisulphate of soda	10 grammes.
Water	1 litre.
Hydrochloric acid	1 gramme.

A slight odor of sulphurous acid gas will be perceived. After a little while the sponges lose their brown color, and assume a beautiful whitish yellow shade.

Wash again freely in water, and introduce them into a preserving fluid made as follows, where they should be kept until needed:

Water	1 litre..
Carbolic acid	1 gramme.
Alcohol	5 grammes.

Dissolve the carbolic acid in the alcohol and mix together the aqueous solution.

In order to remove the odor ot the carbolic acid, which the laity always associates with hospitals, we may use in place of the above solution the following preserving fluid:

Thymol	1 gramme.
Alcohol	4 grammes.
Water	1 litre.

—*Gaz. de Gynec.*

CASTOR OIL CHOCOLATE.—Giraud proposes to facilitate the administration of castor oil by incorporating it with cacoa. For this purpose he takes finely powdered cacoa, deprived of oil, such as it is found in commerce. With this he incorporates the castor oil, and adds a sufficient quantity of vanilla to flavor it. Next he adds sugar, and grinds the whole upon a heated slab. Finally he transfers the mass into moulds, and allows it to become cold.

He recommends the following proportions :

Cacoa, free from oil and powder.	50 parts.
Sugar, in powder	100 "
Castor oil	50 "
Vanilla, in powder	q.s.

[The size of the moulds may be chosen so that it will require from three to six of these "chocolate drops" to form a dose for an infant.]—*Am. Druggist.*

AFTER having reported two cases of anthrax in which carbolic injections had given most favorable results, Drs. Renoyan and Laride drew the following conclusions :

1. Subcutaneous injection of carbolic acid is an efficacious method of treatment for malignant anthrax, accompanied with grave symptoms.

2. In urgent cases these injections may be made with a ten per cent. solution (equal parts of neutral glycerine and water) and the dose of the injection may with safety in the adult be used as high as fifty centigrammes. In all other cases it is better to employ a five per cent. solution on account of the pain that is produced.

3. Under the influence of these hypodermatic injections, the general symptoms rapidly improve and the prognosis alters within 48 hours. The local condition is also favorably influenced.—*Revue Médicale.*

ELECTROLYSIS IN SURGERY.—The remarkable advances which have been made within the last decade and a half in our knowledge of electricity, and of its application to scientific purposes, are too well known to require further mention here. Dr. Robert Newman, of New York, however, in an admirable paper read before the meeting of the Ontario Medical Association in Toronto, on the sixth day of June last, has thoroughly reviewed the subject of electrolysis as applied to surgery. In the course of his paper he remarks that "the art in applying electrolysis successfully in surgery consists in :

1. Using the correct strength of the electric current.

2. Applying the respective poles in the right place.

3. Selecting the size, shape and material of the electrode.

4. Regulating the *duration* and intervals of seances.

He goes on to state that for the purpose of electrolysis a galvanic current only can be used, and that the negative pole should be selected for the immediate destruction of tumors and strictures, its action more closely approximating that of a caustic alkali, and leaving a cicatrix which is soft and not retractile.

His paper concludes with a review of the practical uses to which electrolysis has been put in the different branches of surgery. Aneurism, varicocele, hernia, hydrocele, hemorrhoids, tumors of various kinds, malignant and benignant, goitre, enlargement of glands, strictures of the œsophagus, rectum and urethra, atresia vaginæ, opacities of the cornea, extra-uterine pregnancy, endometritis, and the various uterine displacements are but a few of the many affections which he mentions as having been successfully treated by electricity.—*Canadian Practitioner.*

DIAGNOSIS OF CEREBRO-SPINAL MENINGITIS BY PUNCTURE OF THE LIVER.—Dr. C. Bozzolo reports in *La Riforma Medica* an interesting case of cerebro-spinal meningitis, in which the diagnosis was assisted by bacteriological observations made on the fluid obtained by puncturing the liver. A man aged forty-four, who had been ill for five days previously, was admitted into the clinic at Turin, suffering from feverishness, pain in the right side of the neck, jaundice, enlargement of the spleen, painful enlargement of the liver, bronchitis, and albuminuria. A rigor occurred more than once. Except the pain in the neck and vomiting, no symptom whatever of meningitis existed. Six days after admission the patient died, having been slightly delirious for the previous forty-eight hours. Diagnosis being difficult, the author had on the fourth day after admission made an exploratory puncture of the liver, which was still painful. The blood extracted showed by cultivation and after experiments on animals the existence in it of Fraenkel's diplococcus of pneumonia. This result, in the absence of pneumonia and pleuritic symptoms, with the existing pains in the neck and vomiting, encouraged Bozzolo to diagnose meningitis, a diagnosis which was confirmed by the post-mortem examination. In addition to the morbid changes in the meninges, gall-stones and acute endocarditis were found.—*Lancet.*

ANTIPYRETICS.—Surgeon Major A. Crombie, M.D., of the General Hospital, Calcutta, writing upon the comparative value of antipyrin, antifebrin and phenacetin as antipyretics, deduces the following conclusions :

1. As regards efficacy, antipyrin comes first, and there is little to choose between antifebrin and phenacetin when administered in the usual doses.

2. That as regards safety the advantage lies with phenacetin. I have seen a subnormal temperature as the result of the use of antifebrin, but never collapse, which I have once seen from the use of antipyrin.

3. As regards rapidity of action antipyrin, probably on account of its solubility, comes first, antifebrin second, phenacetin third.

4. As regards duration of effect, the advantage lies with phenacetin.

5. As regards certainty of action, I would quote them in the same order as that of rapidity—antipyrin, antifebrin, phenacetin.

6. As regards inconveniences, in this climate (India), phenacetin is followed by just as profuse sweating as either antifebrin or antipyrin, and this, to my mind, is the great drawback in the use of antipyretics.

—*The Indian Medical Gazette.*

Medical News and Miscellany.

BLOCKLEY is overrun with rats.

ERIE, Pa., has a diphtheria scare.

DR. J. W. WEST has removed to 1125 Wallace st.

DR. JOHN AULDE has removed to 1910 Arch street.

YELLOW fever is epidemic in various parts of Brazil.

DIPHTHERIA is epidemic at Gladstone, Henderson county, Ill.

ANOTHER sporadic case of yellow fever is reported at Key West, Fla.

THE Twenty-second Ward has an epidemic of colic among the horses.

A RESIDENT of Allentown, Pa., lost five children by diphtheria in two weeks.

THERE is an alarming spread of diphtheria and scarlet fever in Lawrence, Mass.

DR. CHARLES P. NOBLE has succeeded Dr. Kelly in the Kensington Hospital for Women.

THE hand of disease has its grip upon the royal heads of nearly every country in Europe.

COUNCILS Committee on Charities and Correction lately made an official inspection of the Almshouse.

A CHILD of eleven years died of meningitis, caused by a beating on the head, administered by her schoolmates.

THIS is a season of epidemics—diphtheria, typhoid fever, the World's Fair question, and co-education agitate the public weal.

THE Health Board of Fishkill, N. Y., with the aid of the police, took a diphtheria patient out of the hands of the faith-curists.

A WHOLE family on Pine street were prostrated from the effects of inhaling sewer gas which escaped from a broken pipe in the cellar.

DR. WILLIAM A. ROBERTSON, brother of Henry W. Robertson, Assistant Clerk of Select Council, died at his home in St. Landry Parish, La.

THE village of McSherrystown, Pa., is stricken with diphtheria. Many deaths have occurred. Hon. F. G. Sneeringer's family is among the most sorely afflicted.

THE Department of Agriculture is advised of three more cases of pleuro-pneumonia discovered among cattle landed at Deptford, London, from New York and Boston.

The physicians of St. Mary's Hospital were recently busy for over an hour sewing up wounds in the hands and face of a little three-year old child who had been bitten and mangled by a pet dog.

IN digging for the foundations of the Keystone Battery Armory, the remains of half a hundred paupers were unearthed. The spot was formerly a Potter's field.

DR. HENRY W. RIHL was tendered a banquet by the members of the Northern Medical Association at the Colonnade Hotel, October 9.

REPRESENTATIVES of an English syndicate are endeavoring to secure control of the Patent Medicine business in this country. We hope they will—and then fail.

BOGUS doctors are plentiful at present. One, a colored man, is under arrest at Trenton for causing a child's death, and two, at Lancaster, fled, just in time to escape prosecution.

THE American Academy of Medicine will hold its next annual meeting at Leland's Hotel, Chicago, Ill., on Wednesday and Thursday, November 13 and 14, 1889. Richard J. Dunglison, Secretary.

AN entertainment was given at Textile Hall, Kensington avenue and Cumberland street, in aid of the building fund of St. Christopher's Hospital for Children. A large audience was present.

A HALLOWEEN reception was given the students of the Medico-Chiruegical College on October 31, by Dr. A. S. Gerhard, of the Faculty, at his residence, Sixteenth street above Mount Vernon.

ONE of the finest and most fashionable localities in Paris is stricken with typhoid fever. The death rate from this cause is attributed to the proximity of numerous barracks and military institutions.

A RECEPTION was given to Professor W. W. Keen at the Bellevue, on October 26. Many of his friends were present. Dr. Keen has quite recovered from his recent illness, and is filling his lecture hours.

A SUIT has been brought against the city by a young man who was sent to the Municipal Hospital as a small-pox patient, when in reality he suffered with measles. Being subjected to infection, he contracted small-pox, which ruined his health and crippled him for life.

THE Americnn Association for the Study and Care of Inebriety has tendered a dinner to its venerable president, Dr. Joseph Parrish, in honor of the seventy-first anniversary of his birth. The dinner will be given in Burlington, N. J., Tuesday, November 12, at noon.

DR. E. G. MARTIN, Secretary of the Board of Trustees of the Norristown Insane Asylum, whose name has been mentioned in connection with the presidency of the Board, made vacant by the death of General Hartranft, says he is not a candidate for the position.

THE annual meeting of the contributors of the Maternity Hospital, at 734 South Tenth street, was held October 22, T. Morris Perot presiding. The annual report of the Board of Governors showed that during the year ending September 30, 111 women were received at the institution. Only one death occurred. Dr. L. G. Robinovitch was elected resident physician and Miss Mary Molder, matron. The Board of Governors earnestly appeal for aid to carry on their work.

THE estate of Rachel L. Bodley, late dean of the Woman's Medical College, was settled by Judge Penrose, of the Orphans' Court. By her will she bequeathed her scientific books and herbarium of dried plants to the Woman's Medical College of Pennsylvania, and the remainder of her books and cases to the Presbyterian Home for Widows and Single Women.

PROF. J. J. REESE, of the University of Pennsylvania, has sent a communication to the Board of Health, suggesting the passage of an ordinance prohibiting the embalming of bodies without a permit from the Board of Health. Bearing upon this, attention is called to the fact that the poisonous nature of embalming fluids would, in cases of suspected poisoning, cause serious trouble, or, perhaps, defeat the ends of justice.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the co lumns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from October 20, 1889, to November 2, 1889.

By direction of the Secretary of War, so much of Par. 2, S. O. 241, October 16, 1889, from this office, as relates to Lieutenant-Colonel Anthony Heger, Surgeon, is amended to read as follows:

HEGER, ANTHONY, Lieut.-Colonel and Surgeon, is relieved from further duty in the Division of the Atlantic, and will at once report to the Major General commanding the Army for duty in this city. Par. 5. S. O. 252, Hdqrs. of the Army, A. G. O., October 29, 1889.

By direction of the Secretary of War, Par. 3, S. O. 241, October 16, 1889, from this office, is so amended as to grant Major Robert M. O'Reilly, Surgeon, leave of absence for six months, with permission to leave the United States, to take effect November 1, 1889. Par. 6, S. O. 252, A. G. O., Washington, D. C., October 29, 1889.

GIBSON, JOSEPH R., Major and Surgeon. Granted leave of absence for seven days, to take effect from date of being relieved from duty at Fort Sheridan, Ills. Par. 9, S. O. 249, A. G. O, October 25, 1889.

TAYLOR, THORNE K., Major and Surgeon (retired). Died October 20. 1889, at San Antonio, Texas.

War Department, Washington, October 30, 1889. By direction of the President, Major William H. Forwood, Surgeon, is detailed as a member of the Army Retiring Board at St. Paul, Minn., convened by W. D. order dated January 12, 1889, published in S. O. No. 10, January 12, from Headquarters of the Army, *vice* Captain Edgar A. Mearns, assistant-surgeon, hereby relieved. Par. 12, S. O. 254, A. G. O., October 31, 1889.

By direction of the Secretary of War, Captain William C. Gorgas, Assistant-Surgeon, is relieved from temporary field duty in the Department of the Missouri, and will join his proper station (Fort Barrancas, Fla.) Par. 2, S. O. 251, A. G. O., October 28, 1889.

By direction of the Secretary of War, so much of par. 10, S. O. 242, October 17, A. G. O., as directs Captain Louis M. Maus, Assistant-Surgeon, to report in person for duty at Fort Stanton, New Mexico, to relieve Captain Marcus E. Taylor, Assistant-Surgeon, is revoked, and Captain Taylor will proceed to Boise Barracks, Idaho Ty., as directed in said order, as soon as medical attendance shall be provided for Fort Stanton. Par. 10, S. O. 249, A. G. O., October 25, 1889.

MAUS, LOUIS M., Captain and Assistant-Surgeon. Granted leave of absence for two months, on surgeon's certificate of disability. Par. 11, S. O. 249, A. G. O., October 25, 1889.

So much of par. 2. Special Orders No. 241, October 16, 1889, from this office, as directs Captain Louis Brechemin, Assistant-Surgeon, to report for duty at Fort Apache, Arizona Ty., is revoked. He will report in person to the commanding officer, Presidio of San Francisco, Cal., for duty at that station. Par. 7, S. O. No. 248, A. G. O., October 24, 1889.

CHAPIN, ALONZO R., Captain and Assistant-Surgeon. Relieved from duty at Newport Barracks, Ky.,and will report in person to the commanding officer, Fort Yates, Dakota, for duty at that station. Par. 7, S. O. No. 248, A. G. O., October 24, 1889.

SHANNON, WILLIAM C., Captain and Assistant-Surgeon. Relieved from duty at Fort Yates, Dakota, and will report in person to the commanding officer, Fort Apache, Arizona Ty., for duty at that station. Par. 7, S. O. No. 248, A. G. O, October 17, 1889.

DAVIS, WILLIAM B., Captain and Assistant-Surgeon Relieved from further duty at Fort Porter, N. Y., and will report in person, upon expiration of his present sick-leave of absence, to the commanding officer, Fort Preble, Maine, for duty. Par. 6, S. O. No. 248, A. G. O., October 24, 1889.

WAKEMAN, WILLIAM J., Captain and Assistant-Surgeon. Relieved from duty at Fort Walla Walla, Wash. Ty., and will report in person to the commanding officer, Fort Bidwell, Cal., for duty at that station. Par. 7, S. O. No. 248, A. G. O., October 24. 1889.

EGAN, PETER R., Captain and Assistant-Surgeon. On being relieved from duty at Camp Eagle Pass, Texas, will report in person to the commanding officer, Fort McIntosh, Texas, for duty at that station. Par. 7, S. O. No. 248, A. G. O., October 24, 1889.

MEARNS, EDGAR A., Captain and Assistant - Surgeon. Granted leave of absence for two months. Par. 5, S. O. No. 244, A. G. O., Oct. 19, 1889.

CABELL, JULIAN M, First Lieutenant and Assistant-Surgeon. Granted leave of absence for two months, to take effect about Nov. 10. Par 7, S. O. 249, A. G. O., October 25, 1889.

CLENDENIN, PAUL, First Lieutenant and Assistant-Surgeon. Relieved from duty at Fort McIntosh. Texas, and will report in person to the commanding officer, Camp Eagle Pass, Tex., for duty at that station. Par. 7, S. O. No. 248, A. G. O., October 24, 1889.

RAYMOND, HENRY I., First Lieutenant and Assistant-Surgeon. Upon being relieved from duty at Fort Bidwell, California, will report in person to the commanding officer at Newport Barracks, Ky., for duty at that station. Par. 7, S. O. No. 248, A. G. O., October 24, 1889.

KENDALL, WILLIAM P., First Lieutenant and Assistant-Surgeon. Leave of absence extended one month. Par. 6, S. O. No. 244, A. G. O., October 19, 1889.

APPOINTMENTS:

WILLCOX, CHARLES, First Lieutenant and Assistant-Surgeon. To rank from October 29, 1889.

MCVAY, HARLAN E., First Lieutenant and Assistant-Surgeon. To rank from October 29, 1889.

FRICK, E. B., First Lieutenant and Assistant-Surgeon. To rank from October 29, 1889.

By direction of the President, the Army Retiring Board convened at Vancouver Barracks, W. T., by War Department order dated December 15, 1888, published in S. O. No. 292, December 15, 1888, from Headquarters of the army, is dissolved. Par. 1. S. O. 250, A. G. O., Washington, October 26, 1889.

Changes in the Medical Corps of the United States Navy for the week ending November 2, 1889.

NASH, F. S., Passed Assistant-Surgeon. Detached from duty in Bur. Med. and Surg., and to the Petrel. November 14, 1889.

BOGERT, E. S., Medical Inspector. Ordered to examination preliminary to promotion to Medical Director.

Assistant-Surgeons O. D. Norton, I. W. Kite, and E. P. Stone. Ordered to examination preliminary to promotion to Passed Assistant Surgeons.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Abdominal section, Hall. Cin. Lancet-Clinic, Oct. 19, 1889.

A case of primary carcinoma of the vagina, Hawley. N. Y. Med. Journal, Oct. 19, 1889.

Aphorismen zur Diagnose und Therapie der Kehlkopftuberculose, Schnitzler. Intern. Klin. Rundschau, 6 Oct., 1889.

Bakterien und Krankheitsgifte, Bielger. Wiener Medizinische Blätter, 10 Oct., 1888.

Cas typique d'ostéomalacie chez une femme en travail d'accouchement. Pièces anatomique. Guéniot. Bulletin de l'Académie de Médecine, 24 Sept., 1889.

Concealed pregnancy, its relations to abdominal surgery, Van der Veer. Jour. of the Amer. Med. Ass'n, Oct. 19, 1889.

Chronic endocarditis, Delafield. *Ibid.*

Chrysotis æstiva, notes on the tongue of, Inckerman. The Microscope, Oct., 1889.

Cornée, sur la suture de la, dans l'extraction de la cataracte (avec 3 figures), Suarez de Mendoza. Recueuil d'Ophthalmologie, Sept., 1889.

Der nervöse Kopfschmerz, Schnetter. Medizinische Monatsschrift, Oct., 1889.

Drinking water for cities, the purification of, Chapin. Jour. Amer. Med. Ass'n, Oct. 12, 1889.

Des maladies catarrhales saisonnières (suite et fin), Kelsch. Arch. de Méd. et de Pharmacie Militaires. Oct., 1889.

De la fatigue dans ses rapports avec l'étiologie des maladies des armées en paix et en campagne (suite et fin), Constan. *Ibid.*

Dermatological therapy, some general suggestions in, Sherwell. N. Y. Med. Journal, Oct. 19, 1889.

Duodenum, primary malignant diseases of the, Whittier. Boston Med. and Surg. Journal, Oct. 17, 1889.

Die männliche Impotenz und ihre Behandlung, Casper. Deutsche Medizinal-Zeitung, 30 Sept., 3 and 7 Oct., 1889.

Difflugia urceolate, a note on, H. M. S. The Microscope, Oct., 1889.

Diphtheritic laryngitis, intubation for, Johnston. Cincinnati Lancet-Clinic, Oct. 19, 1889.

Ethical question, an, Solis-Cohen. Med. News, Oct. 19, 1889.

Erfahrungen über ein neues Eisenmangan-Präparat, Ascher. Deutsche Medizinal-Zeitung.

Ein Vorschlag zur Handgelenkresektion, Lauenstein. Centralblatt für Chirurgie, 12 Oct., 1889.

Erysipelas in children, the surgical treatment of, Seibert. N. Y. Med. Journal, Oct. 19, 1889.

Eye surgery, needless and annoying restraints in, Chisolm. Amer. Jour. of Ophthalmology, Aug., 1889.

Enormous fibro-cystic tumor of the uterus, a case of laparotomy, recovery, Werter. Columbus Med. Jour., Sept., 1889.

Evisceration, Prince. Jour. Amer. Med. Ass'n. Oct. 12, 1889.

Estudio sobre las enfermedades carhinclosas ; su pecuencia en Chile ; medidas higiénicas y preventivas que convendria adoptar y su mejor tratamienti. Boletin de Medicina, Marzo y Abril de 1889.

Forced respiration, Fell. Jour. Amer. Med. Ass'n, Oct. 12, 1889.

Fistula in ano, a simple method of treating, Mathews. Amer. Practitioner and News, Oct. 12, 1889.

Fever, on, Millikin. Cinc. Lancet-Clinic, Oct. 19, 1889.

Fever and antipyretics, Thorburn. Canadian Practitioner, Oct. 16, 1889.

Fadenpilze in der Nase, Schubert. Berliner Klinische Wochenschrift, 30 Sept., 1889.

Genu-pectoral or knee-elbow position in obstetrics, Wenning. Cincinnati Lancet, Clinic, Oct. 12. 1889.

Gonorrhœa, Lydston. The Med. Age, Oct. 10, 1889.

Galvano cautery in the treatment of hypertrophoid tonsillitis, Knight. N. Y. Med. Journal, Oct. 12, 1889.

Hæmatometra, Gross. Maryland Med. Journal, Oct. 19, 1889.

Histological technique of the blood (illustrated), Freeborn. The Amer. Monthly Microscopical Review, Oct., 1889.

Hernia in infants and children, notes on the causes and management of, Milbe. New Orleans Med. and Surg. Jour., Oct., 1889.

Hip-joint disease, Witherington. Memphis Med. Monthly. Sept., 1889.

Health Board, functions and duties of, Munn. N. E. Med., Oct. 18, 1889.

Intubation for diphtheritic laryngitis, Johnston. Cincinnati Lancet-Clinic, Oct. 19, 1889.

Iodides, on the alleged tolerance of, in the syphilides, Stelwagon. The Therapeutic Gazette, Oct. 15, 1889.

Jaborandi and pilocarpine in Bright's disease, Egan. The Med. Record. Oct. 19, 1889.

Is Senn's gas trust infallible and always devoid of danger, Dalton. Amer. Practitioner and News, Oct. 12, 1889.

Intestinal parasites, Ames. Columbus Med. Jour., Sept., 1889.

Intraoculare Erkrankungen bei Nasenleiden, Ziem. Berliner Klinische Wochenschrift, 30 Sept., 1889.

Laparotomy for invaginated bowel, Crymes. The Alabama Med. and Surg. Age. Oct., 1889.

Lungs, a pathological condition of the, hitherto undescribed in this country, but which is not infrequent, Porcher. Med. Record, Oct. 19, 1889.

Legal matters of interest to the physician, Riley. *Ibid.*

Labor, on the management of, Hosbrouck. Calif. Med. Jour., Sept., 1889.

Laparotomy for perityphlitic abscess unsuccessful, Kennedy. Canadian Practitioner, Oct. 16, 1889.

Malignant disease in Japan, report on the investigation into the. The Sei-i-Kwai Med. Journal, Aug., 1889.

Management of infants under a year old, hygienic, dietetic, and medicinal, Greenley. Journal of the Amer. Med. Ass'n, Oct. 12, 1889.

Modern medical science, Coe. N. Y. Med. Jour., Oct. 12, 1889.

Necrosing ethmoiditis, Donnelly. N. W. Lancet, Oct. 15, 1889,

Oleate of veratria, the employment of, to facilitate the determination of errors of refraction, Theobald. Amer. Jour. of Ophthalmology, Aug., 1889.

Ocular muscles, rheumatism of the, Wright. Columbus Med. Journal, Sept., 1889.

Oil of tansy poisoning, case of, Witherington. Memphis Med. Monthly, Sept., 1889.

Perineum, an easy method of repairing the, Da Costa. Maryland Med. Journal, Oct. 19, 1889.

Pregnancy and operative surgery, their mutual relations, Gordon. Boston Med. and Surg Journal. Oct. 17, 1889.

Pathology of the nervous system, recent progress in the, Knapp. *Ibid.*

Preventive measures against cholera, report on, Todanori. The Sei-i-Kwai Med. Jour., Aug., 1889.

Prescribing at names, Fearn. Calif. Med. Jour., Sept., 1889.

Painful muscular spasms after fracture perfectly controlled by sulfonal, Andrews. Jour. Am. Med. Association.

Pyosalpinx, some points in the diagnosis of, Hall. Cincinnati Lancet-Clinic, Oct. 12, 1889.

Pieds bots talus valgus guéris par le retressment manuel, observation de, et l'immobilisation dans l'appareil de guttapercha, Bilhaut. Annales d'Orthopédie, 1 Oct., 1889.

Papillomes des fosses nasales, contribution à l'étude (suite et fin), Lacoarret. Revue de Laryngologie, 1 Oct., 1889.

Proposed new lunacy law, Peterson. Med. Record, Oct. 19, 1889.

Periodicity of women, Bissell. California Med. Journal, Sept., 1889.

Pulverised testicle juices as at herapeutic agent, Reed. Journal of the National Ass'n of Railway Surgeons. Sept., 1889.

Posterior dislocation of both bones of the forearm, Fischer. Amer. Practitioner, Oct., 1889.

Primary Lithotomy in Russia, Idelsen. Annals of Surgery, Sept., 1889.

The convulsions of reproduction and their congeners, Archibald D. Macdonald, M. D. Medical Press and Circular, Sept. 25, 1889. *Ibid.*, continued Oct. 2, 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 584. NEW YORK AND PHILADELPHIA, NOVEMBER 16, 1889. The Medical Register. Vol. VI, No. 150.

PAGE

CLINICAL LECTURE. By Thomas G. Morton, M.D. - - - - - - - - - - - - 673

ORIGINAL ARTICLES.

THE TREATMENT OF NEURALGIA. By E. P. Hurd, M.D. - - - - - - - - - - - - 675
HEROIC DOSE OF CHLORAL. By A. C. Free, M.D., Harrisburg, Pa. - - - - - - - - - 678
CONSTIPATION. By William F. Waugh, M.D. 679
MEASLES IN THE SECOND WEEK OF INFANCY. By T. Ridgway Barker, M.D. - - 680

THE POLYCLINIC.

MT. SINAI HOSPITAL, NEW YORK:
Fifty-three Successive Ovariotomies Without a Death. *Mundé* - - - - - - - - 681
ROOSEVELT HOSPITAL, NEW YORK:
Remarks on Case of Strangulated Hernia *McBurney* - - - - - - - - - - - 681
Excision of Jaw for Sarcoma. *McBurney* - 681
MEDICO-CHIRURGICAL HOSPITAL:
Uterine Cancer. *Montgomery* - - - - - 681
Gastric Disorders. *Woodbury* - - - - - 682
Multilocular Sclerosis *Woodbury* - - - 682
PENNSYLVANIA HOSPITAL:
Enucleation of the Eye-ball. *Morton* - - 682

PAGE

PHILADELPHIA HOSPITAL:
Version Before Labor. *Hirst* - - - - - 682
Cystitis Complicating Pregnancy. *Hirst* - 682

EDITORIAL.

ELECTRICITY IN GYNÆCOLOGY - - - - - 683
THE WILLIAMSON SCHOOL - - - - - - - 684

ANNOTATIONS.

Iodoform Oil Injections - - - - - - - - 685
Action of Salicylates on the Uterus - - - - 685
Tracheotomy and Intubation in Diphtheria, 685
Atonic Cases of Post Partum Hemorrhage - 685
Injection Treatment of Syphilis - - - - - 685
Tracheotomy in Diphtheria - - - - - - 686

LETTERS TO THE EDITOR.

Strong Solution of Argentic Nitrate as an Injection. *Sangree* - - - - - - - - - 686

SOCIETY NOTES.

PHILADELPHIA COUNTY MEDICAL SOCIETY, 687
Extraction of Cataract, with Cases Showing Results of Operation. *Roberts* - - 687
Ectopic Gestation. *Price* - - - - - - - 688

CINCINNATI LETTER - - - - - - - - 690

PAGE

BOOK REVIEWS.

Clinical Lectures on Mental Diseases. *Clouston* - - - - - - - - - - - - - 691

PAMPHLETS - - - - - - - - - - - 691

THE MEDICAL DIGEST.

Bitten by a Hydrophobic Soldier - - - - - 691
Ergot in Labor. *Schatz* - - - - - - - - 691
Chronic Cold Abscesses of the Glands. *Lassere* - - - - - - - - - - - - - - - 691
Migraine. *Goubert* - - - - - - - - - - 692
Pernicious Vomiting of Pregnancy. *Wien. Med. Woch.* - - - - - - - - - - - - - 692
Electricity in Gynæcology According to Apostoli's Method - - - - - - - - - - 692
Somnal. *Canada Pharm. Jour.* - - - - - 692
Medical Misconceptions about Lithium Salts *Siebold* - - - - - - - - - - - 692

MEDICAL NEWS AND MISCELLANY, 693

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - - 695

MEDICAL INDEX - - - - - - - - - 695

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

(Delivered in the Pennsylvania Hospital, Oct. 5, 1889.)

BY THOMAS G. MORTON, M.D.,

Professor of Orthopædic Surgery in the Philadelphia Polyclinic; One of the Attending Surgeons to the Pennsylvania Hospital and to the Orthopædic Hospital, etc.

AMPUTATION OF FORE-ARM—REMARKS UPON TREATMENT OF WOUNDS.

THE first patient is a man twenty-five years of age, who was admitted sixteeen days ago: it is a case of machinery crush of the left hand and fore-arm. He was brought at once to the hospital, and amputation of the fore-arm, at about the middle, was done within two hours after the injury was inflicted. The dressings have not been removed nor disturbed since they were applied. As you see, they are perfectly dry and free from odor. There has been no suppuration. This is due to the fact that certain precautions were adopted in operating, and particular dressings employed. Those of you who were here last year know what these precautions and dressings are, and why they have been called "antiseptic."

Suppuration requires three conditions: moisture, warmth, and living organisms. Leave out any of the three, and suppuration will not occur. We cannot avoid warmth and moisture in such cases, but we can prevent infection by living organisms, and for this purpose we find nothing equal to bichloride of mercury in solution (1–2000 or 1–4000). It requires some care, of course, in handling a mercurial solution, and occasionally it affects a nurse or attendant, who has his hands frequently wet with it, but this can be easily avoided by ordinary care and prudence.

After the amputation, several strands of cat-gut ligature were left protruding from one corner of the wound, for drainage, and the flaps were brought together with cat-gut sutures. There are many kinds of drains in use, rubber, glass, and so on, but if we use a foreign body of this kind, we are obliged to open the wound earlier than if a gut drain is used, because a drain which cannot be absorbed prevents complete closure of the wound. Therefore, I prefer a drain of cat-gut, which causes no irritation and is finally dissolved and absorbed, after it has fulfilled its purpose; and the dressings may then remain undisturbed for weeks if desired.

The antiseptic treatment of wounds consists in a series of manipulations performed upon a part before, during and after the operation; and unless these are all carried out systematically and completely, it is not true antiseptic treatment. Partial antiseptic treatment is not antiseptic treatment at all; it is merely a pretence and a delusion. Unless you adopt the system in full, your results will be unsatisfactory, human life will be sacrificed and you will fail in your duty to your patients.

Although the stump has healed perfectly, except at the spot where the drain came out, we will re-apply the dressings as at first, using the wet bichloride gauze and iodoform, covered again by absorbent cotton as before. This will be worn a week longer. We would not have disturbed the dressings to-day, had the man not wanted to go home.

Immediate union is now the rule after amputations, it was formerly a rare exception. I have had it after amputations of thighs where I have not dressed them for three weeks following the operation, and with perfect recovery.

You notice that I place directly over the surface of the wound a piece of what we call protective; it is simply a piece of oiled silk, coated with copal varnish and dextrine. It is merely for the purpose of preventing the dressing adhering to the sutures, and as it keeps moist so allows drainage from the stump. By the use of this method we have union of wounds at once, which was almost impossible before the introduction of antiseptics into surgery. We now have immediate union of skin, cellular, muscular and fibrous tissue after amputations, just as readily as in simple incised wounds. Moreover, we used to have occasionally secondary hemorrhage after amputations, at the time when the ligature came away from the artery. Now, we avoid, by using ligatures that become absorbed, the dangers of suppuration and pyemia as well as secondary hemorrhage.

DISLOCATION OF THE FORE-ARM BACKWARDS.

This boy, ten years of age, has just come into the hospital with a recent injury to his arm, owing to falling from a box and striking his hand with some force upon the ground.

We have here a deformity of the right elbow, which is very evident when we compare it with the left one. There must be something here that is not right: either a dislocation or fracture, or possibly both. There is widening of the space between the condyles of the humerus, and the olecranon is not in its place. The arm is held nearly extended or only slightly flexed, and attempts to extend or flex it further produce pain.

The signs of fracture are abnormal mobility, crepitus and deformity. Very often in children a separation occurs between the shaft and the end of the bone which enters into the articulation—the epiphysis—as a result of violence like this, instead of an ordinary fracture. As I can trace the whole length of the ulna with my finger, such a condition does not exist in this patient.

In these cases it is always proper to administer ether and make a thorough examination and establish your diagnosis. I now find that there has been a dislocation of the bones of the fore-arm backwards and upwards, while the lower end of the humerus has slipped forwards.

It is very important to make a diagnosis as early as possible, because in the first place the diagnosis governs the treatment; and, secondly, because the difficulty of reducing the dislocation, rapidly increases with the lapse of time; moreover, it is easier to make the diagnosis before much swelling has taken place. Dislocations soon become old, and it may then be impossible to reduce them at all, because the parts have become rigid and the articulation itself affected by inflammatory changes, so that it would finally require an extensive operation with division of the lateral ligaments and fibrous bands, and even then we may fail to effect reduction.

By falling upon the open palm, the ulna and radius have been driven upwards and backwards; now, by reversing this and making traction and at the same time flexing the fore-arm and holding the humerus firmly with the other hand, the dislocation is at once reduced. Nothing is now needed beyond confining the arm in a bandage, and carrying it in a sling for a few days.

DOUBLE HYDROCELE—TREATMENT BY EXCISION OF PART OF THE SAC.

This man, 26 years of age, has an enlargement of the scrotum, which has existed for at least eight years. It is a hydrocele, a very common affection. In this case we find the swelling on both sides, which is not common. When we speak of hydrocele, we naturally think of it as it occurs in the male; but it may occasionally be found in women, making its appearance in analogous parts, in the inguinal canal near the round ligament.

Now, hydrocele consists in a collection of fluid in the tunica vaginalis testis, or the sheath of the spermatic cord, or alongside of the cord. It may be on either side or both sides.

Hydrocele, as it appears in the scrotum, presents us with a tumor more or less pyriform in shape, and more or less hard; the quantity of fluid may vary from a few ounces to a gallon. I have seen such a tumor extend to the patient's knees, and contain a gallon or more of fluid.

The diagnosis is easily made. All the disorders of the testicle may be excluded by taking the patient into a dark room, and with a candle attempt to pass light through the tumor. If it is perfectly transparent, it is a hydrocele, containing clear fluid, which is identical with the serum of the blood. Hernia is excluded by the fact that no impulse is transmitted to the tumor when he coughs.

In such cases there is often a history of injury to the part, or it may be caused by horse-back riding; it has been observed that cavalrymen are especially subject to it.

There are two plans of treatment—the palliative and the radical. The first consists in simply drawing off the fluid with a trocar, and repeating the operation as often as it re-accumulates. The radical operation has for its object the obliteration of the cavity by inflammatory adhesions. We may accomplish this by the injection of iodine, or some other irritant; the insertion of a seton, and leaving it in for twenty-four hours; or, by cutting down and removing part of the tunica vaginalis testis. One of the oldest methods was by injection, after removal of the fluid with a trocar. The older surgeons were very fond of the injection of port wine. But the tincture of iodine, full strength or diluted one-half with alcohol, has stood the test better than any other that has been proposed. This is thrown into the sac and, after being retained a minute or two, is allowed to escape. The caustic gives rise to violent irritation, congestion and inflammation, accompanied by the effusion of lymph, which occludes the sac and produces the cure.

We introduce the trocar in front, directing its point downward, so as to avoid striking the testicle, which is at the upper and back part. Sometimes the tunica vaginalis is greatly thickened, and it is exceedingly tough after the affection has existed for years. In such patients you will often fail with iodine. In this case I will perform the radical operation by excision of part of the sac, and will give him a little ether before beginning. I find upon incising the sac that the cellular tissue in its interior is quite œdematous, and we will remove this with the scissors. The fluid of a hydrocele is ordinarily clear; but it may be as white as milk, due to the presence of spermatozoa which have escaped into the sac.

When treating a hydrocele by injections, you should always be sure that it is not the congenital variety, for in such a case there is often a connection between the cavity of the sac and the general peritoneal cavity. In very young infants it is better to resort to external applications, such as painting with iodine, the application of pressure, etc. If you do inject, pressure should be made over the internal ring so as to prevent the passage of the fluid through into the abdomen, where it might cause peritonitis.

[The operation by incision, taking away part of the sac, and snipping off the œdematous cellular tissue, was repeated upon the other testicle, and the wounds brought together with three or four points of interrupted cat-gut suture, and dressed with protective, iodoform, and gauze.]

DIABETIC GANGRENE OF FOOT.

The next case is one of diabetic gangrene of part of the foot of a laborer fifty years of age—a colored man. We know that gangrene is going on here. The parts are discolored, devitalized, and have an offensive odor. Gangrene may arise from many causes. A heavy weight might fall upon the foot and crush it, and lead to loss of circulation and death of the part; but here is gangrene coming on apparently without cause. We find it associated with glycosuria, and we call it diabetic gangrene. It is a very interesting fact that patients with sugar in their urine are especially liable to gangrene, owing to local changes in the circulation. We know that it is diabetic, because the patient's urine responds to both the chemical and fermentation tests.

The gangrene affected the third toe of the right foot upon his admission; it now has extended to the fourth toe and part of the dorsum and sole of the foot. There is no line of demarcation forming. The propriety of an operation is questionable. We will merely remove the dead parts because the mass is putrefied and very offensive.

Dr. William Hunt, one of my colleagues on the staff of this hospital, has reviewed this subject in a paper read last December before the County Medical Society, from which I will make a few extracts.

In the first place, as to the diagnosis between this and senile gangrene, he observes that this is a moist, the other is a dry gangrene. As regards frequency, in forty-seven years the records of this hospital only show fifty-nine cases of diabetes altogether; from 1842 to 1848 there was not a case admitted; from 1858 to 1869 there was not a case admitted; and in the Philadelphia Hospital it is also rare, so that among the poor, diabetes is an uncommon affection. Dr. Hunt sent out queries to a few physicians of this city to ascertain the frequency of the complication. Thirty answers were received; of these seven respondents had seen no gangrene in diabetic patients, twenty-five reported sixty-four cases. The ages, where given, were: 1 between 30 and 40; 2 between 40 and 50; 11 between 50 and 60; 12 between 60 and 70; 10 between 70 and 80; 2 between 80 and 90. Of the sexes given, 24 were females and 25 males. Of social standing, where given, 16 were wealthy, 23 medium, 9 poor, and of the latter 6 were in hospital. The seats of gangrene, where reported, are lower extremities—below the knee 37, thigh and buttocks 2; nucha 2, external genitals in females 1, lungs 3, fingers 3, back 1, eyes 1. Among these, boils and carbuncles are not included. As to the mode of death, Dr. Hunt considers consumption as rather an accidental complication, and that the usual mode of death is by coma, œdema of lungs, or exhaustion. Emaciation is often entirely absent.

As regards the question of amputation, it is better to leave such patients alone; but it is justifiable to remove an offensive mass which makes the patient shunned by others. There is no line of demarcation, but we will attempt to secure healing here by immediate union, and will apply the usual antiseptic dressing. We find the bone separated from peritoneum and the tissue in bad condition. The third metatarsal bone is divided by the bone forceps at about its middle. We now pass a drain through from back to front, having scraped the wound with the curette to separate dead tissues. I show you here a new instrument, the douche-curette, having a hollow handle, through which a current of bichloride solution flows while you are scraping the surface, keeping the field of operation clean, and the spoon clear, thus enabling the operator to observe what he is doing.

Original Articles.

THE TREATMENT OF NEURALGIA.

By E. P. HURD, M.D.,

PROPHYLACTIC TREATMENT.

IDIOPATHIC neuralgia, like the other neuroses, is a hereditary disease. The ascendants of the neuralgic subject—one, or more of them—were either neuralgic, or were sufferers from hysteria, epilepsy, or some other neurosis; or, the parent may have impaired a naturally good constitution by intemperance or some other vice, and so entailed on the offspring that instability of nerve-organization which, under suitable provocation, finds expression in some form of neuralgia.

There are, of course, exceptions to the rule that neuralgia is a hereditary disease; children born healthy have had their constitutions undermined by insufficient diet, by some one or more of the diseases

peculiar to children (as scarlet fever or diphtheria), or even by precocious addiction to some vice, etc.

Children who have inherited the neuralgic temperament should not be allowed to study too hard at school, and should not be subjected to physical tasks of an arduous and exhausting nature. Moderation in all things should be the rule. Such subjects are unfitted to bear a strain. At the same time, they should be required to walk in the open air, to indulge in invigorating sports, to perform gymnastic exercises of certain kinds which can be borne without too much fatigue, to practise rowing, horse-back riding, swimming. The cold bath, or cold douche in the morning is a good auxiliary. All these hygienic measures improve the circulation and develop a strong muscular and nervous organization. Hydrotherapy especially toughens the integument and prevents the frequent occurrence of debilitating rheums.

To these means should be added a full, generous diet of meat, eggs, fish, milk, cereals, vegetables and fruits. Very many cases of neuralgia have been traced to a meagre and insufficient dietary. When we remember that neuralgia is essentially a disease of malnutrition, and that nerve substance is a conglomerate of richest animalized principles (phosphorized oleo-albumen), we see that we must place in the foremost rank of remedial agencies those means which improve or restore the nutritive functions.

Some of the worst forms of migraine, prosopalgia, etc., that I have ever seen were among the poor and ill-fed. For delicate, half-starved, children brought up in slums and crowded tenement houses there can be but little hope; out of these breeding-places of disease come multitudes of the hysterical, the neuralgic, the nervously shattered, who float about between the hospital and the alms-house.

The neuropathic child should be taught the necessity of plenty of sleep. Too much emphasis cannot be placed on this requirement. Eight, even ten hours sleep a day is not too much. Those predisposed to neuralgia should be compelled to go to bed early—between the hours of nine and ten every night, and all evening excitements should be forbidden. Among the latter should be mentioned the reading of dime novels.

As everything that favors the precocious development of the passions is bad, the evil influence of corrupt companions is to be depreciated and avoided by every possible means. It is, however, a matter of great difficulty for the parent or guardian always to avert such influences, for the cousin or class mate of the moral and "goody" sort is often the one who in secret instils the poison and corrupts the nature of of the child.

Doubtless the evils of masturbation, as practised by children, have not been too highly painted. The neuropathic child cannot be too early, too earnestly or too faithfully warned against the pernicious effects of this vice.

PROPHYLAXIS IN THE ADULT.

The adult, who, by faulty organization, by debilitating influences, by previous attacks of neuralgia, is predisposed to this neurosis, demands essentially the same prophylactic hygiene as has been above outlined. He should possess some light, healthy employment, and avoid occupations that involve arduous toil and great anxiety. Good, nutritious food at regular seasons should be eaten, and alcoholic and other stimulants eschewed; the neuralgic should also religiously refrain from smoking. These patients are prone to seek excitement, and often suffer a breakdown in consequence. One patient with whom I was acquainted, used invariably to experience a return of her megrim after going to an evening party or a ball. Such persons are uncommonly vivacious under excitement, and endure well the strain for the time being. They are, however, capable of using up in one evening's dissipation all their reserve force, and of bringing their nerve-centers into a state of unnatural erethism that weeks of rest may not calm.

The condition of these sufferers is often deplorable. Of fine literary and æsthetic tastes, they cannot long enjoy reading, artistic pursuits, etc., without paying the penalty in an attack of severe orbital or supra-orbital neuralgia. One of my acquaintances cannot read an hour consecutively without twinges of pain through his temples, which oblige him to desist. He regards himself as shut out from the best enjoyments of life; is gloomy and suicidal. Persons of this temperament need an especially fortifying regimen; of which life on the sea (yachting), in the woods, among the mountains, with absolute freedom from brain work, shall form the principal part.

Some writers (as Vanlier and Anstie), have found excessive religiousness a factor in the genesis of neuralgia; but doubtless an ardent espousal of the most gloomy theological beliefs is less harmful than the indulgence of depressing vices, or the cultivation of voluptuous appetites.

The same remarks that have been made about sleep, are applicable to the adult neurotic, who should have regular habits of sleep, and whose sleep should be long and sound. If he happens to be a poor sleeper, he should endeavor to woo tired nature's sweet restorer, by taking much exercise in the open air, and especially diverting exercises, by cold bathing in the morning, and the warm bath just before going to bed, with vigorous shampooing of the body, along with the sipping of a cup of hot water containing some mild cordial, as spirits of lavender, or even a little Cibil's Fluid Beef; this is far better than resorting to any of the ordinary hypnotics, as chloral and sulphonal, which are sure, in the end, to leave the nervous tonus damaged. It is only exceptionally that I would allow a neuropathic patient to apply to any of the so-called hypnotics for relief. Where a small dose of whiskey, or a glass of bitter ale will produce refreshing sleep, this is safer than chloral or a narcotic. Sometimes it makes a great difference what the victim of insomnia eats for her supper, and there are all sorts of idiosyncrasies in regard to this. Some persons will sleep better with a full, some with an empty stomach. To some patients your best prescription is a supper of hominy and milk; to others, a light lunch, or cup of beef tea on going to bed.

Above all things, the neuralgic invalid should have a mind at ease, for anxiety, care, worry, over-

mastering passions, are the greatest foes to healthful sleep.

As adjuvants to a cure, there are certain tonic medicines which deserve mention here: quinine, strychnine, iron, arsenic, and a very moderate amount of some of the fermented liquors, wine and beer. To the anæmic, iron and arsenic are especially useful; a good combination is the *iron, arsenic and strychnine pill*, furnished by a number of our pharmacists.

Fothergill's pill is a good stomachic tonic. Its formula is as follows:

℞.—Acid. arseniosi . . . . . gr. j.
Ferri. sulph. exsic. . . . . ℥ ss.
Pulv. capsici . . . . . ℥ j.
Pil. aloes et myrrh . . . . . q. s.
M.—Ft. pil. No. LX.
Sig.—One pill three times a day.

Or five minims of Fowler's solution may be associated with ten grains of bicarbonate of sodium and five of potassio-tartrate of iron in a fluid ounce of infusion of quassia, this dose to be given after each meal.

Arsenic is one of the best anti-neuralgic remedies that we possess. According to Anstie, it is especially useful in the visceral neuralgias. With arsenic, cod-liver oil may often be conjoined to advantage. More satisfactory results will be obtained from the pure oil, when it can be borne, than from any of the emulsions, of all of which, according to my experience, patients soon tire. Too much care cannot be taken that the oil shall be perfectly sweet and fresh.

A course of electric treatment (galvanism preferably to faradism), sometimes works well; both by calming the erethism of the nerve centers, and promoting the nutrition of the latter. The electrical treatment of neuralgia will claim especial consideration in another article.

Treatment of Diatheses which lead to Neuralgia.—Neuralgia is sometimes under the dominance of a diathesis such as gout, chlorosis, rheumatism, hysteria, diabetes. The treatment which is devoted to the diathesis is the proper treatment of the neuralgia.

Neuralgia of Toxic Origin—Neuralgia may be dependent on a poison in the blood; lead, mercury, arsenic, alcohol, malaria. Here the leading indications are: 1, to suppress, then antidote, then promote elimination of the poison; 2, as far as possible to protect the organism from the effects of the toxic agent, and palliate symptoms as they may arise. It is evident that when the proper antidote can be administered, this is the remedy *par excellence* for the neuralgia. In malarial neuralgia, for instance, quinine in large doses is indicated. In alcohol neuralgia suppression of all alcoholic stimulants should be strictly enjoined. In nicotinic neuralgia tobacco should be abstained from. In colica pictonum, the proper treatment of lead poisoning will also cure the neuralgia.

Reflex Neuralgias.—These neuralgias are due to a localized morbid state (of the uterus, kidneys, etc.) and the successful treatment of the suffering organ will cure the neuralgia.

Surgical means of cure.—Neurotomy, neurectomy and nerve stretching have all been practised for the cure of intractable neuralgia. Nerve stretching will be considered with sciatica, and neurectomy (which has given some brilliant results) under the head of prosopalgia.

Treatment of Neuralgic Paroxysms.—When in the presence of an attack of neuralgia, the first thing, of course, to do is to relieve the pain. It is desirable, if possible, to obtain analgesia without resorting to morphine. In many of the neuralgias, such as migraine and those of central origin, whether idiopathic or symptomatic, antipyrin often gives speedy, marked relief, fifteen grains being followed by complete disappearance of the pain. A repetition of the same dose in six hours, and a continuance of this treatment for several days, the antipyrin being given often enough to keep the pain under subjection, may be all that is required, the patient being as far as possible removed from the reach of causal influences. This is Germain Sée's treatment of the headaches of students, headaches which often oblige matriculates to suspend study for weeks or months. Acetanilid in half the dose of antipyrin may be attended with an equally good result, and the same may be said of phenacetine. Lately exalgine has come into favor in some quarters; it has been praised as an anti-neuralgic by Dujardin-Beaumetz and Bardet.

It is probable that where antipyrin fails none of these other medicines will succeed.

In my own practice I have seen good results from acetanilid in neuralgic headaches. In cervico-brachial, dorso-lumbar and sciatic neuralgia I have seen no benefit from any of these members of the "aromatic series." Citrate of caffeine and guarana are remedies from which much good may be expected in hemicrania, and always where the pain seems to be the consequence of nerve tire. The dose of caffeine is three or four grains, of guarana twenty grains.

The following prescription for which I am indebted to the late Dr. George M. Beard has given good results in headaches of almost all kinds:

℞.—Cit. caffein.
Carb. ammon. . . . . āā ℈j.
Elixir. guaranæ . . . . . f℥j.
M.—Dose, a teaspoonful every hour till the pain is relieved.

Some of my patients, delicate migrainous patients, keep a bottle of citrate of caffein econstantly on their toilet tables; a frequent resort to it keeps them free from headaches. I have never seen any harm result from the continuous use of this drug.

Aconitine in pills of $\frac{1}{200}$ grain, one pill every five hours till the supervention of the physiological effects, or till the pain disappears, sometimes has a charming effect in migraine and tic douloureux.

In face ache, especially when due to a decayed tooth, the tincture of gelsemium in five-drop doses every two hours is often followed by speedy subsidence of the pain. I have always found gelsemium in this dose to be a perfectly safe remedy.

Some practitioners have great faith in a full dose of quinine (fifteen grains) in neuralgias of the peripheral nerves, whether due to malaria or some other cause. I cannot say that I have ever found this alkaloid beneficial in neuralgic paroxysms, except where the attack was clearly of malarial origin. "Gross'" neu-

ralgic pills, in which quinine is combined with aconite, strychnine and morphine are, I think, chiefly of use as a prophylactic where attacks have been frequent.

As outward applications chloroform liniment, veratrine ointment, extract of belladonna rubbed up to a paste with water, spread on cloth and applied over the seat of pain, have had their advocates. No external means can be relied on. Anodyne embrocations are more useful when the pain is rheumatic than when it is neuralgic.

Hypnotizers claim to have accomplished wonderful results by putting the neuralgic sufferer into the hypnotic sleep, and assuring him that the pain no longer exists. As nothing is impossible *a priori*, and all things are to be believed on sufficient testimony, we have now adequate warrant for a certain faith in hypnotism as a means of cure. Bernheim's book on "Suggestion as a Therapeutic Agency" contains a number of instances of severe neuralgic and neuralgiform pains cured by hypnotic suggestion.

It will often happen that none of the above means are applicable to the case in hand, or, if tried, they have resulted in failure. There is nothing to do then, but to resort to a hypodermic injection of morphine. The tablet triturates of the pharmacists are very handy for this purpose. The commencing dose should be the sixth of a grain. If no relief is obtained, the injection may be repeated in fifteen minutes or half an hour. In bad cases of tic douloureux, migraine, visceralgia, I have often had to repeat these injections every half hour until a grain, a grain and a half, and even two grains have been administered. Some pain creates great tolerance of morphine. I have seen a delicate neurotic girl in a paroxysm of cervicobrachial neuralgia bear with impunity a quantity of morphine introduced subcutaneously that would have killed a strong, well man. There is not the same tolerance of atropine, and it will not do to push the injections of this alkaloid. If for the first injection one of the morphine and atropine tablets be used, in the subsequent injections the atropine should be omitted. The dryness of the mouth and throat that follows a full dose of atropine gives the patient great annoyance and discomfort.

For ordinary hypodermic use I employ a solution of morphine, consisting of four grains of sulphate of morphine to a fluid ounce of cherry laurel water. Of this, a hypodermic syringe full may be injected with safety in an adult. The cherry laurel water keeps the solution from spoiling.

Inject into a fleshy part of the arm ; there is no advantage in injecting over the seat of the pain.

Deep injections of chloroform sometimes as effectually relieve the pain as morphine injections. For sciatica take up a syringeful of pure chloroform and inject it the depth of the syringe-needle into the gluteal muscles.

Antipyrin may also be used hypodermically. Dissolve eight grains in a hypodermic syringeful of warm water and inject the whole into a fleshy part of the arm or thigh. Germain Seé highly commends this use of antipyrin.

Oxygen is of value in neurasthenia.

HEROIC DOSE OF CHLORAL.

By A. C. FREE, M.D.,
HARRISBURG, PA.

IF the following case is half as interesting to read about as it was to those concerned in it, the writer will be amply repaid for his trouble.

In the fall of 1881, Mrs. S., living in the First Ward, Harrisburg, was seized with convulsions while entertaining some friends. Upon responding to a hasty summons, I found the patient to be a plump, short-legged woman, aged twenty-six. She was six and a half months gone in her first pregnancy. Two weeks prior to the first convulsion she had received a severe blow on the abdomen by falling over the edge of a tub. Life was extinct in the child, and of course it was expedient to get rid of the contents of the uterus. The consultant in the case made the prognosis of death within twenty-four hours, because the urine was loaded with albumen. I could not concur in the opinion on those grounds, because neither at that time nor subsequently has my experience warranted such a conclusion. The acceptance of that theory would have signed this woman's death-warrant, figuratively speaking.

There were no labor pains, the mouth of the uterus was high in the pelvis and closed, as in an ordinary primipara at six months. No medicines could be given by the mouth, for the reason that when the patient was not writhing in convulsions, she lay in a deep stupor. To accomplish the delivery it was necessary to insert the hand into the woman's capacious vagina, and by using bimanual manipulation open the uterine canal. This was most exhausting labor. After two hours' work, the severe strain and cramped position made a long rest grateful when the hand was finally inside. The rest of the operation was easy as soon as the hand recovered from the paresis caused by the violent muscular effort. It is terribly disagreeable to have to sit by a bedside with an aching hand and arm inside a female's genital organs for so long a time. The only redeeming feature about it is that it affords an excellent opportunity to study the physiological action of warmth and moisture.

Much benefit was expected to result from the removal of the uterine contents, but no immediate result was apparent so far as increasing the woman's chance for life. The cause of the eclampsia did not have a total inhibiting effect on the uterus. Central functional activity was still marked enough to stop, with the aid of pressure, a troublesome hemorrhage. By grasping the fundus above the symphysis and digging the fingers deep into the abdominal walls, and holding on, the desired result was obtained. Some delicacy in regard to using such strong pressure had to be thrown aside ; but even at the expense of dislocating some of the viscera or rupturing a ligament, the deed was done. With an empty and contracted organ to deal with, the convulsions persisted, and how to manage them became an important question. Every means at command was tried, but the patient grew worse, instead of better.

Finally, after much anxious deliberation, it was resolved to try the effect of ninety grains of chloral

hydrate by the rectum. Such a dose was regarded as heroic and dangerous, but the patient was in extremis. One hour afterwards the convulsions had not been repeated, but the pulse was becoming thready and almost imperceptible, and respiration was performed in gasps at long intervals. An ominous rattle in the throat made the outlook gloomy, and in addition to anxiety peculiar to such an occasion, the thought of being the direct cause of death tormented me. I had before this time unqualifiedly condemned a practitioner for yielding to a woman's demand for ether in confinement and then justifying himself when his patient died of ether shock. However, it was no time to be timid, and believing from the woman's looks that it was possible to pour a stimulant down her throat, two ounces of whiskey and twenty grains of quinine were used in the attempt. It came near finishing the career of the woman in short order; but, in spite of a fit of strangling, it was retained. In twenty minutes the pulse had gained perceptibly in strength, but the breathing was the same. Two ounces more of raw whiskey were poured into her, and when an interval of half an hour seemed to make no difference in her condition, I went home and went to bed at 11.30 P. M.

The conviction that there was no chance of recovery had fastened itself upon me, and yet, in spite of the fact that I had already been with the woman for two days and nights and was physically exhausted, it now looks as if I ought to have known that a halt in the disease when the patient was almost moribund was a great gain; but the truth is that, after making such a game fight, I was at home and asleep when the change came. Early the next morning a messenger rang the bell to know if Mrs. S. could have a drink of water. A few minutes later she was found in a semi-comatose state, asking for water every minute or two. Her mouth was as dry as anything could well be, the mucous lining of the buccal and pharyngeal cavities was glazed and shining, and on the tongue was a dark brown coating, which was cracked and fissured. Little jagged points, hard and sharp, stuck up all over its surface.

At eight o'clock, A.M., the woman opened her eyes and commenced to talk rationally. It was still the opinion of the consultant that death would be the inevitable result; but it did not turn out so, for she made a recovery, and has since been delivered of two children without trouble of any kind.

216 South Second Street.

CONSTIPATION.

Abstract of a Clinical Lecture delivered at the Medico-Chirurgical College of Philadelphia.

By WILLIAM F. WAUGH, M.D.

IN the group of cases presented to you to-day, you will notice that constipation has been a feature of each, though they differ widely in their nature and in the other symptoms. You may judge from this how general is this aberration from health; so general, indeed, that the inquiry into the condition of the bowels forms one of the routine duties of the physician. It has been said that no visit is a strictly professional one unless the doctor looks at the tongue, feels the pulse and inquires about the bowels. I once heard a physician give as the reason for his popularity among his Irish patients, that he was never consulted for any case but that he first ordered a brisk cathartic, no matter what the nature of the disease might be. And though we very properly condemn such a practice, it must be acknowledged that it has far more to be said in its favor than most of the other routine practices, such as bleeding, cinchonizing, pepsine giving, tonic tippling, making vaginal examinations, etc. In fact, a very large proportion of the medical practice of every age has consisted of routine work for which it would be difficult to find as good an excuse.

In the treatment of constipation *per se*, apart from that of the conditions with which it is associated, there has been a marked change in modern methods. It is now fully understood that something more is needed than simply producing alvine discharges; which gives relief, but does not cure constipation. The use of the old-fashioned cathartics has become very limited, since it is learned that they exhaust the susceptibility of the bowels and increase the tendency to constipation.

As neglect is, after all, the prime cause of constipation, so the essential condition for its cure is the enforcement of regularity in resorting to the water-closet. The influence of habit is what our therapeutics is designed to obtain. Sometimes this is best done by adopting some means whose oddity serves to impress the mind of the patient. A buckeye carried in the pocket, a black ring on the finger, an odd pendant for the watch chain, may serve to remind the patient of the affection for which it was prescribed, and of the means of cure. I have succeeded in accomplishing this object by directing the patient to keep his cigars in the water-closet and to smoke only while at stool. It is necessary that when the patient goes to the closet he should have a reasonable certainty of securing an evacuation; and for this reason nature must at first receive artificial aid. For this purpose there have come into use, during the last ten years especially, a number of laxative pills, combining in various proportions aloes, nux vomica, belladonna, and sometimes other drugs. Nearly all manufacturers of pills send out such combinations, and many physicians employ favorite formulas of this sort. I add capsicum to the above-named ingredients, and yearly prescribe these pills in many cases. The essential ingredient is aloes, though this does not do as well alone as in combination. The dose should be the smallest which will suffice to produce the effect. And even then, as the influence of habit becomes stronger, the dose which is at first requisite will be found to be too large, and can be reduced gradually until finally it can be dispensed with entirely, and the cure is complete. To secure the true tonic effect of this combination, the daily dose should be divided into three parts, one to be taken after each meal. As the patient improves the doses should be decreased in size, but not in number, the three daily doses being given in constantly lessening quantity until they become almost infinitesimal.

For all ordinary forms of constipation this treat-

ment is quite satisfactory. But it will not answer when there are hemorrhoids, rectal ulcers or menorrhagia; nor when the condition is rather one of costiveness with an abnormal dryness of the intestinal contents. In the latter case aloes in the smallest doses will cause great distress and painful cramps, without affording relief. The object is not stimulation of peristalsis, but of the intestinal secretions. This can be obtained by the administration of hydrastis, the saline laxatives, or chloride of ammonium. But the best remedy by far, one that has here no rival, is cascara sagrada. I may add that this is the only form of constipation in which cascara is really superior to other drugs, or, in other words, is truly indicated. It also should be given in the smallest quantity which will give relief, and preferably in a single daily dose after breakfast. It may be given in the form of fluid or solid extract, but the best formula is the fluid extract combined with the extract of malt. The latter seems to enhance the value of cascara, five to fifteen minims in malt extract having as certain an action as a drachm given alone, and with less griping. This is the case even with malt extracts which are not themselves laxative.

So comprehensive is the range of these two medicaments that you may practise a long time before you meet with a case in which they fail. When you do, you can at once inform your patient that there is a mechanical obstacle in the way, the nature of which can be ascertained by a local examination. It may be a retroverted uterus, rectal stricture or polypus, or some form of pressure from without; against any of which the best regulated diet and laxatives will be as powerless as the brisker cathartics, though not so injurious.

MEASLES IN THE SECOND WEEK OF INFANCY.

By T. RIDGWAY BARKER, M.D.,
Demonstrator of Obstetrics and Assistant in Clinical Surgery in the Medico-Chirurgical College, Philadelphia.

APPRECIATING the fact that measles is of rather infrequent occurrence at such an early age, I feel justified in reporting the following case somewhat in detail.

A. G., aged two weeks, found, on my first visit, to be a small, weak, imperfectly-developed female infant, with a feeble circulation, indicated by the cyanotic hue of the skin. The child nursed poorly, though the mother furnished an abundance of milk.

The birth occurred at full term. The mother, a multipara, was attended in her confinement—which came on unexpectedly and proceeded without difficulty—by a neighbor (it was deemed unnecessary to send for a physician, so speedily was the woman delivered).

The good neighbor thus hastily called in quite forgot, in her excitement, that the children of her own household were convalescent from measles. The infant, as already mentioned, had inherited but feeble vital powers, and, on further examination, it was very evident that there were in addition certain morbid principles at work.

The skin was hot, dry, and congested; the eyes half closed; a weak, stifled cry was emitted at intervals. The fecal discharges were green, fetid, and slimy. No eruption was present on the extremities or trunk, though diligently sought for, nor was there any indication of broncho-pulmonary catarrh. The treatment was directed to correcting the catarrhal condition of the alimentary canal, by increasing secretion and hastening the removal of the products of fermentation.

Calomel in one-twentieth grain doses every two hours was administered.

On the following day there were signs of improvement, the discharges being no longer green and fetid. The temperature remained elevated, however, and in addition to the symptoms common to the febrile state there was a short, hacking cough, bronchial in character. The same treatment was continued, with the administration of sp. æth. nitrosi, ten drops every hour.

At my next visit (fourth day) the whole body was covered with a measly eruption. It was slightly elevated; in crescentic blotches, with intervening unaffected patches of skin—in a word, it was the unmistakable eruption of measles. The cough became more persistent and disturbed the sleep. The dose of the calomel was increased to one-tenth of a grain every two hours, and the sp. æth. nitrosi to twenty drops every hour. This treatment was continued for two days, when the eruption began to fade and the skin to assume a more natural appearance. The cough, which proved very intractable, greatly interfered with nursing and taxed severely the patient's strength. For the relief of this source of annoyance hot applications and mild counter irritation were employed. On the ninth day the eruption had quite disappeared and desquamation was apparent, though slight. The child's general health rapidly improved and it was soon completely recovered.

It would seem but reasonable to conclude from the history of this case that the infant became infected at the time of delivery.

1. There had been no case of measles in the immediate family, though several of the children had never had the disease.

2. The period of incubation was about ten days.

3. The time of the breaking out of the eruption was characteristic.

All these factors, I think, point most conclusively to the view that the affection was contracted from the midwife.

Fortunate, indeed, was it that the bronchial symptoms were mild, for had they been otherwise a fatal termination would have been almost inevitable. While the case may be considered in many respects a typical one, it is not uncommon to meet with those whose views would widely differ. In fact, it appears that each epidemic has certain well-marked peculiarities.

At one time, as in the epidemic of the winter of 1887, the bronchial inflammation assumed an exaggerated form, and then the mortality increased in a direct ratio. At another, the character of the eruption underwent a change—either in resembling

that of scarlatina, as pointed out by Rush, or in being tardy in its appearance.

While in the vast majority of cases the eruption appears first on the face, it does not uniformly do so. It sometimes breaks out first on the trunk or extremities.

Diarrhœa has occasionally been a concomitant symptom in certain epidemics, especially so in the epidemic reported by Rush in 1801.

The same author further noted that there were cases in which there were "decided remissions and intermissions—as in the autumnal fevers." It is probable the temperature was influenced by a malarial taint in the system.

To briefly summarize, then, the clinical history of measles: In the main the characters of the symptoms are constant, yet they are not always so—variability in location, extent and appearance of eruption, as well as deviations from the standard course, being not at all infrequent.

1703 Spruce Street.

The Polyclinic.

MT. SINAI HOSPITAL, NEW YORK.

Service of Dr. Paul F. Mundé.

George B. Cowell, House Surgeon.

FIFTY-THREE SUCCESSIVE OVARIOTOMIES, WITHOUT A DEATH.

THE above statement was made in reply to a visitor to Dr. Mundé's clinic, October 30, 1889.

Lacerated Cervix—Emmett's Operation.—I leave the sutures, in some cases, for a much longer period than is customary; in fact, have left them until after the approaching menstrual period. I can see no practical objection to this procedure.

Lacerated Perineum—Tait's Operation.—This operation may be made for complete or incomplete laceration. It is extremely simple and thoroughly effective in its results. Of late I have used it in all my cases of uncomplicated, complete and incomplete laceration of the perineum. I have, since October, 1887, operated by this method seventeen times—eight complete, nine incomplete—with sixteen successful cases, and one death from septicæmia. (For complete account of operation see *American Journal of Obstetrics*, July, 1889.—K. B. P.

ROOSEVELT HOSPITAL, NEW YORK.

October 26, 1889.

Service of Dr. McBurney.

Calvin Harrison, House Surgeon.

REMARKS ON CASE OF STRANGULATED HERNIA.

THE case of strangulated hernia, on which I operated last week, and in whom we made a resection of the gut, approximating the lateral surfaces of the gut by use of Abbe's rings, died on Thursday. I mentioned at that time that he was suffering from chronic alcoholism, and was therefore a very unfavorable case. The autopsy revealed a very interesting fact. There was not the slightest adhesion between the approximated peritoneal surfaces, although death occurred at the end of nearly 120 hours. The cause of death was septic peritonitis.

EXCISION OF JAW FOR SARCOMA.

This man, aged seventy, had trouble with his jaw twelve years ago. Cause supposed to be carious teeth. A few years after, he noticed a swelling on the right lower jaw, which has steadily increased in size since that time, and is now so large as to interfere with deglutition. Our diagnosis was "fibro-sarcoma" of the jaw, and was sustained by microscopic examination. The age of the patient is an objection to operation, but the condition is such as to warrant operative measures. I shall make an incision along the edge of the jaw from the symphysis to the angle, thence to the neck, divide the jaw through the symphysis, and turn it out from the socket. We have now made our incision and sawed through the jaw, but the tumor is so friable that we will not be able to turn the jaw out of the socket, but will have to dissect it out. To close the wound the mucous membrane of the cheeks will be sewed together, and the oral cavity closed off. The wound will be packed with sterilized gauze. The patient will be fed by the stomach tube for some time.

Radical Cure for Hernia—McBurney's Operation.—This man has an indirect inguinal hernia, which prevents his working. I shall open up the sac, return the intestine, sew the neck of the inguinal canal together, close the internal ring by suture, invert the skin by means of sutures, lessen the width of the wound by lead plate tension sutures, two will be sufficient, and pack the cavity left by the inversion of the skin with iodoform gauze, then the outside dressing. The man should make a perfect recovery.

—K. B. P.

MEDICO-CHIRURGICAL HOSPITAL.

UTERINE CANCER.

I PROPOSE to bring before you a woman who is suffering from cancer of the uterus. She now has tenderness, marked pain, discharges and frequent hemorrhages. A few years ago her physician found the affection to be malignant and curetted the diseased surfaces, but did not use any other treatment of importance. Pain is not always a necessary factor in cancer of the womb. The reason cancer appears mostly in the cervix is that the latter is so located that it is most likely to suffer from injuries in parturition and is consequently liable to be the seat of a degeneration. Cancer starts in the body of the uterus in only two per cent. of cases. The malignant cancers may be carcinomatous, encephaloid or epithelial—the latter are the most common. The disease is not frequent in the unmarried. Where laceration of the cervix has once occurred there is thrown out an inflammatory exudation of low vitality, and on account of coition, rubbing and irritation, this tissue is kept irritable, finally taking on malignant degeneration.

In the patient before us there is evidence of infiltration of the uterus, with nodules in the vagina.

The operation I propose to do to-day is simply for the purpose of prolonging her life and not of producing a cure. By scraping away the tissue that is breaking down we may afford her an opportunity to regain her health for a time. By the stoppage of the hemorrhage and removal of the broken down tissues these patients rapidly regain their appearance of health. In an operation of this kind the best instrument to use is the finger, as you can determine the amount removed. The tissue breaks down readily under the finger, and we can reach into the body of the organ, showing that it is diseased also. We must take great care not to break open the bladder or rectal walls, for they are so fragile and delicate, and either would be an unpleasant complication. I will use the curette from the end of which flows a stream of water.

There are three kinds of tissue here. 1. A layer that breaks down under the finger, the bloodvessels of which are dilated, thin, and rupture easily. You must be careful in digital examination and in the use of the speculum. 2. A layer infiltrated with cancer cells that is as dense as the skin. From this the disease will re-develop in a few weeks or months, and give rise to similar symptoms. To give relief you must get beyond this. 3. A zone containing only a few cancer cells. To produce a cure you must pass beyond this to the healthy tissues. One plan used to be to amputate the cervix, but this is not satisfactory, as you do not know how much to cut away. Sims' plan is the one I have adopted this morning. Scrape away the first or soft zone and arrest hemorrhage. In forty-eight hours wash out the uterus and apply tampons of cotton soaked in a solution of chloride of zinc, ʒvj to aquæ ʒj. If the walls are much thickened you may use an ounce of the zinc. In a few days the tissue becomes white, dense and hard; a slough forms; by continuing this process you have a mere shell of the organ left or even the whole organ itself may be removed. Complete removal of the organ is the most certain means of relief where the other organs are not affected or involved.—*Montgomery.*

Gastric disorders are frequently attended with a numbness of the arms. When there is a deficiency of gastric juice, as in dyspepsia, the use of liquids should be diminished; as they dilute the juice to an injurious degree when taken in the customary quantity.—*Woodbury.*

For multilocular sclerosis Woodbury prescribed as follows: 1. Zinci phosphatis, gr. $\frac{1}{10}$; ext. belladonnæ (alc.), gr. $\frac{1}{4}$; ext. nucis vom., gr. $\frac{1}{6}$; ft. pil. No. 1. Sig.—Thrice daily. 2. Cod liver oil and 3 grs. of Vallet's mass; thrice daily. 3. Hygiene: open air, avoidance of over-exertion. Patient is doing well.

PENNSYLVANIA HOSPITAL.

ENUCLEATION OF THE EYE-BALL.

MORTON presented the case of a Pole threatened with sympathetic ophthalmia. The ball of the injured eye was an inflamed mass—panophthalmitis—and beyond all hope of restoration to usefulness. To save the yet unaffected eye the doctor deemed enucleation of the affected eye, not only to be advisable, but a necessary procedure. Preliminary to the operation he remarked: "It used to be the custom among surgeons, when enucleating an eye-ball, to plunge the knife into the orbital cavity, and with a circular sweep, practically denude the cavity of its entire contents. To-day that is not done. We are careful to leave the conjunctiva and muscles of the eye-ball, that they may furnish a cushion-like support to an artificial eye, and giving the person possessing one nearly as much control over it as he had over his natural eye. I shall dissect free the conjunctiva at the margin of the cornea, and will then pick up each muscle with a tenaculum, and sever it at the point where it is inserted into the eye-ball. After I have the ball free from its attachments, I will pass a pair of curved scissors beneath the ball and sever the optic nerve close to it, being careful not clip off with the nerve any of the sclerotica to act as a foreign body, and so set up further inflammation." The operation being done, the lecturer further remarked: "After an operation of this kind it is not well to use styptics, such as the sulphate of iron, that control hæmorrhage too rapidly. The vessels in the orbital cavity which communicate with the brain are liable to give rise to serious complications when too quickly clogged. Better use pressure or cold."

PHILADELPHIA HOSPITAL.

VERSION BEFORE LABOR.

DR. HIRST brought before the class a woman who expected to be confined in a week or ten days, and diagnosed the position of the fœtus as that of a breech presentation. As the death rate is much greater in breech than in normal head presentations, it was recommended to convert the former into the latter, before the breech is engaged in the pelvis. All that is necessary is to manipulate the fœtus gently and gradually turn it round as in this case, until we have converted it into a head presentation—right occipito posterior or anterior. Great care must be taken not to rupture the uterus by rough manipulation. A binder was applied to the woman and she was instructed to remain in bed; since the fœtus had a tendency to resume its old position.

CYSTITIS COMPLICATING PREGNANCY.

This is a frequent, troublesome and dangerous complication of pregnancy. The lecturer had a case of cystitis last year in which the inflammation extended to the kidneys and caused death. Post-mortem examination showed that the kidneys were mere sacs of pus. In the course of the disease, if fever arises, there is pain in the back and pus in the urine, we must look to the kidneys. On the first day after labor this woman's temperature rose to 101°, with pain, inability of the bladder and pus in the urine. On the second day temperature was 102°. After the first course of treatment the temperature fell and to-day she is practically well. A one-half of one per cent. solution of creoline was used to thoroughly irrigate the bladder. It is one of the most favorable disinfectants and antiseptics to use on mucous membranes. Care was observed in regard to diet and absolute quiet and rest enjoined.—*Hirst.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Nov. 16, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

ELECTRICITY IN GYNÆCOLGY.

THE time has not yet arrived for the complete settlement of the controversy between gynæcological electrotherapeutists and operators. The warfare in many respects is an unequal one. Surgery has, without doubt, attained a high degree of success in this particular department; but it must be remembered that it has only reached this success after a long period of many failures; that in the beginning it was regarded with abhorrence by many of the highest living authorities—just as innovations of the same sort are now regarded; that it is of itself a fascinating and brilliant field of medicine, particularly so to the younger generation, thus rendering their opinions more or less partial; and finally, that it demands more than average skill and facility for the accomplishment of its highest results. On the other hand, electricity as a therapeutical agent in gynæcology is of comparatively recent introduction; is slow in its operations, and entirely void of that éclat necessary to render it universally popular; is expensive, and still amenable to greater improvement; and, in fine, requires for its successful operation more than the average knowledge of the electric force and its laws.

As we have said, it is too early yet to come to any positive decision as to the comparative merits of electricity and surgery in the treatment of uterine diseases. In the majority of instances no comparison is at all possible, for there are cases which can only be relieved by the knife, and there are others in which electricity affords undoubted cure without a resort to surgical measures. But comparing the treatment by electricity with that by the knife, when the latter was of the same age as the former, we cannot see that it presents so bad an appearance or promises so unfavorable an outlook. It is to be regretted that there is not as much enthusiasm, earnestness, and extensive trial of the electric treatment as there is of the surgical; other reasons, in addition to those we have already enumerated, are, doubtless, fully explanatory. It is unfortunate that electrotherapeutists have not yet the same array of statistics and do not generally keep the same close record of their results as do the surgeons; but time, perhaps, will bring about a change in this respect more to the credit of electricity. In the present contest there is not a little exaggeration and unfairness on both sides, and it is to be hoped, for the sake of true science, that all personalities and acrimony will be entirely left aside and that a calm, critical study will be adopted as the only guide to the proper solution of the entire question.

For the third time the subject was brought before the British Medical Association at its last annual meeting, held at Leeds, August, 1889. An animated discussion was the outcome; but we cannot help remarking the fact that those who were the most hostile to the use of electricity seemed to have had the least experience with it. Their objections were largely of a theoretical nature. As Dr. Playfair said in his opening paper: "If merely theoretical objections could prove that a really good thing was useless, we should at this moment be without railways or telegraphs; or, to take examples from medicine only, without ovariotomy or anæsthesia, for were not all of these condemned as impracticable or so dangerous as to render their use inadmissible?"

In the absence of complete statistics showing the results of electrical treatment in gynæcology, few would care to go so far as Keith and say that a man who performs a hysterectomy or an oöphorectomy for a hemorrhagic fibroid before trying the hæmostatic effect of electricity is guilty of a criminal offence. On the other hand, one would certainly be blockading the advances of science who, like Tait, assumed a direct opposition to the new method without allowing it a sufficient test and trial.

In certain affections of the endometrium, such as uterine catarrh, chronic endometritis, and membranous dysmenorrhœa, the application of the negative current through the insulated intra-uterine sound produces the happiest results.

According to Engelmann the use of the same current is advantageous in promoting the absorption of chronic inflammatory exudations in the pelvis. In regard to this, however, there is considerable difference of opinion among observers, a fact which may be due somewhat to the high intensities recommended and used by so small a number of electrotherapeutists. In regard to the removal of uterine fibromata opinions vary. Scarcely any electrotherapeutist claims that the current will cause a complete disappearance of the tumor; but if the annoying symptoms are made to disappear and the hemorrhage checked, what more can be asked of any method of treatment? In many instances there is undoubted diminution in the size of the growth, whether this be due to direct

absorption of the abnormal elements or to stimulation of the surrounding tissues, which of itself brings about a condition of pressure and anæmia and so a destruction of the tumor. In a large majority of the cases, though the tumor is not entirely removed, there is no return of the symptoms, and the woman to all intents and purposes is cured. Surely such a result when attainable should be accomplished in almost any way less dangerous than hysterectomy. No matter how expensive or tedious the method may be, requiring, as Keith says, twenty and thirty sittings on an average, it should be given a fair trial in each individual case before resorting to the more heroic measure however brilliant the latter may seem.

There are many questions yet to be settled in regard to this method of treating uterine fibroids. Some hold that only tumors of the posterior wall are amenable to the electrical treatment, and that it is useless to attempt to remove those of the anterior wall, or multiple tumors in this way. In some cases acupuncture, always with gold or platinum needles, will give the best results; in other cases simply the passage of the current through the tumor with the aid of the uterine sound is all that is necessary. The strength of current employed, the time of each sitting and the number of sittings required are some of the points still at issue. The majority of observers prefer mild currents, though Engelmann has given as high as 250 milliamperes. The sittings should not be longer than a few minutes each, once or twice a week; and after each sitting the patient should be kept in bed for a time. Upon all these points there will doubtless be for a considerable time yet a difference of opinion, but with the increase of statistics there will be found an average applicable finally to all cases.

In regard to the use of electricity in extra-uterine gestation, there can be no question as to its efficacy provided a positive diagnosis be made. Given a case of positive ectopic gestation, the only rule is to destroy the fœtus, and for this purpose no agent can compare with the electric current. We must admit, however, that electrotherapeutists seem to us to have diagnosed extra-uterine pregnancy rather more frequently than statistics would seem to warrant. It is not an easy matter by any means to differentiate such a condition from inflammation or abscess of the broad ligament, pelvic hæmatocele, tumors and cysts of various sorts, and as any of these conditions might be relieved by the electric current, the diagnosis of ectopic gestation would still remain in doubt. Since laparotomy is always available for the relief of this condition, it would do no harm and possibly some good to first try the electrical treatment. It should be remembered that the electrical treatment does not mutilate a woman, and therefore has this strong point always in its favor.

After all we need more serious, conscientious study of the uses of electricity in gynæcology. This new agent is undoubtedly one for good, if properly applied, and no amount of mere theoretical considerations on the part of objectors will prevent its universal adoption. The names of such men as Sir Spencer Wells, Playfair, Keith and Martin are so strong an endorsement that there only remains for the method the question of greater improvement.—L. H. M.

THE WILLIAMSON SCHOOL.

AS we predicted some months ago, the Trustees of the Williamson School have elected as the chief executive of that institution Passed Assistant Engineer Robert Crawford, U. S. Navy. The selection has received very favorable comments from the press of this city, where Mr. Crawford is held in high estimation for the good work done in the Spring Garden Institute, and later in organizing the Manual Training School. He will resign from the Navy and devote himself to developing the plans of Mr. Williamson. No better choice could have been made; and the trustees have shown such good judgment as, with Robert Crawford at the helm, bids fair to overcome the great difficulties which beset the way for Mr. Williamson's beneficent scheme.

It may not be amiss here to call the attention of trustees of educational institutions to the fact that in the army and navy there are to be found numbers of men who might be secured as teachers, and who possess exceptional qualifications for such positions. These men are finely educated; many have had experience as teachers while detailed for that duty at West Point or Annapolis—than which no finer schools for boys can be found. The discipline of the service has taught them how to exact obedience best.

In times of peace the services present little of interest to the most active intellects, and it will be recalled easily that many of our most distinguished officers were men who, like Grant and Sherman, had received their education at West Point, and then left the army, to return when the war broke out. Many officers in the army and navy to day would welcome an opportunity such as is offered to Mr. Crawford, but remain in the service through an exaggerated fear that they would not be able to win a living—a fear which is only intelligible to those who have been accustomed to the security of income possessed by these men. Patriotism is an unnecessary virtue in times of peace; the romance connected with the uniform soon wears off; and when one has a wife and family, long voyages or frontier forts cease to be enticing. And thus, in comparative idleness, the best men in the services rust away when there are hundreds of positions in the hands of inferior persons, for which these officers have exceptional qualifications, and which many of them would gladly accept.

THE report of St. Mary's Hospital Dispensary for the month ending October 31, shows that 407 new patients were treated and 1212 old cases were handled, making a total 1619 patients treated during the month.

Annotations.

IODOFORM oil injections in tuberculous bone and joint affections have been applied in the surgical clinic at Bonn, under Prof. Trendelenburg. The results were surprisingly favorable.

Iodoform oil, 5-25, freshly mixed before using, is injected into the diseased tissues at different points every eight days, after careful disinfection of the skin. Two to three c.c. are thrown in with considerable force by a hypodermic syringe, having a pretty large canula. Abscesses are evacuated by puncture, prior to injection. Injection into fistulous canals is not so useful as when the fluid is thrown into the neighboring structures. The parts are dressed with sublimate gauze. After three or four injections (sometimes more) the pain is diminished, the swelling begins to subside and become more firm, the abscesses become smaller and soon disappear. The fistulæ are most obstinate; but they yield to prolonged treatment. During the latter part of the treatment passive motion should be made. Complete fixation of points is only necessary in the beginning to overcome pain. Many cases are treated as out patients. The result, though not always favorable, is encouraging, because even in those who are only improved locally the general improvement is notable.

Of 109 cases treated, 28 were operated upon by the spoon or opening an abscess; 36 were discharged apparently cured; 37 improved; 12 were not cured; 24 patients remain under treatment; of these 14 are already greatly improved. There is, therefore, no doubt of the propriety of employing these parenchymatous injections before resorting to capital operations.—*Wiener Med. Blatter.*

THE action of the salicylates upon the uterus has been studied by Wacker (Cent. f. Gyn. 39), who made the surprising discovery that they possess the power of contracting the uterus and producing metrorrhagic and anti-dysmenorrhœic effects. In two cases of pregnant rheumatics, in the second and fourth months, a dose of forty-five grains *ter die* produced abortion. In six rheumatics during childbed the same dose increased the lochiæ in each case, and reinstated it in one on the twenty-eighth day. In one case the hemorrhage produced by it proved fatal. In five cases in which it was given shortly after the menstrual period, the flow returned. In 33 cases of dysmenorrhœa and suppressed lochiæ, 19 were favorably influenced.

These results are in accord with those of Labadie Lagrave, Britt, Bucquoy, Sabatowsky, and Ballette. The fever cannot be regarded in these cases as the cause of the abortion, because it never exceeded 39.3°, and never reached the temperature of 40–41° C., which, according to Kuminsky, Winckel, and Runge, kills the fœtus. It is probably the hemorrhagic effect of the salicylates, which has been observed in the ear and eyes, which produces the congestion and hemorrhage in the mucous lining of the uterus.

IN the Pediatric Lectra of the Congress of Naturalists, Herr Ranke, of Munich, read a paper on Tracheotomy and Intubation in Diphtheria, with the following conclusions:

1. O'Dwyer's process is in many cases a successful method, and a decided progress.
2. It can never replace tracheotomy entirely.
3. There is no rivalry between them, but one is capable of supplementing the other.
4. The treatment should begin with intubation, and tracheotomy should follow, if it does not succeed.
5. The best results are found in well-appointed institutions.

Ganghofer, of Prague, agreed with Ranke. Bredert prefers tracheotomy. Escherich thinks that while the cases saved by intubation could be saved by tracheotomy, the reverse is not true. Intubation is more easy, technically, and the after-treatment easier, but the conditions of recovery are more difficult. In reality, intubation should be limited to the cases in which the parents refuse permission for tracheotomy, or the latter cannot be properly done for other reasons.

Heubner says that in Leipsig the results were not brilliant, but he thought intubation was more physiological, because it did not involve inhalation of dry air.

Steffen concludes that more observations are necessary to decide the question, but it may be held that hospital physicians ought to treat acute stenosis of larnyx by intubation, this failing, by tracheotomy.

IN the trying cases of atonic post partum h morrhage, any addition to our methods of treatment is welcome. In the Berl. Klin. Wochenschr., of October 14, Dr. Graefe lauds the iodoform gauze tampon highly. It was first recommended by Düehrssen in 1887. The mild cases usually yield to friction, ergot, or hot or cold intrauterine irrigations; for the unyielding cases the tampon is indicated. The uterine cavity is tamponed by three pieces of iodoform gauze, six inches wide and about three and a half feet long; a vaginal tampon will hold the former in position. Patients must be watched carefully, as the tampons may be expelled. The hand upon the uterus should maintain firm contraction whenever it gets soft. Twenty successful cases are reported by several obstetricians.

H. VON HEBRA sums up his paper on the Injection Treatment of Syphilis as follows: The mercurial solutions are to be greatly preferred to the suspensions; they are less dangerous, less irritating locally, and have a better effect upon the system. Their more rapid elimination diminishes the intensity of the possible toxic effects and shortens their duration. They are less painful, and may be more accurately dosed. But they need to be given quite often. If an immediate effect is sought, the most rapidly absorbed fulminate of mercury near the affected spot is indicated; later, the blood-semen mercury, the peptonate and albuminate, and lastly the salt sublimate solution; the latter is most useful as a terminal treatment.

TRACHEOTOMY IN DIPHTHERIA.

So soon as dyspnœa is pronounced, Van Iterson advises tracheotomy, whether it be due to trouble in the pharynx or larynx. This is a new and bold departure. Van Iterson justifies his procedure by claiming that most diphtheritic patients die of transmission of the process to the lungs, by aspiration, which is to be prevented by tracheotomy. Inferior tracheotomy, under narcosis, deserves the prefference; it diminishes the danger from aspiration; fluids do not reach the larynx. After opening the trachea, he cleanses it, as well as the larynx and bronchiæ, by means of a bent sponge probe, and applies iodoform before inserting canula. Out of one hundred such cases fifty-five recovered. In twenty there were no false membranes below the wound; of these fifteen recovered. Four children were saved, although already asphyxiated.

Koch disputes Van Iterson's method, because he had better results without operating so early. In 1887, he had 42.4 per cent. recoveries; in 1888, 38.8 per cent., although the indication and technique after treatment were the same. He operated in one hundred and forty-one cases. Koch, of course, operates in the asphyxiated stage; otherwise he uses, in mild cases of stenosis, inhalations of vapor under a tent, with small doses of apomorphine, spts. ammoniæ anisat. and cassia, which frequently relieves it. But if it fails he endeavors to operate before asphyxia occurs.

Letters to the Editor.

STRONG SOLUTION OF ARGENTIC NITRATE AS AN INJECTION.

A. G., a young man of twenty-five, contracted gonorrhœa in October last. He went to a physician, who put him on the acetate of, and the bromide of, potassium, in three weeks prescribing a mild injection of zinc sulphate. The inflammation at this time evidently extended back to the bladder, for the patient had incontinence of urine. The injection was kept up for some weeks without apparently much good effect. There was never much pain or discharge, and after a time the incontinence ceased. His physician now tried a number of different injections with no result, and the patient finally drifted into my hands. I tried successively mild injections of nitrate of silver solution, bismuth, sulphate of zinc, Mitchell's bougies, and his post-urethral syringe. There still remained a slight oozing of a mildly purulent character. But upon using once a day this preparation,

℞.—Ext. hydrastis fluidi . . . . . f℥j.
Bismuthi subnitr:tis . . . . . ℥j.
Boroglyceridi,
Mucil. acaciæ . . 5 per cent. āā ℥ss.—M.

more or less diluted, the discharge was reduced to a few drops daily of a serous fluid, and there was some pain at each urination. Bougies were now tried, with the result of finding a slight restriction of the urethral caliber about two inches from the meatus, and an exquisitely sensitive prostate, showing a subacute inflammation there. By this time the patient had been under treatment six months—three under the first physician, and the same under me—and as he manifested a disposition to go elsewhere—as the bougies seemed to be doing little good—and as he would not submit to urethrotomy, I decided to resort to a rather strong measure to restore firmness to the relaxed mucous membrane of his urethra.

First, I injected a drachm of a 10 per cent. solution of cocaine, holding it in five minutes. The excess I washed out by an injection of warm water.

I now injected a drachm of a strong solution of nitrate of silver, gr. x to ℥j, allowing it to remain in about two minutes.

The only pain experienced was some burning afterwards, which I stopped with another injection of cocaine. The penis shortly began to swell and to discharge pus quite freely. I put the man to bed and had him keep the parts wet all afternoon with lead water and laudanum, which kept down the pain and swelling. By morning the swelling was nearly gone.

For several days there was pain on urinating, but this was rendered slight by large doses of acetate of potassium.

The point of this account is that from the time of recovering from the effects of the nitrate of silver, the patient has had neither pain in nor discharge from his urethra. ERNEST SANGREE, M.D.

THIOL IN SKIN DISEASES.—In the treatment of eczema, pemphigus, seborrhœa, acne, dermatitis herpetiformis, and possibly other forms of cutaneous disease, the new drug thiol (if present results are borne out by subsequent trial) will be found valuable. While it is found in commerce in both powder and liquid form, the powder is preferable; it is best used with bismuth subnitrate or starch, or, preferably, thus:

Thiol . . . . . ℥j.
Oxide of zinc . . . . . ℥ss.—M.

It is also readily soluble in water, and may thus be applied in all diseases where it is advisable. Its composition is almost identical with that of ichthyol, but it has none of the objectionable features of the latter drug.—*Lanphear's Med. Index.*

TREATMENT OF ENURESIS WITH ANTIPYRIN.—MM. Perret and Dervie, believing that enuresis is due to a spasm of the sphincter of the bladder, treated two cases of nocturnal incontinence of urine with antipyrin in doses of from two to three grammes a day. The trouble ceased ten davs after the beginning of the treatment, and even after the withdrawal of the antipyrin the enuresis did not return.
—*Revue de Thérapeutique.*

ALTHOUGH a large part of the dangers residing in milk are removed by boiling for ten or fifteen minutes, this is but an insufficient safe-guard against tuberculosis; the germs of which resist much longer boiling than this.

Society Notes.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Abstract of Stated Meeting, October 23, 1889.

Vice-President, JOHN B. ROBERTS, M.D., in the Chair.

DR. JOHN B. ROBERTS presented a paper entitled

EXTRACTION OF CATARACT, WITH CASES SHOWING RESULTS OF OPERATION.

He said: In preparing the patient for operation, I cleanse the face in the vicinity of the eyes with soap and water, and subsequently with a solution of boric acid or corrosive sublimate. I then wash out the conjunctival sac with a boric acid solution instilled with an ordinary pipette. The instruments are kept in a similar solution of boric acid, which is made without any great accuracy of strength. A few drops of four per cent. solution hydrochlorate of cocaine is dropped into the eye two or three times during the quarter hour preceding the operation. A few drops of a four-grain solution of atropine is also instilled. Even before the use of cocaine was known, I did not give anæsthetics, because experience has shown me that the operation for the extraction of cataract is not painful, if the surgeon, by previous manipulation of the cornea and lids, teaches the patient to hold perfectly quiet.

The steps of the operation, as I perform it, are as follows: Having grasped the conjunctiva and the inferior rectus with a pair of fixation forceps, I make an upward incision in the cornea with a Graefe, a Beer, or a Jackson knife. I usually prefer the Graefe to the Beer knife.

The iridectomy which I always make, is accomplished by catching and drawing out the iris with an iridectomy hook in the left hand and cutting it with the Levis spring scissors in the right hand. I do not use the iris forceps for making the iridectomy, unless it happen that, for some reason, a portion of the part excised has not been perfectly detached from the iris. I then use the forceps to catch the ragged edges while making a second attempt at complete division.

Laceration of the capsule is done by making a T-shaped incision with a cystotome. Usually I make the horizontal cut of the T across the upper edge of the capsule as a first step, and subsequently make a median vertical slit by another movement. I have, however, on more than one occasion, slit the capsule with a single vertical stroke of the cystotome, The lens is then extruded by pressure upon the sclerotic and cornea, with the finger above and a tortoise-shell scoop below the incision. The finger makes the pressure from the outside of the upper lid. If there is any difficulty, as there often is, in evacuating the soft cortical material or nucleus, I introduce the spoon and extract these remnants. In the event of it being the nucleus which is not properly detached, I often use the wire loop to make traction upon it.

After a few minutes have elapsed to allow reaccumulation of the aqueous humor, I let the patient sit up with his back to the light, and place before the eye which has been operated upon a convex lens of about nine dioptrics, in order that I may prove to him that vision has been restored. By allowing the patient to look about the room and to count my fingers, I give him confidence in the result of the operation; and it greatly encourages him during the stage of convalescence to know that he has actually seen with the eye previously blind.

After instilling a few drops of atropia solution, I seal the eye by means of two or three small strips of ordinary rubber plaster upon the upper lid. These strips of plaster are cut in the shape of a semi-ellipse, and are made to fit the upper lid, but under no circumstances are they to overlap the lower lid. In this manner the upper lid is made stiff and acts as a splint to the wounded cornea. I have never used any other means of dressing after cataract extraction, nor have I ever seen any other method used in the practice of Dr. Levis during the last fifteen or sixteen years.

The advantage of this method is that the eye is not heated, and tears and mucus can drain from between the lids, and atropine solution can be introduced into the conjunctival sac every morning or evening, as the surgeon may deem proper. Before the operation I cut off the eye-lashes of the upper and lower lids, to prevent the eye becoming sealed by dried secretion on the lashes, which gives the patient pain, and has a deleterious effect upon the eye by interfering with the free flow of tears and mucus.

This method of dressing after the extraction of cataract is preferable, I am sure, to the one frequently employed, but which ought to be obsolete, namely, that which covers the eye with a mass of cotton, thus damming up the secretions and causing irritation and congestion.

As a rule, I close only the eye which has been operated upon. I do not restrict the patient to a dark room, nor do I confine him to bed.

Here the doctor reported a number of cases operated upon.

Discussion—DR. GEORGE FRIEBIS: During the past four months I have performed four cataract operations and sent the patients from the hospital. I was encouraged to do this by the fact that one patient, who was sent from the hospital immediately after operation, on account of the presence of erysipelas in the wards, did perfectly well. In the last three cases the vision obtained has been, respectively, $\frac{20}{L}$, $\frac{20}{XL}$, $\frac{20}{L}$.

DR. GEORGE C. HARLAN: There is no doubt that the after-treatment has been much modified of late. The patients are not kept so long in bed, and the dressings are much simpler. A large proportion of careful surgeons still retain the compress bandage, but I know of none who keep it on two weeks. I think it well to use the bandage for two days, and to keep the patient in bed two or three days. We do not now darken the room, but rely on the bandage to keep the sunlight from the eye.

Different antiseptics are used by different operators, but the results are substantially the same. The only ingredient used in common is distilled water, and

that, perhaps, would do as well. As boracic acid has been shown to be without antiseptic qualities, I have abandoned it, and am now using bichloride, 1–5000. Even in this proportion it causes some irritation of the conjunctiva.

There is a strong party in favor of omitting iridectomy in the operation for cataract. For myself I am quite satisfied, not only on theoretical grounds, but from reported results, that the greatest good to the greatest number of cataract patients is promoted by adherence to iridectomy.

I am not sure but that preliminary iridectomy should be performed. I believe that the safest cataract operation is that in which an iridectomy is done not less than one, preferably two or three, months before the extraction. This renders it more easy to avoid inclusion of the iris in the angles of the wound, hemorrhage is avoided, and pain, with the restlessness and muscular spasm which result from it, is absent. Graefe used to advise that preliminary iridectomy should be done when the patient had only one eye, and a distinguished European authority admitted, a few years ago, that in the case of his own father he would do a preliminary iridectomy. There are considerations of expediency opposed to the preliminary operation, but, where it is practicable, I should prefer it.

Dr. B. Alex. Randall: I have thus far done iridectomy in all operations, as it facilitates egress of the lens. A small removal of tissue is generally sufficient; and, after it, I have secured a perfectly mobile pupil, almost as round and perfect for visual purposes as though no iridectomy had been done—the coloboma being thoroughly covered by the upper lid. The corneal section and the exit of the lens are also facilitated by the dilatation of the pupil, which is afforded by the cocaine more thoroughly than by atropine, while cocaine does not interfere with the subsequent action of eserine in contracting the pupil and preventing incarceration of the iris in the wound. I wish to emphasize the point that cocaine must be used with caution, since it affects the nutrition of the corneal epithelium; and our studies show that it is largely upon this epithelium that the healing process depends. It has been pointed out that sometimes, where bichloride of mercury has been used after cocaine, there will be opacity of the epithelium of the cornea, or even its exfoliation. As a wash, distilled water does not seem a good agent for use in these cases, since its specific gravity is too low to make it unirritating. A solution of salt or of boric acid would seem to be best. I am far from believing that boric acid has not powers of value in practical use.

Dr. Roberts: While I am convinced of the value of antisepsis and asepsis, I still am of the opinion that in eye-surgery neither antisepsis nor anæsthesia is absolutely called for. I use them; but I do not think that I have gained so much from antiseptic measures in cataract extraction as in operations in general surgery. In seventeen years' experience in the practice of Dr. Levis and myself, I have not seen, I think, more than one case of sloughing cornea after extraction. Anæsthesia I believe to be necessary only under the most unusual instances.

Dr. Mordecai Price next read a paper upon

ECTOPIC GESTATION.

These cases are far more numerous than you would suppose; in our city alone, from all sources, about twenty-five a year; and when you remember that, five years ago, the mortality was one hundred per cent., and now at least ninety per cent. is saved, we have much to be thankful for to Mr. Tait and his adviser, Mr. Hallwright.

The symptoms of ectopic gestation before rupture are of a vague and uncertain character. Those best qualified to properly interpret them, whose experience in such conditions has been greater than any other investigators, have yet to see one and recognize it before rupture. The only reported cases said to have been recognized and treated before rupture have been in the hands of our electrical friends and enthusiastically dwelt upon, and the man who would treat them with a knife given a back seat and denounced in unmeasured terms for his mutilation of the poor woman when it was so easy to get rid of the product of conception by so easy and safe a plan as the electrical current. But we find by investigation that in many of these reported cases there was little foundation for the belief that they were pregnant. Some of them have fallen into the hands of other men and been operated on, and no pregnancy existed. And I cannot but think the others could not bear investigation requisite to a proper diagnosis.

The symptoms after rupture are sufficiently plain and urgent. In a woman who has been sterile for a length of time, it may be for years, whose period has been delayed for two or three weeks or longer, after slight exertion or lifting some heavy object, there occur agonizing pelvic pain and collapse, followed by all the symptoms of loss of blood. If the patient reacts, this is followed by recurring pain and collapse, constant uterine hemorrhage, it may be with small loss of blood, discharges loaded with shreds of decidua, leaving the impression in the patient's mind that she has had a miscarriage. There is pain and fulness on the side of rupture, with a mass of a baggy, fluctuating consistency in the pelvis. No one case being a repetition of any other, there is nothing fixed and unchangeable save the termination of the disease—death, almost without exception, unless prompt surgical aid is given.

There are many conditions that may be confounded with extra-uterine pregnancy. In fact, any mass in the pelvis, such as tubal trouble, a small ovarian or dermoid tumor, hæmatocele from traumatism, an abscess of the tube or ovary, gonorrhœal pyosalpinx, all have been mistaken for extra-uterine pregnancy.

Even our electrical friends have mistaken tubal trouble for extra-uterine pregnancy, and wasted many valuable sittings to kill the fœtus where none existed, and, strange to say, they did not cure the diseased tube.

But these mistakes of diagnosis are of small moment, as the conditions which could be mistaken for extra-uterine pregnancy should all be removed by the knife. I have seen the abdomen opened several times when a positive diagnosis had been made, where no

pregnancy existed, and a small pus tube or dermoid tumor instead. I am sure the operator was not greatly disconcerted by the conditions found.

We have come to that period where the experimental treatment of ectopic gestation is a disgrace to our profession. Electricity, with all its barbarous instruments and murderous delays will, I hope, ere long, be forever thrown aside as a means of treatment for this condition. Its history certainly does not offer to any thinking mind any proof of its value, while on the contrary its record of death is truly appalling. Puncture, or injections into the sac of morphine, or any substance, with the hope of killing the fœtus, is attended with greater risk to the mother than an immediate operation for its removal. I can find no language strong enough to express my condemnation of these experimental methods.

Operation —Where there is time, the room should be thoroughly cleaned, and all needless articles of furniture removed. A most efficient cleansing of the body with soap and water and brush is necessary, and the bowels should be thoroughly evacuated. No antiseptic should be used. If possible, a trained nurse should be obtained; one who is accustomed to the work of the operator, able to cleanse and take care of a drainage tube and encourage the patient to bear patiently with the discomforts necessarily following an operation of this kind. Opium must be positively forbidden in all abdominal work—it interferes with the secretions, sickens the patient, makes her irritable and hard to manage, and conceals the symptoms of danger, and otherwise complicates the recovery.

A good light is needed. Every instrument and ligature and suture should be carefully scalded and placed in trays of warm water, handy to the operator or his assistant, so that in case of any emergency there will be no delay; for time is a material factor in these operations. The shorter the operation the less the shock. It should be minimized in every detail; short incision, careful enucleation, perfect tying, most thorough irrigation with warm, distilled water. No antiseptic whatever has any place or purpose in this operation. Antiseptics have done bad work for good operators. We see this admission in the journals almost daily—"perhaps the antiseptic was too strong." Chemical antiseptics of any kind in the peritoneum do murderous work, and should be abolished by law, if our surgeons have not sense enough to discard them in this department of surgery. The after-treatment in these cases is of great importance. The drainage-tube should be cleansed every half hour for the first day or two, until the discharge becomes small in quantity and serous in character, when it should be removed. The contents of the bowel should be kept in a soluble condition; and it should be purged with Epsom salts upon the slightest indication of peritonitis, when the symptoms will disappear like magic. The patient should be kept in bed from three to four weeks in the most favorable cases, and longer if deemed advisable.

Discussion.—Dr. A. J. Downes: While in Atlantic City a year ago, I was hastily called to see a woman in collapse. There was great abdominal pain. She had had two attacks of pain and collapse on the day before I saw her. At 10 A. M. she had an attack, and at 11 o'clock I saw her. In the afternoon she had a fourth attack and died. The point I wish to raise is whether, after the third collapse, with the abdomen filled with blood, a surgeon could go in without trained assistants, with a prospect of relieving the patient?

Dr. J. Hoffman: It is unfortunate that some of the advocates of early diagnosis are not present. A case has recently been reported where it was claimed that a five months' fœtus was melted away. Such a thing as that is impossible. Such reports cast disrepute upon electricity. Probably no series of cases has attracted so much attention as that reported by Dr. Thomas. I have carefully gone over them, and so far as they relate to the question of early diagnosis they are of no value.

I have myself twice operated, expecting to find extra-uterine pregnancy, but failed to find it. Once, when operating for something else, I did find it.

The treatment by puncture seems to me to be bad in all cases. Apostoli recommended puncture two years ago, but he had not tried it himself. The records of abdominal surgeons are positive; they know what they find and what they accomplish, and are entirely opposed to the theoretical part of the question, such as electricity must always remain.

Dr. J. Price: In a case recently operated on, where there was a fairly good history of ectopic gestation, I removed from one side an ovarian blood-cyst. Blood-cysts have often been considered ovarian pregnancies. If these are ovarian pregnancies, they are exceedingly common. More than one-half of the cases of ectopic gestation die suddenly, before there is any suspicion of pregnancy.

In regard to the removal of the other tube and ovary in these cases. In one instance Mr. Tait removed an ectopic gestation and saved his patient. Two years later she conceived on the other side, but let the matter go without consulting a physician; the sac ruptured and she died. Dr. Sutton, of Pittsburgh, had a similar experience. In removing an ectopic gestation, I have thrice found on the other side a small ovarian cyst, hydrosalpinx or a pus tube. It is now a rule with me, if the patient's strength is fairly good, to remove the other tube.

Dr. M. Price: In regard to the medico-legal aspect of this question. Some years ago a case occurred in which the woman died of internal hemorrhage. The physician making the autopsy did not say positively that the hemorrhage was caused by instrumental bad management of the case, and the doctor was convicted. My impression is that the woman had extra-uterine pregnancy, and that the manipulation of the uterus had caused rupture. If a case of extra-uterine pregnancy were roughly examined, rupture might very readily be produced. In such a case the surgeon would be justified in opening the abdomen with a penknife and securing the vessel. The first thing to be done is to get hold of the pedicle and put on a ligature. This is the only way to stop the hemorrhage.

Cincinnati Letter.

AN effort is being made to start another Woman's Medical College in Cincinnati. Cincinnati has too many teaching institutions in medicine now, and when will she stop? Professors are thick and growing thicker. One of our plain doctors went out the other day to take a walk to reduce his corpulence, and happened, after walking most of the afternoon, to meet another plain doctor out walking to get an appetite so he could eat more and grow fat. Says Doctor D. to Dr. K., "Say, doctor, I don't see your name on any college catalogue; let's start a college and be professors." "Oh, no," replied Dr. K., "let's don't, it's too common.

Papilloma of the bladder in the female is treated very successfully in the Cincinnati Hospital by Dr. C. D. Palmer, by washing out the bladder every other day with a saturated solution of boracic acid in water, and giving internally the following prescription:

R.—Acidi borici . . . . . ℥j.
Tr. hyosciami . . . . . ℥ss.
Infr. buchu . . . . . ℥iss.
M.—S. One teaspoonful every three hours.

In cases where this does not suffice the doctor scrapes out the papilloma with a sharp curette, though this is seldom necessary, if the case is seen early.

The Cincinnati Obstetrical Society held its October meeting at the residence of Dr. E. S. McKee. The paper of the evening was read by Dr. E. W. Mitchell, on Dysmenorrhœa.

The annual election of officers at the Cincinnati Medical Society resulted as follows: President, Dr. C. R. Holmes; Vice-president, Dr. Wm. L. Mussey; Secretary, Dr. E. S. Stevens; Treasurer, Dr. J. C. Oliver; Corresponding Secretary, Dr. A. D. Birchard. An interesting report of a case of popliteal aneurism was made by Dr. W. L. Mussey, one of infectious phlegmon of the larynx by the retiring president, Dr. Joseph Eichberg and a case of cockle bur in the larynx by Dr. J. A. Thompson. The retiring president has, during his term of office, merited the respect and good will of all who have come under his rulings.

Clinical Significance of the Tendon Reflexes was the subject of a paper read before the Cincinnati Medical Society by Dr. Philip Zenner, from which the following is an abstract:

"Reflexes which are present in healthy individuals may be absent or may be in pathological excess; hence the significance of tendon reflexes in disease is dependent on the fact that they may be in a different condition from their state in normal subjects."

The author dwelt on certain phenomena in his paper. First, the absence of the patellar tendon reflex or knee jerk. As this is almost invariably found in healthy individuals, its absence is a very significant symptom. Second, the presence of ankle clonus or exaggerated Achilles tendon reflex. As this is rarely found in health, its presence is also significant.

The patellar tendon reflex is absent whenever there is disease in any part of its reflex arc, that is, the quadriceps femoris muscle, the crural nerve and its anterior and posterior roots, and the posterior column and anterior gray matter in the lumbar region of the cord. It is absent when there is neuritis of the anterior crural nerve, and this is the cause of its absence in some cases of diphtheritic and alcoholic paralysis, diabetes mellitus, paralysis from arsenic and other metallic poisons. It is often absent in anterior poliomyelitis, especially the infantile spinal paralysis, and is a reliable sign in these cases because it is present at a very early period. This sign is of most service in helping to diagnose or exclude locomotor ataxia. It is most valuable because it is always present, and at a very early period, in this disease.

The author then reported a number of cases which appeared to be very obscure, in which the presence of the knee jerk enabled him to exclude or its absence to diagnose locomotor ataxia. He also reported cases of general paralysis of the insane in which this symptom aided his diagnosis, for absence of patellar tendon reflexes and spinal myosis are very frequently found in this form of insanity.

The knee jerk is often difficult to elicit, even in healthy subjects; it should, therefore, never be declared absent without very careful examination, especially after Jendrassik's method. The patient is seated on a table so that the legs hang freely, the knees are laid bare; then the patient is told to clinch his hands and pull them forcibly apart; while his muscles are thus in a state of tension, the examiner strikes upon the ligamentum patellæ in every part. This method very much intensifies the knee jerk.

The patellar tendon reflex is often very slight in healthy persons, so that a slight response has no clinical significance; but when it is observed to gradually become less, week by week, or to be much less on one side than on the other, it arouses a suspicion of disease of the cord.

The ankle clonus is usually found when there is disease of the antero-lateral tracts of the cord, in various forms of myelitis, and in secondary degeneration of the pyramidal tracts after disease of the brain.

It often enables us to distinguish between hysterical and organic disease of the cord when otherwise a diagnosis is difficult.

This symptom is also of much value in prognosis in determining whether a hemiplegia following a cerebral lesion will be permanent. The earlier the ankle clonus can be elicited after the occurrence of the paralysis, the more unfavorable the prognosis.

CURE OF A CASE OF EXOPHTHALMIC GOITRE.—M. Gérin Rose reports a cure in a case of exophthalmic goitre existing in a woman thirty-six years of age. The case was complicated from the start, with marked gastric disturbances. The ordinary treatment was without result, and the symptoms did not pass away until after a sojourn in the country. This recovery has been kept up for eight years.

—*Revue de Laryngologie.*

Book Reviews.

CLINICAL LECTURES ON MENTAL DISEASES. By T. S. Clouston, M.D., Edin., F.R.C.P.E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane; Lecturer on Mental Diseases in Edinburgh University, etc. To which is added an abstract of the Statutes of the United States and of the several States and Territories Relating to the Custody of the Insane, by Charles F. Folsom, M.D., Assistant Professor of Mental Diseases, Harvard Medical School, etc. Octavo volume of 541 pp., with eight lithographic plates, four of which are colored. Cloth, $4.00. Henry C. Lea's Son & Co., Philadelphia.

In marked contrast to the abundant literature upon mental diseases is the slight attention usually paid to the study of these affections in the average medical school. No one can deny but that a knowledge of the workings of the mind, both in health and in disease, is a prime requisite of a complete medical education. However materialistic as physicians our views may be, we are compelled to recognize the existence of certain forces that are intangible and so far unlocalized, making up the complete picture of vitality. These forces, whether we name them spirit, mind, or what-not, are existent, and their intimate relationship with physical diseases of all sorts demands of us their closest study. Not only as alienists but as general practitioners we should be as familiar with them as possible. The moods of an individual are undoubtedly often dependent upon his digestion, and one would be rash indeed to say that such was always the case, as instances are frequent enough where the mood is the power affecting the digestion. And so on from such slight mental aberrations all the way up to the most hopeless forms of insanity the mind and its manifestations need to be understood, both in itself and in connection with organic lesions.

The study of psychology requires the strongest powers of the intellect, coupled with the most determined concentration, and it is this, perhaps, added to the lack of time, that has rendered the study such a neglected one in the college curriculum. Both as students and practitioners we are loath to burden ourselves with what is abstruse; we prefer to turn to that which is more gross, more impressive in its results before the laity, and so more immediately profitable to our own interests. But all this is a mistake, for there is scarcely a physician—particularly those away from the great centers of specialism—who may not, at one time or another in his career, be called upon to decide the mental condition of individuals; then, unless he be fully prepared and guarded in his opinion, misery will be his lot, or possibly a damaging lawsuit.

These well-known clinical lectures of Dr. Coulston are the best that we know of for the general practitioner. Without loading his book with abstruse problems and metaphysical theories, the author has arranged the whole class of mental diseases in such a way that they may be readily comprehended and easily studied. His classification, though not entirely satisfactory, is yet one of the most complete and practical known to this department of medicine. The special feature of the work, however, is the large number of cases reported from the author's own experience. This, as anyone can understand, is of unusual value in rendering the book practical and fit for the readiest reference. The work has long been one of the highest authorities among the English physicians, and the American edition, published under the supervision of Dr. Folsom, is further enhanced by the addition of an appendix relating to the statutes of this country for the care of the insane. The work of the publishers has been done in a manner worthy of so useful a contribution to the literature of mental diseases, and we therefore take pleasure in commending this book as a standard both for specialist and general practitioner.—L. H. M.

Pamphlets.

Clinical Observations on Some of the Effects of Direct and Indirect Traumatisms of the Brain. By R. Harvey Reed, M.D., Mansfield, Ohio. Reprint from Times and Register, August 24, 1889.

The Influence of Sewage and Water Pollution on the Prevalence and Severity of Diphtheria. By C. W. Earle, M.D., Chicago. Reprint from Archives of Pediatrics, November, 1888.

Infant Feeding. By Chas. W. Earle, M.D. Reprint from Journal of the American Medical Association, August 4, 1888.

Antiseptic Obstetrics. By Chas. W. Earle, M.D., Chicago. Reprint from Transactions of the Thirty-seventh Annual Meeting, Illinois State Medical Society, held in Rock Island, May 17, 1888.

Thirty-fourth Annual Announcement of the Kentucky School of Medicine, Louisville, Session of 1890. Courier-Journal Job Printing Co.

Influence of Music and its Therapeutic Value. By Sebastian J. Wimmer, A.M., M.D., St. Mary's, Pa. Reprint from New York Medical Journal, September 7, 1889.

The Medical Digest.

A PHYSICIAN of Roumania was severely bitten by a hydrophobic soldier, and has placed himself under treatment in the bacteriological institute at Bucharest.

ERGOT IN LABOR is advised by Schatz in the form only of fresh fluid extract, whenever the pains are feeble. It produces normal pains, which are not increased in intensity, but in number. Ten to twelve drops hourly regulate the pains, and should be used more frequently than is now the custom. The pains should be corrected by a guide.—*D. Med. Zeitung.*

CHRONIC COLD ABSCESSES OF THE GLANDS are treated by Lassere by injection of:

℞.—Naphthol-β 5.0
Alcohol (90°) . . . . . 33.
Aq. dest. q. s. ad 100 C.C.
Filter.

This is placed in hot water while being used; the syringe should also be warmed. The abscess is filled with the fluid.—*Ber. Klin. Wochenschrift.*

MIGRAINE is treated by E. Goubert with small doses of bromide of gold, 3 mg. in a glass of water an hour before breakfast and supper. In a few days the attack remains away, or becomes less frequent, Treatment for six or eight weeks generally prevents the attack for a long time, sometimes entirely. The paroxysm may also be rapidly checked by a dose of three mgr. in its inception; to be repeated in an hour if necessary.—*Wiener Med. Presse.*

PERNICIOUS VOMITING OF PREGNANCY.—A case reported in the *Wiener Med. Wochenschrift* deserves attention. All remedies having failed and abortion being declined, recourse was had to enemata of $\frac{1}{5}$ litre milk at 35° C., with 2.0 chloral and pot. bromide and the yolk of one egg. After several days constipation, $\frac{1}{5}$ litre of milk with 8.0 salt, and repeated in half an hour, produced an abundant stool. Afterwards the patient retained milk and broth, and slept well. After a few relapses, which were similarly treated, she recovered completely.

ELECTRICITY IN GYNÆCOLOGY ACCORDING TO APOSTOLI'S METHOD.—The author has treated during the last academic year thirty patients. The diagnoses (confirmed in consultation, among others by Prof. Sneguireff) were twelve cases of salpingitis, four of oophoritis, six of metritis, three of amenorrhœa, five of fibromata, and one of atrophic parametritis.

The following conclusions were drawn:

1. In salpingitis (hydro- or hemato-) the continuous current (180–250 milliamperes) gave most brilliant results. In pyosalpingitis the results amounted to nothing (two cases), thus affording perhaps a means of differential diagnosis. There was the same elevation of temperature, up to 38° and 38.5° Cent., in both cases, and the electricity had to be abandoned after five sittings.

2. In three cases of chronic inflammation of the ovaries, the size of the ovary returned to normal and the pains disappeared (160–220 milliamp.)

3. In chronic metritis the author preferred electricity to massage, for he has seen the uterus invariably diminish in size almost to half, after seven seances, and the pains disappear (save in one case, in which the patient could not bear more than 80 milliamp.) with currents reaching the height of 280 milliamp.

4. In amenorrhœa the author had had one success; in two other cases, one patient could not bear more than 50 milliamp., and the other received the application of electricity only four times in four months.

5. In fibromata he believes that it is an unpardonable error to operate without first testing electricity, whatever may be the size of the tumor.

6. In a case of atrophic parametritis (cirrhotic) the cure was not complete, although the painful symptoms had disappeared and the exudation had diminished by half.—*Gazette de Gynæcologie.*

STILL another candidate in the hypnotic way appears in *somnal*, a chemical compound of chloral, urethane, and alcohol, which is being introduced in Germany. It is said to be free from the uncertainty of chloral, producing sound sleep in about half an hour after administration, and without after ill effects. One would think that the uninterrupted deluge of soporifics to which we have been treated lately would have driven morphine out of medical practice entirely. It holds its own bravely, however, and is likely to survive the demise of many of its modern rivals.—Canada *Pharmaceutical Journal.*

MEDICAL MISCONCEPTIONS ABOUT LITHIUM SALTS.—It is commonly believed that the salts of lithium possess special power in preventing the deposition of uric acid in the tissues, or for dissolving and removing deposits which have already formed. As a result these salts have been largely employed in medicine, but from a paper read by Prof. L. Siebold, at the British Pharmaceutical Conference, it appears that there is no ground for believing that the salts of lithium possess any advantage over the corresponding compounds of allied metals.

Prof. Siebold's conclusions are as follows:

1. The relative solvent action of solutions of lithium, sodium, and potassium carbonates on a given weight of uric acid, under equal conditions of dilution and temperature, is strictly proportional to the ratio of the molecular weights of these solvents. (The determinations were made at 37° C., and the proportion of water to uric acid was not much greater than that occurring in urine.)

2. Equivalent proportions of the three solvents named dissolve equal quantities of uric acid under equal conditions of dilution and temperature. (Experiments conducted on the same lines as in 1.)

3. Crystals of uric acid deposited from urine show the same behavior towards the solvents named as the pure uric acid used in 1 and 2.

4. Equal weights of a urinary sediment consisting of acid urates, are dissolved by quantities of the three solvents named, proportionally to their molecular weights.

5. Lithium chloride and lithium sulphate exercise no solvent action on uric acid and acid urates.

6. Natural mineral waters containing lithium have no solvent action on uric acid beyond that exercised by basic constituents simultaneously present, and by the water.

7. The degree of alkalinity produced by the internal administration of medicinal doses of lithium citrate is not greater than that produced by equivalent doses of potassium citrate. It is greater than that produced by equal doses of the corresponding potassium salts, but only so in proportion to the molecular weights. (All these experiments were conducted under strictly equal conditions of diet. The alkalinity was determined in the urine of twenty-four hours.)

Lithium salts are known to be more toxic than potassium salts, and hence less suitable for prolonged administration. Altogether, the superiority of lithium salts as remedies in calculus, gout, etc., appears much overrated.

—*Canadian Pharmaceutical Journal.*

Medical News and Miscellany.

CURE for sleep-walking: a floor besprinkled with tacks.

THE lotus plant is cultivated in India as a water purifier.

KEOKUK quarantines her cases of diphtheria and scarlet fever.

THE faith cure craze has afflicted the Mennonites at Reading, Pa.

NEW HAVEN people use about 2000 ounces of quinine every year.

LUNACY and idiocy are said to be increasing in Great Britain.

TYPHOID fever causes one-third of the deaths in the French army.

ST. LOUIS had, during October, a death rate of 17.78 per 1,000.

HOLLARRHENA, an antidysenteric, is a new herb just received for introduction here.

LOUISVILLE, for the year ending August 31, has had a death rate of fourteen per one thousand.

A DUTCH physician declares that mental disorders sometimes result from a chronic disease of the nose.

NEARLY one-half of the four hundred and eighty-seven doctors in medicine, of Boston University, are women.

TWO deaths have recently occurred in St. Louis hospitals, from anæsthetics administered for trifling injuries.

AUSTRIA is the only civilized country in the world that prohibits women from entering the medical profession.

AN up-town lady's arm is recovering from a species of paralysis, the result of a blow from one of the late hailstones.

ACCORDING to Prof. Hartog in *Nature*, acquired habits may become a transmitted inheritance in the next generation.

JOS. WHITTON, in *Table Talk*, says the first lesson in dyspepsia is a surprise to him who thinks he knows everything.

THE death of a child, supposed to be from small-pox, occurring in a Louisville street car, caused a sudden flight of passengers.

DURING the past year there were registered at the Philadelphia Board of Health 22,455 births, 20,284 burials, and 4,420 marriages.

DR. TETAMORE, of Brooklyn, is said to have utilized the cartilage taken from the breast-bone of a living chicken, in restoring the nose of a patient.

Texas Siftings says it is hard to distinguish between malarial and yellow fevers. After you have had it, if you are not alive, most likely it was yellow fever.

THE use of borax for the preservation of milk has suggested this means for the prevention of scarlet fever, as that disease is frequently carried by milk.

E. H. PLUMACHER, United States consul at Maracaibo, telegraphs to the State Department that the reports that yellow fever is raging at Maracaibo are untrue.

UPON the authority of the *Leipsic Journal*, to prevent hydrophobia, bathe the wound with warm vinegar and water, and when dry apply a few drops of muriatic acid.

DR. SAMUEL W. ABBOTT, Secretary of the Massachusetts Board of Health, recommends carbonic oxide as a painless and instant substitute for hanging.—*Record.*

DR. ISAAC BARTLETT, of Hope, Me., now nearly seventy years of age, and weighing two hundred and forty pounds, has lived his entire life on a diet of bread and milk.

The cattle disease that has been prevailing in Berks and Lehigh counties has been pronounced to be a form of influenza by Dr. Bridge. The disease is not contagious.—*Record.*

A HARRISBURG apothecary is working on a slot-and-nickel dispensary, which will shove out a castor-oil capsule, a mustard plaster, a Seidlitz powder, etc., on the insertion of the coin.—*Record.*

DR. ALFRED L. LOOMIS says he is strongly opposed to smoking in the morning. Smoking moderately at any time after luncheon, even just before retiring, he does not consider injurious.

DR. QUINDORA MCQUAID, assistant resident physician in the women's department at the State Hospital for the Insane, and Dr. J. G. Bauman, of Telford, have been elected members of the Montgomery County Medical Society.

THE New Home for Convalescents, at 35 North Fortieth Street, is almost completed and will be opened in a short time. The home is a three-story brick building with a stone front, forty feet long by seventy feet deep.—*Press.*

MRS. CAROLINE A. WENTS, of this city, has, through her friend, Mrs. George E. Stubbs, given $5,000 to endow a perpetual free bed in the Medico-Chirurgical Hospital, to be known as the Ann Emerick bed, in memory of her deceased mother.

LAST week Philadelphia recorded sixteen deaths from typhoid fever, nine from scarlatina, sixty from consumption of the lungs, twelve from croup, ten from diphtheria, and thirty-five from pneumonia; total from all causes three hundred and ninety-nine.

THE Philadelphia Board of Health has of late shown an unwonted degree of activity. One of the projects recently broached is the construction of a crematory for the destruction of bodies of paupers and others who die of small-pox and other contagious diseases, which render them unfit for dissection.

DIPHTHERIA broke out in the Children's Home and the County Almshouse, Washington, Pa., Nov. 9. Ten deaths have occurred in the former institution and five are now ill with the disease.

IN the Florida Everglades, a man had his leg crushed by the fall of a tree. As there was no physician within reach he let nature take its course, and the leg rotted off at the knee, the man recovering without any symptoms of gangrene.

From July 27 to September 26 there were 6,173 deaths from cholera in Mesopotamia reported; but this is below the truth, as many cases are not reported. The epidemic has subsided in that province, but has spread to an alarming degree in Persia.

GOV. FORAKER'S private secretary announces that the Republican candidate has "peritonitis of the stomach." It is further said that Foraker gained 5,000 votes by this affliction. If he had been attacked by spinal meningitis of the heart or albuminuria of the lungs he might have been elected.

IT is reported in the usually correct and trustworthy *Record* that Professor S. G. Dixon has succeeded in attenuating the tubercle bacillus until he has obtained a variety which, itself harmless, still protects rabbits against inoculations with the virulent, unattenuated bacillus.

Some of the Indiana school teachers are in favor of a course of instruction on the effects of tight lacing and injurious cosmetics, and resolve to denounce these evils, as well as those of gum-chewing, and the use of wire, cotton, saw-dust, etc., to improve the contour of the human form.

THE Board of Health has made additions to the laws governing interments in cases of contagious diseases. The *Inquirer* comments thereon: "If the citizens will not observe sanitary precautions while alive, the Board is bound they shall have the full benefit of them after death."

THE Spanish bark Canaria came into one of our ports with yellow fever on board. It was found that she had taken on ballast at Havana, from a pile of stone over which the sewe s of Moro Castle pour the dejecta from Spanish soldiers sick with yellow fever. Will the world *ever* learn anything?

THE first of a series of scientific lectures, under the auspices of the Odontological Society of Pennsylvania, was given in Justi's Hall, northwest corner Thirteenth and Arch streets, on Saturday evening, November 2, 1889, by Ernest Laplace, A.M., M.D. (Paris), Professor of Pathology in the Medico-Chirurgical College, Philadelphia, the subject being "Fermentation, Its Cause and Effects."

DR. JOHN T. GREEN, Chief Resident Surgeon of the Presbyterian Hospital, has resigned, in order to travel as physician to a private family through the West during the winter. By Dr. Green's resignation Dr. S. D. Van Meter becomes Chief Resident Surgeon, Dr. Benjamin McGuilliard, Junior Surgeon, and Dr. William C. Posey, Senior Physician.

The seventy-first annual report of the Northern Dispensary, No. 608 Fairmount avenue, just issued, shows that during the past year 14,242 patients were treated there, and 27,988 prescriptions filled free of charge. This work was accomplished at a cost of $5,023.42, an average cost of eighteen cents for each patient treated.

THERE is renewed trouble in the Woman's Homœopathic Hospital of Philadelphia. Last year the staff resigned, because they were not allowed to use other than strictly homœopathic remedies in strictly homœopathic doses. Now, it appears that the hospital is suffering from an acute attack of Christian science; and as an indirect but effectual remedy the pure Hahnemannians have had the leading faith curist arrested for practising without being registered. Let the good work go on.

PROF. S. B. HOWELL has resigned his chair in the faculty of the University of Pennsylvania, in order to devote his whole time to his classes in the Medico-Chirurgical and Philadelphia Dental Colleges. The Board passed a vote of thanks to Professor Howell for his many years of excellent service. Edward D. Cope was elected to succeed him. Professor Cope is one of America's foremost geologists, and will probably soon qualify himself for the teaching of mineralogy.

THE American Institute Fair will positively close on Saturday evening, November 30. There is not much time till then, and there is so much worth seeing that neither old New Yorkers nor young New Yorkers, nor the friends and visitors of both can afford to lose the opportunity afforded of visiting the exhibition. The best people of the city go to the fair. It is conveniently reached, being at Third avenue and Sixty-third street, and there is much more than twenty-five cents worth of amusement and instruction to be had for the price of admission.

WHEN may refugees safely return to their homes after yellow fever?

This question is answered as follows by Joseph Y. Porter, State Health Officer of Florida:

After the occurrence of ice;

After the occurrence of three killing frosts;

After the occurrence of no cases of fever for a period of two weeks; and

After thorough disinfection and ventilation of all localities infected and bedding and such other articles as are capable of conveying germs.

THE report of the West Philadelphia Hospital for Women, at Forty-first and Ogden streets, for October, gives the following statistics of work done during the month: Patients treated in dispensary, 65: in the hospital, 4; in the out-practice, 8; number of visits to the dispensary, 129; to out-patients, 51, and number of prescriptions compounded, 131. The hospital is still in need of money, not being able to do as much as would be desirable for those applying for aid, on account of the lack of money and appliances.

At the session of the American Public Health Association in Brooklyn, Dr. Lee, of Philadelphia, offered resolutions asking the Government to purchase the island of Cuba, as a sanitary measure of precaution against the spread of yellow fever, small-pox and leprosy. Dr. Lee considers the insufficiency of precautionary measures in Cuba a constant menace to the people of the United States. If our people could be brought to realize the enormous cost of an epidemic they would understand that the cost of such an investment as Dr. Lee suggested would be amply repaid by the results in the prevention of disease alone. At present Cuba is a standing menace to our Southern States.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the co lumns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

ACCORDING to the rates of mortality in thirty-eight large cities in the world, San Francisco ranks as the first, and Philadelphia the second, in healthfulness.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the United States Navy for the week ending November 9, 1889.

Surgeon B. F. Mackie and Assistant-Surgeon Geo. McC. Pickrell, detached from the U. S. S. Ossipee, and placed on waiting orders.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service for the two weeks ended November 9, 1889.

PURVIANCE, GEORGE, Surgeon. Granted leave of absence twenty-one days. November 8, 1889.

AUSTIN, H. W., Surgeon. To inspect unserviceable property at St Louis Marine Hospital. November 4, 1889.

GASSAWAY, J. M., Assistant-Surgeon. Relieved from duty at New Orleans, La., to rejoin station at Cairo, Ill. October 23, 1889.

BANKS, C. E., Passed Assistant-Surgeon. Granted leave of absence for thirty days. October 28, 1889.

STONER. J. B., Assistant-Surgeon. Ordered to Vineyard Haven, Mass., for temporary duty. November 6, 1889.

CONDICT, A. W., Assistant-Surgeon. Ordered to Cairo, Ill., for temporary duty. Nov. 4, 1889.

GUITERAS, G. M., Assistant-Surgeon. Ordered to Washington, D. C., for temporary duty. November 8, 1889.

GROENEVELT, J. F., Assistant-Surgeon. Ordered to New York, N. Y., for temporary duty. November 5, 1889.

Medical Index.

We purpose on this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Arthropathies, traitement (suite), par M. le Prof. Guyon, Annales d'Orthopédie, Oct. 15, 1889.

Apparent cancerous transformation of syphiloma of the tongue, excision by the galvano-cautery, G. Frank Lydston, M.D. Chicago. N. Y. Med. Record, Oct. 26, 1889.

Actinomycosis, Danforth. The Med. Current, Sept., 1889.

Brain specimens chiefly illustrating localization, Chas. K. Mills, M D. University Medical Magazine, Nov., 1889.

Case of papillomatous urethritis, F. M. Briggs, M.D. Boston Med. and Surg. Journal, Oct. 24, 1889.

Clinical observations on rhus toxicodendron, John Aulde, M.D. Therap. Gaz., Oct. 15, 1889.

Cholecystotomy by lumbar incision for distended gall bladder simulating floating kidney, J. Ewing Mears, M.D. Annals of Surgery, Oct., 1889.

Convenient and comfortable dressing for fracture of the bones of the hand, Geo. F. Beasley, M.D. Amer. Practitioner and News, Oct. 26, 1889.

Discussion on an estimate of the value of electricity in gynecology. Brit. Med Journal, Oct. 19, 1889.

Discussion on the treatment of retention of urine from prostatic enlargement. British Medical Journal, Oct. 19, 1889.

Des deformations permanentes des doigts déterminées par la tuberculose de ces organes. par M. le Prof. Lannelongue (Paris). Annales d'Orthopédie, Oct. 15, 1889.

Des greffes appliquées à la guérison des difformités par des cicatrices, par M. Heidenreich (de Nancy). *Ibid.*

De l'absinthe; étude physiologique de la liqueur d'absinthe et des essences qui entrent dans sa composition, J. V. Laborde, rapporteur. La Tribune Méd., Oct. 10, 1889.

Des tractions soutenues, par M. Chassaguy (de Lyon). Revue Médicale, Aout, 1889.

Dyspepsia and its treatment, Edwin Carson, M.D., San Diego, Cal. Southern California Practitioner, Oct., 1889.

Enclavement de la tête au detroit inferieur, par Eug. Hubert. Revue Méd., Aout, 1889.

Ectopic gestation, Lawson Tait. Med. Press and Circular, Oct. 16, 1889.

Fistula and hæmorrhoids, treatment of, Taylor. Cincinnati Med. Journal, Oct. 15, 1889.

Further observations upon beta-naphthol, John V. Shoemaker, A.M., M.D. Therapeutic Gazette, Oct. 15, 1889.

Heating and ventilation of public buildings, Thomas Elkinton. The Sanitarian, Oct., 1889.

How far may a cow be tuberculous before her milk becomes dangerous as an article of food? Harold C. Ernst, A.M. M.D. American Journal of the Med. Sciences, Nov., 1889.

Hysterical anæsthesia, with a study of the fields of vision, John K. Mitchell, M.D., and G. E. de Schweinitz, M.D. Amer. Journal of the Med. Sciences, Nov., 1889.

Imperforate ileum, J. Bland Sutton, F.R.C.S. American Journal of the Medical Sciences, Nov., 1889.

Jean Palfyn (1650–1730); discours. Revue Méd., Aout, 1889.

Kolpocystotomie, par D. Marsil, M.D., St. Eustache, Qué. L'Union Médicale du Canada, Oct., 1889.

Knots, ligatures and sutures, with 21 illustrations, Farquhar Curtis, M.D. N. Y. N. Y. Med. Record, Oct. 26, 1889.

L'exalgine ou methylacetanilide, L. Jumon. La France Méd., Oct. 8, 1889.

L'electricité statique, L. Greffier. La France Méd., Oct. 10, 1889.

La methode experimentale principalement considerée dans les sciences biologiques et en medecine (suite), par J. V. Laborde. La Tribune Méd., Oct. 3, 1889.

Local treatment of diphtheria, J. C. Mulhall, M.D. American Journal of the Med. Sciences, Nov., 1889.

Modern treatment of pulmonary phthisis, C. F. McGahan, M.D. Amer. Pract. and News, Oct. 26, 1889.

Mental therapeutics, Ford. The Med. Current, Sept., 1889.

Morbid perforations of the nasal septum, Thrasher. Cincinnati Lancet-Clinic, Oct. 26, 1889.

Memoria letta alla conferenza scientifica del mese di luglio 1889 nell' ospedale militare di Roma. Fede Gionale Medico, Sept., 1889.

Nouvelle méthode pour atteindre les organes pelviens par la voie sacrée, par le Dr. Roux. Gaz. de Gyn., Oct. 15, 1889.

Nouvelle couveuse pour enfants, par le Dr. Auvard. (Gravures.) Bulletin Général de Thérap., Oct. 15, 1889.

Orthopedics of infantile paralysis, Geo. W. Ryan, M D. Amer. Pract. and News, Oct. 26, 1889.

Operative treatment of spina bifida, E. P. Hurd M.D. Therapeutic Gazette, Oct. 15, 1889.

On the alleged tolerance of the iodides in late syphilis, Henry W. Stelwagon, M.D. Therap. Gaz., Oct. 15, 1889.

On gunshot wounds of the abdomen with especial reference to wounds of the intestines, Lewis A. Stimson, M.D. New York Medical Journal, Oct. 26, 1889.

Present state of sanitary knowledge and economies of application, Sir Edwin Chadwick, C.B. Sanitarian, Oct., 1889.

Physiological condition and sanitary requirements of school-life and school houses, A. N. Bell, M.D. The Sanitarian, October, 1889.

Questions médico-legales relatives à l'abus de la morphine, par MM. Lutaud et Descoust. La France Méd., Oct. 15, 1889.

Quartrieme congrès français de chirurgie, tenu à Paris du 7 au 13 Oct., 1889 (suite et fin). La Semaine Méd., Oct. 16, 1889.

Quelques critiques sur les périmètres, par le Dr. Deeren, de Bruxelles. (Suite et fin.) Recueil d'Ophthalmologie, Sept., 1889.

Railway shock and its treatment, F. X. Dercum, M.D. Therapeutic Gazette, Oct. 15, 1889.

Remarques sur l'hérédité (suite), par le Dr. Hervouet. Gazette Médicale de Nantes, Oct. 9, 1889.

Recherches cliniques et experimentales sur l'antisepsie médicales (fin), par M. le Prof. Petresco. Bulletin Général de Thérap., Oct. 15, 1889.

Rapports entre les maladies des yeux et les maladies du nez, par le Dr. F. Despagnet. Recueil d'Ophthalmol., Sept., 1889.

Resorcin bei Keuchhusten, Anderer. Centralblatt für die Medicinischen Wissenschaften, 5 Oct., 1889.

Sewage disposal for water closet towns, Alfred Carpenter, M.D. The Sanitarian, Oct., 1889.

Some clinical aspects of vomiting, John H. Musser, M.D. University Medical Magazine, Nov., 1889.

Sur l'operation d'Alexander-Adams, par le Dr. Roux. Gazette de Gynécologie, Oct. 15, 1889.

Solanum carolinense, George Foy. Med. Press and Circular, Oct. 16, 1889.

Some causes of preventable blindness, Hasket Derby, M.D. Boston Medical and Surgical Journal, Oct. 24, 1889.

Surgical operations for the relief of pressure paralysis in caries of the spine, William N. Bullard, M.D., and Herbert L. Burrell, M.D. Boston Med. and Surg. Jour., Oct. 24, 1889.

Sur la suture de la cornée dans l'operation de la cataracte, par le Dr. Suarez de Mendoza (d'Angers), Recueil d'Ophthalmologie. Sept., 1889.

Some manifestations of lithæmia in the upper air-passages, F. Whitehill Hinkel, A.M., M.D. American Journal of the Sciences. Nov., 1889.

The toxic action of chromic acid used as a cauterant, J. William White, M.D. University Medical Magazine, Nov., 1889.

Two cases of cervical adenomata with unusually extensive dissection of the tissues of the neck, Jarvis S. Wright, M.D. Annals of Surgery, Oct., 1889.

Treatment of diseased tonsils when unattended with hypertrophy, J. O. Roe, M.D.. N. Y. Med. Journal, Oct. 26, 1889.

Treatment of phthisis pulmonalis with small doses of mercury bichloride combined with potassium iodide, John R. Hall, M D. American Journal of the Medical Sciences, Nov., 1889.

Use of oxygen in the treatment of leukaemia and grave anaemias, J. M. DaCosta, M.D., LL.D., and E. P. Hershey, M.D. Amer. Journal of the Med. Sciences, Nov., 1889.

Value of electrical methods employed for resuscitation of persons who have ceased breathing, H. A. Hare, M.D., and Edward Marten, M.D. University Med. Magazine, Nov., 1889.

SHARP & DOHME,

Baltimore, Md.,

MANUFACTURERS OF RELIABLE

STANDARD MEDICINAL FLUID, SOLID AND POWDERED EXTRACTS, ELIXIRS,

AND

SOLUBLE HYPODERMIC TABLETS,

GRANULAR EFFERVESCENT SALTS, COMPRESSED TABLETS AND LOZENGES,
TABLET TRITURATES, ELIXIRS, SYRUPS, WINE, SACCH. PEPSIN, U. S. P.

SOLUBLE GELATINE-COATED PILLS

AND

SOLUBLE SUGAR-COATED PILLS.

Comprising a'l the officinal and other well-known favorite formulæ. Unexcelled in point of efficacy, solubility, uniformity, and beauty of finish.

Physicians will find our **PIL: LAPACTICÆ (S. & D.'S),** recently introduced by us

COMPOSITION: { Aloin . . . . . ¼ gr. Ext. Bellad . . . . . ⅛ gr.
Strychnine . . . . . 1-60 gr. Ipecac . . . . . 1-16 gr.

an elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

☞Samples furnished upon application.

Catalogues, giving composition, doses, etc., of all our preparations, mailed to physicians when requested.

(Please mention the Times and Register.)

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 585. NEW YORK AND PHILADELPHIA, NOVEMBER 23, 1889. The Medical Register. Vol. VI, No. 151.

PAGE

CLINICAL LECTURE. By Frederick S. Dennis, M.D. - - - - - - - - - - - 697

ORIGINAL ARTICLES.

ATROPHY, HYPERTROPHY, AND DEVIATION OF THE SEPTUM. By Carl H. Von Klein, A.M., M.D., Dayton, Ohio - - - - - - 699

ANTISEPTIC SURGERY IN THE COUNTRY. By John B. Wheeler, M.D., Burlington, Vt. 702

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:

Gastric Catarrh. *Woodbury* - - - - - 704
Neurasthenia. *Woodbury* - - - - - - 704
Embolism. *Woodbury* - - - - - - - - 705
Puncture of the Brain. *Woodbury* - - - 705
Removal of Glands. *Garretson* - - - - 705

PHILADELPHIA HOSPITAL:

Phthisis Pulmonalis. *Curtin* - - - - - 705
Parenchymatous Tonsillitis. *White* - - 705
Gonorrhœal Rheumatism. *Porter* - - - 706
Urethral Fistula. *White* - - - - - - - 706
Codeine. *Musser* - - - - - - - - - - 706

PENNSYLVANIA HOSPITAL:

Fractured Patella. *Morton* - - - - - - 706
Ununited Fracture of the Femur. *Morton*, 706
Jaundice. *Meigs* - - - - - - - - - - 706
Pleurisy. *Meigs* - - - - - - - - - - 706

EDITORIAL.

A PLEA FOR PEDIATRICS - - - - - - - - 707
THE VIRGINIA EXAMINING BOARD - - - - 708
A NEW CLOAK FOR VICE - - - - - - - - 708

PAGE

ANNOTATIONS.

Non-tubercular Hæmoptysis - - - - - - 709
The Treatment of Scrofulous Glands - - - 709
Virginia Medical Monthly - - - - - - - 709

LETTERS TO THE EDITOR.

A Peculiar Case *Wimmer* - - - - - - - 710

SOCIETY NOTES.

NEW YORK ACADEMY OF MEDICINE - - - 710
Typhoid Fever. *Peabody* - - - - - - - 710
Typhoid Fever in a Child æt. Nine. *Jacobi*, 711

PARIS LETTER. *Linn* - - - - - - - - 711

Treatment of Chlorosis by Rectal Injection of Defibrinated Blood. *Teissier* - - - 711
The Relative Power of Certain Drugs Recommended for Aseptic Treatment. *Petresco* - - - - - - - - - - - - - 712
Hot Water Asepsis. *Richet* - - - - - - 713
The Hypodermic Method of Giving Drugs. *Roussel* - - - - - - - - - - 713
Treatment of Inflammations of the Throat and Tonsils by the Internal Administration of Salol. *Gouguenheim* - - - - - 713
Has the Progress of Modern Surgery Made War Less Fatal in Wounded Persons? *Noel* - - - - - - - - - - - 713

BOOK REVIEWS.

Students' Aid Series. *Nall* - - - - - - - 714
The Medical Summary, Physicians' Call-book and Ledger, Combined, *Andrews* - 714

PAGE

A Manual of Minor Surgery and Bandaging. *Heath* - - - - - - - - - - - - 714

PAMPHLETS - - - - - - - - - - - - 714

THE MEDICAL DIGEST.

In Albuminuria. *Pharmaceut. Era* - - - 714
Calomel as a Diuretic in Hepatic Cirrhosis. *Kohn* - - - - - - - - - - - - - 714
The Cure of Bunions by Phenic Acid. *Salemi*, 715
Deodorization of Iodoform with Tar. *Ehrmann* - - - - - - - - - - - - - - 715
Cocaine Hallucinations. *Magnan and Saury*, 715
Matinal Diarrhœa. *Chauvet* - - - - - - 715
Treatment of Obesity. *Revue de Ther.* - - 715
Obesity and Sterility. *Gaz. de Gyn.* - - - 716
Antipyrin Incompatibles *Carles* - - - - 716
Iodide of Potassium in Diseases of the Heart. *Sée* - - - - - - - - - - - - 716
Iodine for Warts *Mosse* - - - - - - - - 717
Antiseptic Properties in Human Saliva. *Floradin* - - - - - - - - - - - - - 717
Sterilized Lint. *Regnier* - - - - - - - - 717
Actinomycosis Hominis. *Ammentorp* - - 717
Chlorate of Potassium *Coghill* - - - - - 717
Vaccination on the Leg. *Med. Press and Cir.* 717

MEDICAL NEWS AND MISCELLANY, 717

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - 719

MEDICAL INDEX - - - - - - - - - 720

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

Delivered in the Bellevue Hospital, October 8, 1889.

BY FREDERIC S. DENNIS, M.D.,

Professor of Principles and Practice of Surgery, Bellevue Hospital Medical College.

Reported by DR. K. B. PAGE.

GENTLEMEN:—The first case that I shall present to you this morning is that of a pistol shot wound of the thigh. This patient was shot one week ago, by a revolver carrying a 32 calibre ball. He was admitted to one of our city hospitals, and he was subsequently transferred to Bellevue.

Upon examination of the thigh, there is found a wound of entrance upon the outer and upper aspect of the limb, but no aperture of exit of the bullet. You must study carefully the difference between the wound of entrance and that of exit, as often a most important medico-legal point arises in connection with this subject. The aperture of entrance is circular, owing to the shape of the missile; its circumference is smaller than that of the bullet, owing to the elasticity and contractility of the skin; its edges are inverted and surrounded by an areola of ecchymosis. The exception must be remembered, that if the bullet is fired very near the body, the aperture of entrance may be larger than that of exit, and powder stains may be visible.

The aperture of exit is ragged and contused; its circumference is larger than that of entrance, but not larger than the bullet; its edges are everted and lacerated. Another exception is to be remembered in this connection, and that is if splinters of bone or foreign bodies have been driven through in advance of the bullet, the aperture of exit then resembles a tear, and the wound is irregular. If suppuration has been established, the entrance and exit wounds are both changed on account of the superficial sloughing.

In the present case the condition of the wound is what might be expected by repeated examinations. This fact leads me to the important consideration of the management of pistol-shot wounds. I have collected a large number of cases of gun-shot wounds occurring in my hospital practice, and the results of treatment point clearly to the conclusion that absence of probing, immediate antiseptic irrigation of the wound, hermetically sealing by styptic collodion, application of antiseptic dressings and fixation by splints embrace the routine plan of procedure.

Probing is useless and dangerous. The information derived from the use of the probe is uncertain and unreliable. The bullet track is filled with blood. Probing disintegrates the coagulum, which is nature's method of obliterating the newly-formed track, and allows air to enter the wound, and in many cases the probe is the starting-point for septic infection of the wound. If this view be correct in regard to the ordinary pistol shot wounds of the soft parts belonging to the extremity, it is of the greatest importance not to probe wounds involving the great cavities of the body. But a full discussion of this subject will be entered upon in the course of didactic lectures upon gunshot wounds.

To return to the patient: In examining the soft tissues above the joint, I feel a small, hard body, which I take to be the bullet, and I have asked Mr. Ford to send to the clinic this morning one of Dr. Girdner's telephonic bullet probes. I will now take

this needle, and after carefully cleansing it, and under continuous antiseptic irrigation, will thrust it into the soft tissues upon the foreign body. If the needle impinges upon the lead bullet, at once the telephone bell will ring, our diagnosis will be scientifically confirmed, and an operation indicated with a view to extracting the bullet. The Girdner telephonic bullet-probe is, without doubt, a surgical instrument of great value. I believe, however, its use is mainly restricted to a confirmation of diagnosis. As a means of finding a bullet without any knowledge of its situation, it is likely to become a source of danger. For example, it should not be thrust indiscriminately into the peritoneal, pleural or cerebral cavities. It may be employed about the extremities in the manner I shall demonstrate this morning.

The expert assures me by the ringing of the bell that I am now on the bullet, and with my scalpel I shall cut down upon the foreign body; and now, gentlemen, you see the bullet, which I have just extracted with the forceps. Thus you see that this demonstration corroborates what I have already said in regard to the use of this instrument. The wound will be dressed antiseptically, and in a few days the parts will be healed by primary intention.

In dismissing this case, gentlemen, remember that a bullet usually does injury in its passage through the body, and that its lodgment is attended with no harm. I recently detected with this probe a bullet that had been in the thigh nearly thirty years, and it never gave rise to trouble until a few weeks ago, when the patient injured his thigh by falling. You can wait for many days before extracting a bullet, and when the parts have returned to their normal condition, the bullet can be extracted under antiseptic precautions with absolute safety.

FEMORAL HERNIA.

The next case is one of femoral hernia, and I propose to cut down upon it and perform the operation of radical cure. As we have just finished, in the course of our didactic lectures, the subject of hernia in general, I shall avail myself of this case to impress upon you some of the leading points in regard to the operations for the cure of ordinary reducible herniæ.

The object in all of the operations is to obliterate the hernial sac, to occlude the ring, and thus to prevent the descent of the hernia. It is impossible to even mention all the operations that have been devised for this purpose. They are innumerable, and have been employed for many years. The operation that I have generally found to be best, is ligaturing the neck of the sac, dissection of the extra-peritoneal part, stitching the stump of the sac to the ring, and finally the ring itself. The wound can then be closed or left open to granulate. I have found after the operation for strangulated hernia the use of a plug of the omentum, stitched into the canal, a most useful adjuvant. The patient after any of these operations should wear a properly fitting truss, in order to lessen the liability of a return of the hernia. If you do any operation for radical cure, use every possible precaution to protect your patient against septic infection of the peritoneum.

FLOATING KIDNEY.

The third case that I have to operate upon in the clinic to-day, is one of unusual interest. It is a case of movable kidney. This condition is found in women more frequently than in men, and especially in women who have borne children in rapid succession. The right gland is said to be affected in the proportion of twelve to one. This patient has been afflicted for four years with a mobility of the right kidney, and for the past two months has been a great sufferer. She complains of pain in the right loin, associated with a continuous sense of weight. She is conscious of something moving about in her abdomen. She has severe paroxysms of pain, resembling nephritic colic in intensity, and radiating in the direction of the lumbar plexus. This abnormal condition is accompanied by great languor and weakness to such an extent that for the past four months she has been unable to work. Attacks of vomiting and intestinal disturbance, with development of flatulence are very frequent. Whenever she attempts to move about she suffers great inconvenience. Rest in the recumbent position gives her only temporary cessation from pain and discomfort.

The physical signs present in this patient are: 1. A tumor that is freely movable, and possessing renal contour. 2. A tumor which upon manipulation causes the patient a sickening sensation. 3. A tumor that can be easily returned into its retro-peritoneal place. 4. A tumor, the situation of which is largely influenced by respiratory movements, and by attitude of the patient. 5. A tumor that shows no tendency to enlargement.

The differential diagnosis between the movable kidney and ovarian cysts, pancreatic cysts, and enlarged gall bladder has been made. The condition of the urine is wholly negative. In regard to the treatment in this case, as all other means of a palliative nature have failed to afford her relief, the operation of fixation of the kidney is indicated. I shall therefore proceed at once to suture the kidney to its anatomical place, an operation termed nephrorraphy. If the kidney is healthy, as there is every reason to believe in this case, nephrorraphy should be performed, but if the movable kidney is diseased, with the other kidney healthy, then a nephrectomy or removal of the diseased kidney should be performed. As the patient is fully anæsthetized, and as the parts have been made aseptic, I shall begin at once by making an incision a little below and parallel to the twelfth rib. The lower margin of the kidney on the right side is on a level with a transverse line passing through the center of the umbilicus. A vertical line drawn from the center of Poupart's ligament upwards to the ribs would divide the kidney so that one-third of it would be on the outer side, and two-thirds upon its inner side. The right kidney, on account of the liver, is situated a little lower than the left kidney. Instead of the lumbar incision another can be made by the anterior operation, which necessitates opening the general peritoneal cavity.

Having now cut through the integument, fascia superficialis with its two layers, the external oblique, latissimus dorsi and internal oblique muscles, I have

now come down upon the lumbar fascia, and the edges of the quadratus lumborum and erector spinæ muscles. I now pass my finger, rendered thoroughly aseptic, into the retro-peritoneal space. As the house-surgeon makes pressure backwards and upwards upon the front of the abdomen, I can feel the kidney, which is freely movable. With a curved needle and cat-gut suture I now pierce the capsule and a little of the renal substance in two places, and stitch the gland to the deep muscles and lumbar fascia. I shall place a second stitch, so as to be sure that the kidney will not become detached from the place to which it is anchored. The upper part of the incision is now closed by a continuous cat-gut suture, while the lower half of the wound is kept open by packing with iodoform gauze. Lloyd has suggested as an improvement to Hahn's operation to slit open the capsule, and pass the needle through the substance of the kidney. It seems to me that a medium between these two extremities, as suggested by Mr. Bruce Clark, is the better method, and that is to pierce the capsule and penetrate for a slight distance only the kidney substance.

This operation has not met with uniformly satisfactory results. In those cases of movable kidney where all palliative means have failed, the surgeon is justified in performing this operation, having first explained to the patient the possibility of its not effecting a permanent cure.

Inasmuch as the mortality of nephrectomy is about forty-two per cent., and that of nephrorraphy is about six per cent., the latter operation should always be performed when it is practicable. In eighteen cases of nephrorraphy collected by the late Dr. Gross, only one proved fatal; but in four of the cases nephrorraphy failed to give the expected relief, and in three of the cases the result was only partially successful. Mr. Lawson Tait, whose experience in this department of surgery is entitled to the greatest respect, said at the meeting of the British Medical Association, that "none of his patients have been benefited by the operation." and that he lost one patient from "circumstances which might be fairly attributed to the operation."

There are, however, other surgeons, whose opinions are entitled to the same respect, who believe that nephrorraphy affords relief to patients suffering from movable kidney.

In regard to the propriety of performing nephrorraphy in any case, it is always best to consider each special case by itself and upon its own merits. If you think that the operation can give the patient comfort and immunity from pain it should be performed when any reasonable assurance can be given that the operation may effect a radical cure. I have another case of movable kidney, and shall do this same operation again in a few days, and we can then observe together the progress of these two cases, and see whether or not the operation is one that commends itself to our judgment.

In conclusion, gentlemen, I want to call your attention to two cases of amputation of the thigh which have been recently performed in the clinic, for sarcoma of the tibia. One patient, a teacher, is an aged man, who injured his tibia by striking it against a school bench. The other case is that of a child who was hit upon the tibia by a stone thrown by a boy. The point I wish to impress is that traumatism in bone may cause sarcoma of bone, the only primary malignant tumor of bone. In the didactic lectures upon tumors, I shall again direct your attention to this clinical fact and show you many interesting specimens to illustrate the etiology of sarcoma.

The last case to-day is one of great interest to you, since it demonstrates the possibility of recovery in a case of pyæmia. This patient had his knee-joint filled with pus, as a symptom occurring in pyæmia. He had a very rapid pulse, temperature 105° F., sweats, intercurrent chills, etc. I opened and drained his knee-joint in your presence.

Original Articles.

ATROPHY, HYPERTROPHY, AND DEVIATION OF THE SEPTUM.[1]

By CARL H. VON KLEIN, A.M., MD.,
OF DAYTON, OHIO.

OF all deformities to which the various parts of the human body may be subject, those of the nasal septum are among the most common. In the few years of my exclusive practice on the respiratory organs I have taken great pains in observing the septum in its various states.

I have examined the nasal cavities in over six hundred patients, and found not more than 2 per cent. to have an absolutely straight division of the nares. I might almost say that in every case I observed deformities of some sort, either atrophy, hypertrophy, or deviation of the septum.

The causes which are most common to deviation of the septum occur to people when they are in their babyhood. It is a common thing for a child, when it commences to creep and walk, to fall, and, nine times out of ten, on its nose. Many fall into cellars and down the stairs; the mother, aroused by the child's cries, hurriedly runs to its assistance and finds the little one bleeding at the nose; she wipes it carefully and bathes it with cold water until the bleeding ceases and the child is quieted; but it does not occur to her that the little, delicate septum might have been broken or injured.

It passes without notice until the child grows to man or womanhood, when he or she notices that their breathing is impaired, They consult a physician. He makes an examination of all the respiratory organs, but finds everything normal until he reaches the nose, when he says, "My friend, your nose is broken." "What!" exclaimes the patient; "I never had my nose broken that I know of." Nevertheless, the physician stands to his observation.

I have had many who left my office with disgust,

[1] Delivered before the American Rhinological Association, Chicago, October 9, 10, and 11; and by request before the Southwestern Ohio Medical Society, Cincinnati, October 9 and 10, 1889.

imagining I knew nothing about it, while others were but too glad to have their difficulty adjusted.

I but a short time ago operated upon a young man who had his septum crushed into one mass, of which he knew nothing. He claimed that even his parents could not remember of any fall or stroke he ever received. However, it was visible to himself, when he dilated his nose with my long-handled nasal speculum and looked into a mirror. This case is only one instance; but I may assert that in most cases that come under our observation either atrophy, hypertrophy, or deviation of the septum has had its origin from infancy.

There are other causes that might occur in the aged—a stroke or a fall—but they are very rare.

Not long ago I treated a case of deviation of the septum where a father taught an eighteen-year old son to box; he accidentally struck him on the nose. The young man bled, the bleeding was checked, but no attention was paid to it, until two years later, when at college, the young man commenced to complain about his eyes. An oculist was consulted, who found the difficulty arose from an injury to the nose. The case was then referred to me.

I found deviation of the septum, which I had no difficulty to adjust, and the young man entirely recovered from the affection of his eyes.

As to the atrophic or hypertrophic[1] state of the septum, though most cases, as stated above, occur from a stroke or a fall, yet there are some of atrophic septum which are caused by a simple hard blow upon the nose. A person takes a severe cold, and he Schneiderian membranes become inflamed to such an extent that the blowing of the nose is almost impossible. Then a persistent and severe blow of the nose may cause the breaking of a nerve or bloodvessel near the septum, which cuts off in part, if not in all, its nourishment. How many times have we seen men blow their nose persistently until blood appeared, and no attention was paid to it but simply the remark made, "I have a bad cold."

I have seen an atrophic septum as thin as paper, almost transparent, and by introducing a finger I could fluctuate it with the utmost ease, but nothing could be detected as to the prime cause. My own observation leads me to believe that atrophy of the septum is confined to the cartilaginous portion. Hypertrophy, I believe, is confined to the osseous portion, and is generally caused by injuries that occur to any other part of the bony system.

Hypertrophy of the septum generally commences with an ostitis, just as a stroke or a fall on the tibia or femur produces an ostitis, and subsequently hypertrophy. The most common form of atrophy and hypertrophy of the septum is the latter. The cartilaginous is not so liable to injury as the osseous part, from the fact that the cartilage is flexible, especially in young children. In over two hundred cases of hypertrophy and atrophy which came under my observation, the latter did not exceed 25 per cent.

In examination for deformity of the septum, I use nasal speculums or dilators of my own device,[1] which

FIG. 1. FIG. 2.

are of two different designs, as shown in Figs. 1 and 2, each being of two sizes. The lesser is for children and the greater for adults; with them the patient can dilate his own nostrils to his own satisfaction, and without the slightest inconvenience to himself or annoyance to the operator, as shown in Fig. 3. (See page 701.)

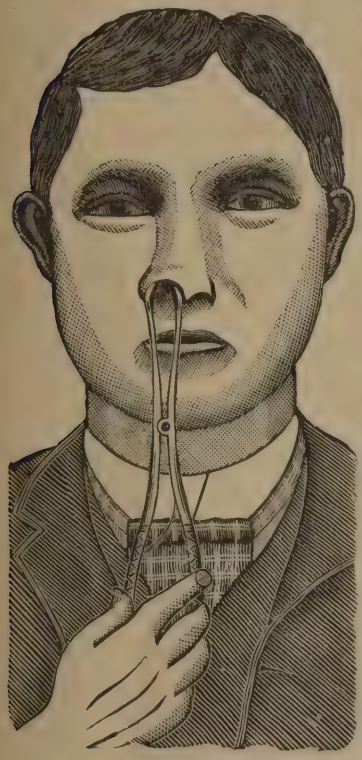
The patient introduces it with the right hand into the right nostril, and with the left hand into the left nostril, and the more he closes the hand or presses the handles together, the more he dilates the nose. All nasal dilators now in the hands of physicians that are made either with a thumb screw or a spring to make them self retaining are unreliable. A dilatation to such an extent as will make the instrument self retaining will stretch the membranes the whole length of the prongs and make it appear as though there existed an elevation and a hypertrophy. Especially when the cartilaginous part of the septum is flexible,

[1] All terms of hypertrophy in this article have reference to osseous hypertrophy only, including turbinatus.

[1] Figs. 1 and 3 were described some time back in this journal; Figs. 1, 2 and 3 in the *Journal of the Amer. Med. Ass'n.*

it will make the septum appear crooked. In fact, I believe dilatation is unnecessary; to keep the nasal lips apart is all that is required. Where the membranes are stretched they change in color; consequently you cannot recognize the real condition.

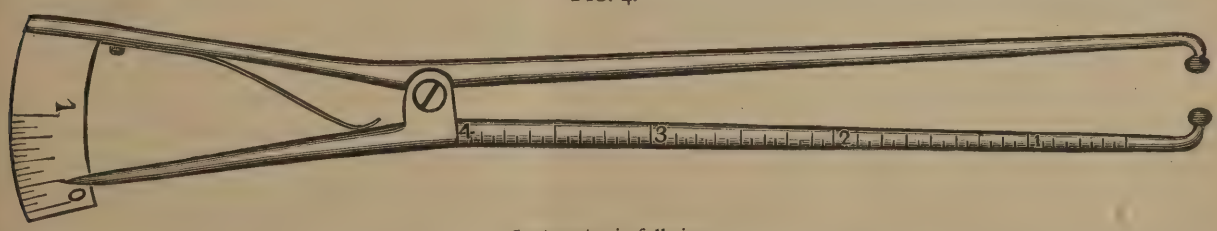
FIG. 3.



There are also cases where the membranes are so tender that prongs cannot be introduced into the inner part of the nose without severe pain. In such a case I would use an upright blade dilator, with which I dilate the nasal cavity without covering any part of the inner membranes of the septum.[1] The blades are turned parallel with the handles so as to enter the extended part of the nose, thus causing no obstruction to the parts where an examination is necessary.

In examination of the nares it is also essential to measure the thickness of the septum, and to locate at what distance the hypertrophy or atrophy exists, and to what extent. For that purpose I have devised a septometer, with the scale on one of the bars. It can enter the nose divided by a sixteenth of an inch, showing the depth inserted, while the lower index designates the thickness at each position that it is introduced. (See Fig. 4.)

FIG. 4.



Septometer in full size,

Deviation of the septum may be of the cartilaginous part, of the osseous, or both. I have never seen two similar deviations, they vary in every case. However, the treatment is alike, and may be confined to one of two methods, each method depending on the situation and extent of the deviation.

Whenever the deviation is in the bony part, or in a thick cartilaginous septum, the punch is indispensable, but when the deviation is confined to the cartilaginous part alone, and it is not very thick or atrophic, the deviation may be corrected by a simple hard plug inserted on that side of the nostril where the division is smaller. The nasal punches must be varied, in accordance with the shape of the deviation. The operator should make particular note whether the deviation is oblong, lateral, horizontal, vertical or otherwise. Then he must judge the necessary shape of the knives of the punch. If the deviation is inclined to be horizontal the knife of the punch must be horizontally longer; if vertical the knife must be vertically longer.

The knives of the punch must always be placed upon the convex, or extended sides of the nares. The plugs should be from one to two inches in length, and in thickness according to the size of the nares, shaped wedge-like and oval on both sides. On the outer end they should be cut at an angle, the longer point being blunt so as not to cause pain from sharp edges, and to fit within the pocket of transverse furrow of the nose. They should be made of ivory, black ebony, hard or vulcanized rubber.

FIG. 5.

Three sizes of nasal plugs.

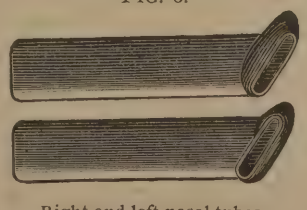
In bilateral or trilateral deviations it is necessary to plug the nostrils on both sides of the septum.

In such cases the solid plugs cannot be applied, as they cut off breathing. I therefore intubate the nostrils with silver tubes of my own design, and partly the same in shape as my plugs.

The part of the tube that goes against the septum is flattened, the outer side being oval, the front edge cut at an angle, and there being on the outer side an extended oval lip, to rest against the naso-labial furrow. This prevents the tube from slipping out and the patient breathes through it as freely as ever.

In a thin cartilaginous deviation where the septum is flexible I simply intubate on the narrower side of the nares, and let the patient wear it for a period of five or ten weeks. The tubes and plugs must be removed at intervals and cleansed with an antiseptic solution. This rule must be observed in all cases of intubation or plugging of the nares, irrespective of whether the septum is fractured or not.

FIG. 6.



Right and left nasal tubes.

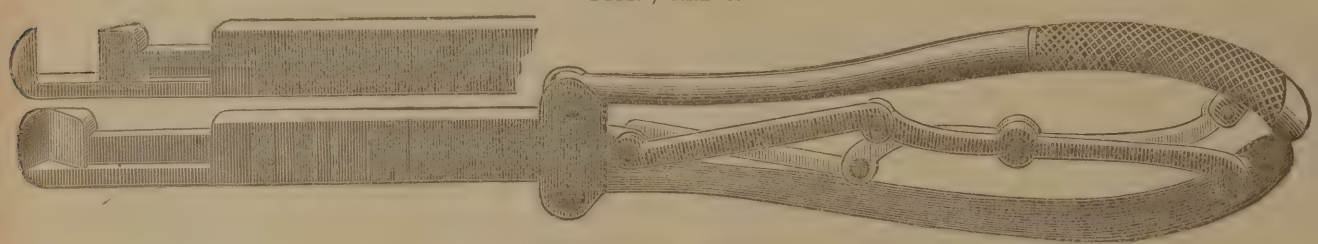
In an atrophic septum without deviation, there is nothing to be done, and the less the physician does with it the better for himself and patient.

[1] The instrument is shown in Fig. 2.

Atrophy, as stated above, is caused by a destruction of some nutrient supply, either of the nerve or blood; it is therefore an absolutely permanent injury. The treatment of hypertrophy of the septum depends entirely upon the space and on the size of the cavities of the nose. If the hypertrophy is insignificant, and the opening is large enough to admit free breathing, we are not justified in removing it, as it can be easily relieved by preventing a further growth. This may be done by dividing the tissues down to the bony surface, cutting through the vessels. The cut may be made laterally, either with a knife or an electro cautery. I prefer the cautery, as the operation may be done without hemorrhage. If the hypertrophy is so great that it impairs the breathing, the removal of it is absolutely necessary, but not with the cautery or the brutal saw. I object to the cautery because it destroys the membrane. The removal of the membrane of the septum a quarter to a half inch is too much to heal by granulation. It will leave the part bare.

The sloughing of such a wound is so great that it is liable to destroy the membrane of the entire side of the septum. Furthermore, I have seen several cases of erysipelas caused by the use of the cautery on the septum. The nasal saw, though not so dangerous, is yet the most inhuman instrument ever applied to suffering humanity. In addition to the severity of the operation upon the patient, the nerves of the operator and bystander are shaken by the sound of the saw. I have therefore devised a pair of nasal bone forceps, with which I can remove a hypertrophy with just as much rapidity as with the cautery, and without the destruction of the membranes.

FIGS. 7 AND 8.[1]



Nasal Bone Forceps.

The forceps are half-inch vertically, and an eighth of an inch in thickness; the barrel is three and a quarter inches, and the whole length of the instrument is about eight inches. The distant blade being stationary, the fore blade moves to and fro by opening and pressing the handles together. Both edges of the stationary and movable blades are formed like a chisel on the one side and on the other they are flat. It is easily introduced clear to the post nares, on account of its slight thickness and width. It can be opened to the width of an inch and a quarter, sufficient to go over any extended part that may occur on a nasal septum. The flattened side must be placed against the septum, and with the opening upwards, so as to cut off the hypertrophy, leaving the latter to hang upon the membrane. Then, by taking hold of a nasal or artery forceps, the hypertrophy can be turned out from the membrane, leaving the membrane hanging as a curtain, to be pushed back and spread upon the septum with a scalpel handle or something of the sort. It will adhere to the septum in a very short time.

In thirty-two operations for hypertrophy of the septum which I have performed with this nasal bone forceps, in none have I had the slightest destruction of membrane.

[1] Fig. 7 is a section of the left barrel, partly open; Fig. 8 is the complete instrument, closed.

ANTISEPTIC SURGERY IN THE COUNTRY.[1]

BY JOHN B. WHEELER M.D.,
BURLINGTON, VT.,
Professor of Clinical and Minor Surgery in the University of Vermont.

THE desirability of good antiseptic work is admitted much more generally than its practicability. It is all but universally acknowledged that the surgery of the last fifteen years is indebted to antisepsis for the remarkable advances which it has made. But to judge from what is sometimes said at society meetings, and printed in communications to medical journals, there is an impression among many members of the profession that it is impossible to do antiseptic surgery in the country; that the apparatus required is too cumbrous and elaborate, and that the details of operation and dressing are too numerous and complicated to be of practical use in the rough and ready work which the exigencies of country practice demand. This paper, therefore, does not undertake the superfluous task of defending antiseptic surgery, but attempts to show that such work is as practicable in a backwoods shanty, twenty miles from anywhere, as in a metropolitan hospital.

In the first place, let me make the statement that antisepsis is nothing more nor less than surgical cleanliness—cleanliness of operator, assistants, patient, instruments and dressings. By surgical cleanliness is meant the complete absence of what we commonly understand by dirt, and, moreover, the complete absence of the germs whose development produces suppuration and the various diseases which may result from wound infection. These germs may exist in great numbers upon a surface which, to our unaided senses, appears perfectly clean, but is not so in reality until the germs have been destroyed by the action of some germicide. The working maxim is that while an object which is apparently dirty cannot be surgically clean, an object which is apparently clean may be surgically dirty. It follows from this

[1] Read at the annual meeting of the Vermont State Medical Society, October 11, 1889.

that we must carefully and thoroughly remove all dirt by the ordinary methods, and carefully and thoroughly destroy all germs by the use of germicides. He who says that nothing but simple cleanliness is necessary to insure the best surgical results, and he who says that cleanliness is unimportant if disinfection is thoroughly practised, are alike at fault. We need both the scrubbing-brush and the antiseptic solution.

Perhaps the best way of showing how surgical cleanliness may be practically attained, is to describe in detail the manner of conducting an operation in any house remote from city conveniences. Suppose that the surgeon has an emergency operation to deal with, at a place many miles distant from his own house, and that the patient is poor, as frequently happens in such cases. The first thing which claims attention is the surgeon's outfit. For this sort of work it must be efficient, portable, thoroughly antiseptic and as cheap as is consistent with efficiency. In addition to such instruments as are requisite for the operation in question, the surgeon will take with him a fountain syringe, a couple of yards of rubber cloth, an apron, a razor and nail-brush, tablets of bichloride of mercury, a few ounces of carbolic acid, iodoform, Lister's protective, drainage-tubes, silk, cat-gut, carefully disinfected sponges, gutta-percha tissue, gauze and absorbent cotton impregnated with bichloride of mercury, gauze bandages prepared in the same way, plain absorbent cotton and a paper of safety pins. A can of ether completes the outfit.

This seems like a long list, but the articles are obtainable at small expense, and can all be easily stowed in a hand-bag of moderate size.

On arriving at the scene of operation, the surgeon's first care is to cleanse and disinfect his hands by carefully scrubbing them up to the elbows with a nail-brush, until they appear perfectly clean, especially under the nails, and then soaking them for a minute in a bichloride of mercury solution, of the strength of 1–1000. After this he makes such examination of the patient as may be necessary before etherization, taking the utmost care not to touch any open wound unless his hands are thoroughly antiseptic. He then makes the solutions for operation, a carbolic acid solution for the instruments, and a bichloride solution for use in and about the wound. A quart or two will be sufficient quantity of the carbolic solution, which is made of the strength of 1–20, and poured into some platters and saucers obtainable at the house, or in the neighborhood. In these platters and saucers, which must be perfectly clean, are placed the instruments, the threaded needles, the cat-gut and silk cut into ligatures, safety pieces, a piece of drainage-tube and the Lister protective. The non-corrosiveness of the carbolic acid solution is the reason for its employment as a bath for instruments. The solution of bichloride of mercury, the strength of which varies from 1–2000 to 1–5000, is made by dissolving a sufficient number of bichloride tablets in warm water. Two or three gallons of this solution should be made. The pitchers, bowls, or whatever the solutions are made and kept in, should be perfectly clean, and the bichloride solution should be strained through clean cloth before being used, in order to get rid of the slight sediment which remains after dissolving the tablets. The fountain syringe is then filled with the bichloride solution and hung up where it can be conveniently used for purposes of irrigation during the operation. Some of the remaining solution is poured into two bowls, one of which is to be used for rinsing sponges and the other for disinfecting the operating towels and the hands of the surgeon and his assistants. The operating towels are such towels or clean cloths as the neighborhood affords, a few of which are immersed in the bichloride solution, and before the operation is begun are wrung out and used to cover everything in the immediate vicinity of the field of operation. During this time the patient has been anæsthetized, and may now be put upon the operating table, which can be very satisfactorily extemporized out of an ordinary kitchen table and a small stand. If these, or some equivalent articles are not to be had, the surgeon must do the best he can on the bed where the patient is already lying. The rubber sheet is then fastened around the part to be operated on in such a way as to keep the rest of the patient from getting wet, and to conduct the irrigating fluid into a pail on the floor. The whole field of operation is thoroughly scrubbed with the nail-brush and then shaved. The razor is used to get rid of hairs which might fall into the wound and infect it, and also for the purpose of removing dirt. The amount of dirt which appears in the lather after closely shaving an already clean looking skin is surprising, and efficiently demonstrates the necessity of using the razor on any part of the body. The surgeon and assistants then give hands and arms a final scrubbing and disinfection, and the whole field of operation is thoroughly irrigated with the solution in the fountain syringe. After this process the skin may be regarded as surgically clean and fit to work upon. The towels which have been soaking in the bichloride solution are wrung out and spread around the field of operation, in order that the operator, when he happens to lay down an instrument or rest his hand on the table, or the patient's body, may touch nothing but the disinfected towels and thus avoid contact with anything which might be a source of infection. During the operation irrigation is used more or less frequently, according to the amount of blood to be washed away and the liability of the wound to infection. Before sewing up, the wound is thoroughly flushed with the irrigating solution, and then is sponged dry, in order to avoid mercurial poisoning, which is liable to occur if a quantity of the solution is left standing in the wound.

The greatest care is taken throughout the operation to avoid the introduction of septic matter into the wound. If the hands of the surgeon or his assistants touch anything that is not surgically clean—clothing, furniture, &c.—they are disinfected anew before approaching the wound or touching instruments, sponges, ligatures or dressings. If an instrument touches any object that has not been rendered aseptic, that instrument is disinfected again before being used. If it falls on the floor, it is carefully scrubbed and disinfected before used. If a sponge falls on the floor, it is thrown away, as unfit for further use.

The operation is concluded by inserting the drainage tube and sewing up the wound (supposing the case to be one where healing by first intention is desired). The line of incision is then dusted with iodoform and overlaid with a piece of Lister's protective, in which a hole is cut for the drainage tube to come through. Then come the dressings, consisting of a few handfuls of bichloride gauze, over which is placed a huge mass of bichloride cotton, which is held in place by a bichloride gauze bandage. A very thick, bulky dressing is necessary, in order to provide an antiseptic receptacle for the fluids which drain away from the wound. If the dressing is small, it quickly becomes soaked with drainage, which soon decomposes on coming in contact with the air. This necessitates the undesirable step of an early change of the dressing, in order to avoid the still more undesirable complication of suppuration, or something worse.

In applying the dressings, they are handled as little as possible, and of course only with surgically clean hands. The best way is for an assistant to bring the receptacle which contains the dressings, open it and let the surgeon take out what he wants. In this way the dressings are touched by no hands but the surgeon's.

It is not claimed that the foregoing description covers all the latest ideas in antiseptic technique. It is intended merely to give the details of a method of doing antiseptic work, which is practicable in country surgery, and not to give a resumé of the most recent progress in antiseptics. Nothing has been said, for instance, of the disinfection of instruments by heat, because it cannot, so far as it has been tried, be carried out so thoroughly in the country as in a hospital. But I speak from experience when I say that the method of operating above described can be practiced amidst the most unfavorable surroundings, and with excellent results—no infectious diseases, no suppuration, but healing *per primam* almost the invariable rule in all incised wounds. It is not claimed that there can be no better way of operating antiseptically. Any method which is simpler and more thorough, ensuring greater perfection of cleanliness and disinfection, is better. This is offered as a method which, by the use of antiseptics of known and proved value, and of materials and apparatus easy for any practitioner to obtain, will give first-rate results, if faithfully and thoroughly carried out. The choice of an antiseptic, of antiseptic apparatus and of materials for dressing, is comparatively of minor importance. If the surgeon has a horror of dirty finger-nails, filthy instruments, and an unscrubbed field of operation, and if he abominates the idea of approaching a wound with anything which is not surgically clean, he will do good antiseptic work, in whatever way he goes about it.

THE CAUSE OF FATHER DAMIEN'S DEATH.—It is positively stated that the immediate cause of Father Damien's death was an attack of pernicious malarial fever, which his constitution, undermined by leprosy, was unable to resist, and for which he could not be induced to take any remedy. Father Gregory, one of his fellow-workers, died at the hospital of Kakaako, a confirmed leper, last January.—*British Med. Journal.*

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

GASTRIC CATARRH.

THIS patient, aged thirty-eight years, laborer, has complained of dizziness for the last two weeks. One day he completely lost consciousness while working at his bench. He has no headache, no numbness or paralysis, and his eye-sight is good. Last week he had some bleeding at the nose. He used to drink three or four glasses of whiskey every morning before breakfast. He has a tender stomach and at times it becomes distended with gas; there is a bad taste in his mouth in the morning, but he does not vomit. The bowels are moved once a day, and the appetite is good. He has had a slight palpitation of the heart for the last ten years. His liver is slightly larger than normal. These attacks of dizziness and gastric trouble would lead one to look for cirrhosis of the kidney, which may cause uræmic poisonsoning. The urine is clear, normal in quantity, and without albumen. The bleeding at the nose is a common symptom of cirrhosis of the liver. The tongue is small, pointed, and quite furred, while the edges are moist. Hence, this is simply a case of gastric catarrh, which may easily account for the heart and brain disturbance, as well as the furred tongue. Temporarily we may lay aside the consideration of Bright's disease. The moderate enlargement of the liver may be the beginning of a hypertrophic cirrhosis. He drinks too much coffee. Everything seems to be swimming before his eyes, but on closing them the vertigo disappears; this is an *objective* vertigo. The use of purgatives will help him, so we will give him a pill of rheum and podophyllin. The palpitation of the heart is referable to the stomach, hence we will need only to regulate the diet. As he has bulimia we will restrain his appetite and ask him to follow the French custom—not to eat a full meal.—*Woodbury.*

NEURASTHENIA.

This young woman comes to us complaining of a constant headache. She has lost her appetite during the last week; has noticed some blood in her mouth in the afternoons, but never in the mornings or evenings. She complains of heat in the back of the head; does not drink tea or coffee, and eats a light breakfast and supper. She has not been able to work since July. The blood in her mouth amounts to a teaspoonful each time, and appears all at once. She has no cough and has lost no flesh during the past year. She cannot sleep at night on account of nervousness. The lungs show little or no disorder. The heart is nervous, but there is no valvular disease. Her eyes have been examined and she was recommended to wear glasses constantly; but as she has not worn them, the pain in the head may arise from this defect of refraction. She is suffering from neurasthenia. All that can be hoped for is to keep her functions as active as possible; but she will always be subject to headache and pain in the back. I may

express it in this way: her outgo of energy is below the income.

We will treat her with kindness and put her under physiological conditions and restraints: give food to build up the nervous system, along with the syr. hypophosphat. comp. with strychnine. We will recommend a good breakfast of bread and milk in preference to oatmeal. Let her also take this for supper, and in addition a poached egg. She should drink milk mixed with lime-water to prevent acidity. As she is usually constipated, let her use Aunyadi water, or Crab Orchard salt, which has the following composition:

℞.—Ferri sulphatis . . . . . gr. ij.
Potassii et sodii tartratis . . . . . ʒ ij.
Magnesii sulphatis . . . . . gr. xx.
Aquæ . . . . . O ij.
M.—Sig. A wine-glassful every morning.

—*Woodbury.*

EMBOLISM.

This man was here during the preliminary session and was paralyzed on the right side of his body. He was unable to feed himself or use his leg. You can see that the temporal arteries are larger and more tortuous on the left side than on the right. His eyesight is good. At first he saw everything double, but this is not the case now. He has no headache He lost the power of speech and was unable to talk for some time, but now he has regained it somewhat. There are some words that he cannot remember. The nutrition of both sides of the body is good and about equal. He has an extensive lesion of the mitral and aortic valves. His whole trouble has been caused by an embolus affecting the arteries of the brain. This embolus has either been absorbed, or the collateral circulation has been freely established.

At the present time it is proper to use electricity, but never in the earlier stages of the trouble, for fear of causing central irritation. Strychnine, one-sixtieth grain three times a day, is administered. We will continue to give him warm baths, and apply electricity twice a week.—*Woodbury.*

It has been observed that puncture of the floor of the fourth ventricle of the brain produces an increased flow of saccharine urine. Puncture below it produces an increased flow of non-saccharine urine.—*Woodbury.*

Do not remove a gland until you are sure the whole thing is broken down and ready to be thrown off.

—*Garretson.*

PHILADELPHIA HOSPITAL.

PHTHISIS PULMONALIS.

FOUR years ago this man had acute articular rheumatism, with heart complication. He suffered from palpitation and dyspnœa on exertion. Last March he took a bad cold and coughed up much sputum, mixed with blood. He now has night-sweats, loss of weight, but no diarrhœa. He has lost thirty pounds in the last two months. On October 24 he had a hemorrhage from the lungs, which amounted to fʒiv. On October 31 he had another slight hemorrhage. At the present time he is not spitting blood. Left apex of the lung is markedly dull, but the right side is slightly super-resonant. While breathing, the intercostal spaces, tip of the ensiform cartilage, and epigastrium are perceptibly drawn in. There is a harsh respiratory murmur, with marked crackling and bubbling sounds. Hence, there are cavities in the left lung. The patient is undoubtedly affected with phthisis. He has a pronounced systolic mitral murmur due to regurgitation. It is exceedingly rare to find mitral regurgitation along with phthisis more marked in the left than the right lung. Hæmoptysis may be caused by constriction of the mitral valve, but in this case I think it was due simply to the ulcerative process of the disease. The treatment of hæmoptysis is simple, yet one of the most important subjects in the whole range of medicine. First, and foremost of all, there must be absolute rest and quiet; next, an application of turpentine by means of a towel—not a stupe, for that, being warm, will do more harm than good. Turpentine internally is excellent. Ergot is almost always given, but it has little effect if the hemorrhage be profuse. If it is capillary ergot is invaluable. The next thing that you will give is opium, to quiet the cough and put the patient to sleep, thus maintaining quiet and rest. Gallic and tannic acids, acetate of lead, and other systemic astringents are not available, for they turn the stomach, destroy the appetite, and act far too slowly. When I have a stubborn case I use the oil of erigeron. When this fails I use:

℞.—Lycopi Virginici . . . . . ʒj.
Aquæ . . . . . Oij.
Fiat mistura.
Sig. Take a wine-glassful every hour 'till relieved.

A chill will staunch the blood, but the following reaction and fever will bring on a more violent attack; hence, the application of ice packs does more harm than good. Never apply ice longer than fifteen minutes at a time, and never at shorter intervals than three minutes when you do use it.—*Curtin.*

PARENCHYMATOUS TONSILLITIS.

One week ago this man had a chill, and complained of sore throat and a sensation of swelling or fullness that interfered with his speech and breathing. The lymphatics are now swollen, and there are two enlargements in the pharynx, which, from the history, prove to be due to a parenchymatous tonsillitis. Deglutition is almost impossible, owing to the close approximation of the glands. This will go on to suppuration in time. We will make a free incision on the worst side, cutting upward and inward, with a protected knife. Hemorrhage is rather free for a short time, but this is what is desired in order to deplete the parts. Danger of delay is considerable, as the abscess may break and cause death by strangulation. Gargle the throat with an antiseptic solution. Listerine or boric acid, used every half hour, is good. We will give this patient a gargle containing one part of listerine to three parts of hot water. He should apply a poultice to the angle of the jaw, to prevent cold.—*White.*

GONORRHŒAL RHEUMATISM.

This man has a history of gonorrhœa, with a sudden swelling in his left ankle-joint and right wrist. He supposed it to be an ordinary rheumatism, but we recognize the gonorrhœal form. The treatment consists of potassium iodide, gr. x, gradually increased. Oil of gaultheria has afforded some good results. Blistering was done over the swelling, and a rubber bandage applied as a support. The treatment of these cases is very unsatisfactory. They usually last from four to ten days, and in some cases may run on for months, finally crippling the joint. You will find that by the use of the following prescription, with other remedies, your patients will soon be able to get about :

℞.—Liquor. plumbi subacetatis . . . . ℥j.
Extracti belladonnæ . . . . . gr. x.
Extracti opii . . . . . gr. x.
Misce. fiat unguent.
Sig. Apply locally to the joint.

Sometimes the swelling will leave a joint suddenly and appear in another part. In my early practice a young man came to me with an inflammation limited to the knee-joint. I did not suspect the true cause and put him on the salicylates, without any result. Finally, I allowed him to go out riding, and to use crutches. One day I was suddenly called to see him, and found that the inflammation had left his knee and that he was playing foot-ball, when his testicle became swollen and inflamed. He then told me that he had an attack of gonorrhœa and that he had been treating himself. The gonorrhœa left him, then it went to his knee, and finally to the testicle. I relieved him by the remedies mentioned, and he got well.—*Porter.*

URETHRAL FISTULA.

This boy is almost full-grown, and has a fistula in the penile urethra, a few inches back of the meatus. It may be the result of traumatism, abscess, or gonorrhœa. We will thoroughly freshen the edges of the fistula and pass through it two hair-lip pins, and throw about them a figure of eight ligature, and dress. We will tie a soft, rubber catheter in his bladder, and allow it to remain until the wound is healed. It gives him no trouble, save that the urine passes through the fistula when he urinates, unless he closes it with his finger.—*White.*

CODEINE.

Dr. Musser declared that codeine, in doses of one-quarter grain every three hours, was successfully used to alleviate abdominal pain, and is employed in preference to opium, which always constipates.

PENNSYLVANIA HOSPITAL.

IN fractured patella Morton uses a gut ligature to hold the segments together. But before approximating them, he lifts out of the space between the segments the fibers of the quadriceps femoris muscle which have fallen into it. Neglect of this procedure is the cause of many of the ununited fractures of the patella, since the segments will not unite when muscular fibers lie between them.

Morton presented a young man in apparently good health, who had an ununited fracture of the femur about four inches below the great trochanter. The fracture was converted into a compound fracture, the ununited ends were sawed off and the sawed ends coaptated with pins and wire. The compound fracture was then converted into a simple fracture with antiseptic procedure. Reparative processes, the doctor remarked, are materially interfered with by diabetes and Bright's disease. Hence, in all cases of fracture, he recommends an examination of the urine, that one might be on his guard as to prognosis and be better prepared to prevent the formation of a false joint. He who does this will have an advantage over him who does not.

JAUNDICE.

Meigs introduced a case of catarrhal jaundice. The patient presented a marked yellow discoloration of the skin. The attack came on suddenly ten days previous to his appearance in the clinic. Since being in the hospital he had been given the phosphate of soda in ʒj doses every four hours, which affected the secretions and acted as a gentle purgative. Under this treatment he improved. He had always been healthy, except at one time, when he had cholera. He had no evidence of a cardiac lesion. His liver was slightly enlarged, but the attack was too sudden to have been caused by any organic lesion of the liver, such as cancer or cirrhosis, etc., and he was not sick enough to be suffering from hepatitis. It may have been due to impacted gall-stones or catarrhal inflammation of the gall-ducts.

PLEURISY.

This woman came before the clinic complaining of pains in the chest. She was twenty-nine years of age, cook by occupation, and was very much addicted to tea drinking. There was dulness on percussion at the base of the left lung, absence or weakness of respiratory sounds, decrease of vocal fremitus ; hence, there was solidification in that part or pleural effusion. But in pneumonia we have bronchial breathing and increased vocal fremitus, while in a pleural effusion we have slight bronchial breathing and diminished vocal fremitus. Her trouble was evidently pleural effusion, and for that she was being treated.—*Meigs.*

A VIENNA surgeon has examined the air of operation halls, which had been saturated with eucalyptol spray, and finds that no development of bacteria cultures on gelatine takes place in them. According to these investigations, comments a contemporary, eucalyptol is to be regarded as an excellent disinfectant of the air, since it is harmless when inhaled, and does not destroy clothing or furniture.

—*Notes on New Remedies.*

AT the recent session of the Medical Society of Virginia, Dr. William F. Cooper, of Woodville, presented the report on materia medica and therapeutics, in which he says of amylene hydrate : "In doses of from fifty to seventy-five grains, it causes neither nausea, headache, indigestion, nor other unpleasant after-effects ; but more frequently than other hypnotics it induces refreshing sleep."

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Nov. 23, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

A PLEA FOR PEDIATRICS.

IF there be any one feature of modern medicine more pronounced than another it is the development of the specialties. Every organ has its special student; different phases of disease receive the attentions of different sets of investigators; and even special therapeutical measures seem to belong to some individuals more than to others. Not only is general medicine divided into surgery, obstetrics, gynæcology, ophthalmology, laryngology, otology, neurology and pediatrics, but even these are again subdivided; for the pathologist rarely devotes any attention to therapeutics, the electrician ere long becomes known as such only, and the student of inoculation seldom studies general diseases or their treatment. Medical science has become so vast that it is an absolute impossibility for any one man to grasp all of its details. If he be a practitioner he naturally falls into one particular line of work, led thither by his own inclination, or by the increase of his practice in that line as the result of a suddenly acquired reputation; if he be an investigator, he finds his greatest success in the devotion of all his energies to some one line of experimentation, whether it be with the microscope or with chemical reagents. Though all this has a tendency to narrow one's views and render them more or less one-sided, we think in the main it has its decided advantages. When we congratulate ourselves and grow enthusiastic over the recent advances and wonderful discoveries in medicine, we cannot but remember that they have all occurred since the development of the specialties.

The revelations of the microscope, the subtle manifestations of chemistry, and the improved facilities of the laboratory have enabled us to comprehend the nature of diseases more definitely, and so to apply to them the correct therapy. The simple empiricism of earlier days and the mere observations of general practice have never given the first impulse to medical advancement; they have merely proved and confirmed the value of the special discoveries. Hence, we are in favor of specialism when it is based upon a broad and general education. Not only do we rejoice in the earnest devotion of the pathologist, the physiological chemist, and the experimental therapeutist, but we congratulate ourselves upon the good work of the gynæcologist, neurologist, ophthalmologist and other specialists.

Of all the specialties, however, none receive our endorsement more heartily than pediatrics. We are surprised even that greater attention has not been given to this department of medicine than heretofore. There are many discouragements and drawbacks in the treatment of children, which, to some extent, may explain why there are not more specialists in this line of work. The difficulty in obtaining symptoms and arriving at a positive diagnosis, the uncertainty about the action of the drugs administered, the delicate susceptibility of the immature organism, the absence of reason and the childish impatience are at times exceedingly unsatisfactory and annoying. According to a large part of our medical literature, the care of children seems to concern only their feeding, and in glancing through some of our college announcements their study seems merely an attachment, as it were, of gynæcology and obstetrics. This is not as it should be, for we can well do without the other specialties sooner than that of pediatrics.

In an admirable address delivered before the First Annual Meeting of the American Pediatric Society (*Archives of Pediatrics*, November, 1889) the president, Dr. A. Jacobi, of New York, took as his subject, "The Relations of Pediatrics to General Medicine," and introduced some pertinent remarks in regard to this specialty. Unlike the adult, whose chief physiological function is the maintenance of life and the reproduction of the species, the infant's chief function is that of growth. This at a glance shows how different the general lines of treatment in both should be. The majority of the diseases of adult life have had their foundations laid in infancy. Anything that affects the growing function of the child will be certain to manifest its effect in later life. In regard to treatment in the adult this question of the development has no influence whatever. We try to modify the existing conditions for the present only in the adult, but in the child we are continually looking to a far distant result.

Furthermore "pediatrics does not deal with miniature men and women, with reduced doses and the same class of diseases in smaller bodies, but it has its own independent range and horizon." Certain diseases are found only in children, others have a special symptomatology of their own, while most of them respond to treatment in a way entirely different from that in the adult.

A large part of surgery belongs to infancy. Orthopædics is devoted entirely to children, while the

operations for hare-lip, congenital malformations of the anus and rectum, spina bifida, fissured palate, all demand special knowledge and skill. Osteotomy, tenotomy, tracheotomy, intubation, are mostly performed in children. Invagination occurs in twenty-five per cent. of all cases under one year, and fifty-three per cent. under ten. One has but to glance at the works of Guersant, Forster, Bryant, Giraldeà, St. Germain, and others to see how important a branch of medicine is the surgery of childhood. Nervous diseases are best represented in children as they have their beginnings there. Aside from heredity, the effects of childbirth and the rate of development, the amount of nutrition and hygienic care, and the numerous accidents to which children are subjected—are all more or less causative of the cerebro-spinal diseases, which occur both early and late in life. The pathology of the nervous affections has been more successfully studied in the young tissues of infancy, than in those of adults.

Psychology, the basis of the mental diseases, owes a large part of its interest and actuality to the study of the growing child. So impressible are the young that the causes of mental disturbance, such as chorea, hysteria, epilepsy, worms, fevers, rheumatism, anæmia, chlorosis and alcohol, are best exhibited in this time of life.

The influence of heredity may be almost entirely obscured in the adult, who has the power and will to control his acts and emotions, but in the infant it cannot be hidden. Malformations, specific taints, neoplasms of all sorts, begin to show themselves early in life when due to heredity.

Many of the constitutional diseases and infectious fevers belong especially to early life, or at least possess a special symptomatology at that time. The treatment is different in many instances, and for its successful application demands the keenest ingenuity on the part of the physician.

As the child is father to the man, so is infancy the germ of the future nation. Hence the question of nutrition, hygiene and morals in childhood, is of paramount importance for the future welfare of society; as the stability of the government depends upon the integrity of the family and home life, so the preservation of the national supremacy rests upon the proper care of the young. No small part of this care falls to the lot of the physician, hence if he is interested in the good of the community and is at all imbued with the spark of patriotism, he will feel an unusual interest in the subject of pediatrics. He will not only commend it as preëminently the specialty of specialties, but in his general practice he will give it particular attention; so that it will come to be said that every practitioner has one specialty at least, and that the highly interesting and all important one of pediatrics.—L. H. M.

PROF. ERNEST LAPLACE commences his course on Bacteriology as soon as the class reassembles after the Christmas vacations. Dr. Laplace has proved a very popular lecturer.

THE VIRGINIA EXAMINING BOARD.

IN the *Virginia Medical Monthly* for November may be found a very interesting report from the State Board of Examiners. The Secretary is to be commended for a report which is a model of its kind—being full, explicit and to be comprehended at a glance. The questions asked in each department are given, and the average obtained in each branch by each of the unsuccessful candidates, who are not mentioned by name, but by the college graduating them. The questions do not seem to have been unnecessarily severe—rather the contrary; on the whole they embrace little which every student ought not to be prepared to answer. Of 18 who failed to obtain the necessary average (75 per cent.), 12 passed in Surgery, 11 each in Practice, Obstetrics, and Hygiene and Medical Jurisprudence, 8 in Therapeutics, 2 in Anatomy, 1 in Chemistry, and none in Physiology. The applicants came from nine different colleges; hence we must infer that the last three branches are indifferently taught in all these schools, or else that the committees in charge were more strict in their requirements than those examining in the other sections. The questions do not appear more difficult than in the practical branches; in fact, those in Chemistry are probably the least difficult of all, excepting in Practice. Nor can this divergence be due to the grading of the college course, as not more than one of the schools named has established such a course. Such differences, however. cannot be helped, and the publication of this table should perhaps prompt the examiners in other branches to be a little more stringent in future, as it is difficult to understand how one can obtain a grade of 82 in Practice when he only received 20½ in Physiology.

Taken altogether, the work of the Board is so good that we would be glad to see it repeated in every State in the Union. This would enable the colleges to raise their standard of admission and graduation examinations. As it is now, a college is "successful" in proportion as her requirements approximate those of the lamented Dr. Buchanan.

—W. F. W.

A NEW CLOAK FOR VICE.

GOOD work has been recently done by the *Press* in ferreting out houses of ill-fame, advertised as places where massage, baths, and electric treatment are administered. The advertisements are bold, and some of them very suspicious looking. Establishments where baths may be obtained are usually kept for male or female applicants only, or else have certain days and hours assigned for each; but here were houses kept by women to which both sexes were invited indiscriminately. Of course the "treatment" was only a sham behind which were masking some of the worst forms of prostitution. So impudent were these advertisements that not only the young and unwary of the laity were invited, but

even physicians were recommended to come themselves and to send their patients for "treatment."

Massage and baths are among some of the more effective therapeutic resources known to medicine, and it is an outrage that they should be debased to the uses of these vultures of society to enable them to entrap more easily their victims. The medical science and art offer ample opportunity for one of an evil turn of mind to carry out his wicked schemes, hence the closest inspection should be exercised, and all houses pretending to afford medical treatment should be continuously watched.

Massage and baths need never be practised save by persons of the same sex as the patient. As methods of treatment they should be kept entirely within the province of the physician, and under his immediate direction. Many people indulge in cold plunges and showers, who are not physically able to endure such extremes, and are laying the foundations of some of the nervous troubles that appear later in life. Massage is a good thing in certain conditions of convalescence, but it should not be allowed to replace healthful out-door exercise and well-regulated gymnastics. There is some danger of these simple but beneficial means of treatment being abused. Neither massage, baths, nor electricity are panaceas, hence they should be recommended only by proper authority and in properly selected cases. There is no need whatever of a multiplicity of this class of establishments, and when such becomes the case they should be regarded with suspicion.

We hope the police authorities will leave no stone unturned in rooting out the evil disclosed by the *Press*, and they will receive along with this valuable daily journal the thanks of all law-abiding and upright citizens.

Annotations.

NON-TUBERCULAR HÆMOPTYSIS.

IN an address delivered before the Medical Society of London, and published in the *British Medical Journal*, Sir Andrew Clark gave the results of his study upon a form of non-tubercular and non-cardiac hæmoptysis occurring in elderly persons. He cites several instances of this variety of pulmonary hemorrhage, or arthritic hæmoptysis—as he ventures to call it—and after a brief consideration of its main characteristics, draws the following conclusions:

1. There occurs in elderly persons free from ordinary diseases of the heart and lungs, a form of hæmoptysis, arising out of minute structural alterations in the terminal bloodvessels of the lung.

2. These vascular alterations occur in persons of the arthritic diathesis, resemble the vascular alterations found in osteo arthritic articulations, and are themselves of an arthritic nature.

3. Although sometimes leading to a fatal issue, this variety of hæmoptysis usually subsides without the supervention of any worse anatomical lesion of the heart or of the lungs.

4. When present this variety of hemorrhage is aggravated or maintained by the administration of large doses of strong astringents, by the application of ice-bags to the chest, and by an unrestricted indulgence in liquids to allay the thirst which the astringents create.

5. The treatment which appears at present to be the most successful in this variety of hæmoptysis consists in diet and quiet, in the restricted use of liquids, and the stilling of cough; in calomel and salines; in the use of alkalies with iodide of potassium, and in frequently-renewed counter-irritation.

THE TREATMENT OF SCROFULOUS GLANDS.

IN an admirable article on this interesting subject, Dr. Frederick Treves presents, in the *Lancet*, the following suggestion:

He recommends that the patient be placed under the best hygienic surroundings possible, as the basis of all further treatment. He claims that special benefit may be derived from a long residence upon the sea-coast, especially where there may be found large quantities of sea-weed exposed to the action of the sun. It is needed, in addition, that sufficient attention be paid to the proper clothing of the individual, care being taken that the skin from the neck to the ankles and wrists be covered with wool. Iron, arsenic, cod-liver oil, and quinine should be exhibited in the usual doses, and iodine as found in the well-known Kreuznach water is often of benefit.

The local treatment should embrace a careful survey of the whole periphery, and any abrasion of the tissues from which the lymph-vessels run, should be carefully dealt with. Thus enlarged tonsils, scrofulous pharyngitis, affections of the mouth and teeth, coryza, ozæna, otorrhœa, phlyctenular ophthalmia, and eczema of the scalp, all of which are common causes of disturbance, must be rigidly treated. The glands themselves should be protected from all irritation and fluctuations of temperature. Local applications, such as iodine, compresses of sea-weed, and ointments are of but comparatively little value. The most important local measure consists in giving rest to the part. If operative procedures be considered, the earlier the operation be performed the easier it will be. The gland should be cut out, and not torn out. No drainage-tube should be employed if it can be avoided. After the operation the neck must be kept absolutely rigid for not less than ten days.

WE regret to note that the *Virginia Medical Monthly* reproduces some of the stupid answers given by rejected candidates for registration. No good can possibly accrue from such publication; but our friends across the ocean, ever ready to decry American science, will seize upon these items as illustrating the ignorance of the *typical* American doctor. Fools probably could be found, on close examination, in some other countries beside this; but they are wise enough to keep their folly out of the papers.

SEND us queries for "The Inquirer."

Letters to the Editor.

A PECULIAR CASE.

WILL you kindly insert the following notice of a peculiar case, in which all the nails of the fingers are involved, and one on the great toe of the right foot? The patient, male, æt. twenty-seven years, had a mild attack of psoriasis some four years ago, with recurrences on and off ever since, and localized now at a few spots situated in the back, between the shoulder-blades, and on the chest. The nail affection has persisted now for some four years, and seems to resist vigorously the most persistent treatment.

The nails are thickened, very brittle, opaque in several places, have a sulphur color, and are roughened. Recently, when I saw the case for the first time, all the nails were affected more or less, with the exception of that of the little finger of the left hand, which looked perfectly normal. In two weeks after, I noticed a change, which asserted itself in the formation of yellowish specks here and there in the substance of the nail, until in a few days the whole became involved. The nails, beside presenting the peculiarities mentioned above, also appear streaked with yellowish lines running longitudinally; the surfaces in several are uneven, and have a tendency to split up. The patient had been under treatment for the psoriasis, but his general health was otherwise perfect.

The nail affection was subjected to the following treatment for a long time: The nails were thoroughly scraped, and lotions of mercuric chloride (three, four and six grains to the ounce) vigorously rubbed over the surface, seemingly without effect. The use of arsenic (Fowler's solution) was also pushed. Now, what I would like to learn through the columns of this journal, is what must I do to permanently cure this stubborn affection. The patient's history is without reproach. There is no syphilitic taint; but, on the contrary, his general health and looks are superb. The disease is none other than *onychomycosis*.

I would be pleased to have the advice of some dermatologist upon the subject.

SEBASTIAN J. WIMMER, M.D.

ST. MARY'S, PA. Nov. 7, 1889.

INFECTED BOOKS.—The circulating libraries of Dresden have experimented upon the communication of infectious diseases by books. Soiled leaves of books were rubbed first with dry fingers, and then with wet ones, and the result microscopically examined. Few or no microbes were found on the dry fingers, but many on the wet ones..—*Ex.*

A CURE FOR DANDRUFF.—Dr. A. J. Harrison of Bristol, recommends the following salve for dandruff:

Caustic potash	8 grains.
Phenic acid	24 grains.
Lanolin,	
Cocoanut oil	āā ʒ jv.—M.

This preparation should be rubbed into the scalp morning and evening. Complete cure is usually effected in one to three months.—*I.a Progrès Med.*

Society Notes.

NEW YORK ACADEMY OF MEDICINE.

DISCUSSION.

DR. GEO. A. PEABODY: Our treatment and results in typhoid fever under all methods (save hydrotherapy) are disgraceful. I regret that Dr. Baruch should be able to name so few who use this valuable and scientific method of treating disease. One of the causes of the profession not availing itself of hydrotherapeutic measures is ignorance of the manner of applying them, of its technique and contra-indications. Until the past few years hydrotherapy was regarded as synonymous with the charlatan water cure, or its true physiological action misconstrued; so much so that, when I have recommended these measures, I have been advised to take care, else I would kill my patient. For many years the fear of the patient taking cold while suffering from fever has palled over the profession. This is wrong. It is almost impossible to give a patient with high fever a cold. Watch how he uncovers himself and thrashes around without the slightest untoward effect. As I have stated, our hospital statistics are shocking, mortality ranging from twenty to thirty per cent. Let us turn from this record to a brighter one. Brand, the great disciple of hydrotherapy, has collected 19,000 cases cases of typhus and abdominal typhus in which hydrotherapy was applied inefficiently, but still was used, with a mortality of but 7+ per cent. These cases were collected from all sources—army, navy, and civil life; while in 5,000 treated systematically by hydrotherapy only 3 per cent. died.

In the French and Austrian armies, where hydrotherapy is not systematically used, there is a mortality of 36+ per cent. in the former and 27+ per cent. in the latter. In the German army at large the mortality is 9 per cent. In the Second Army Corps, where the bath was used thoroughly, the death-rate was but 3 per cent. What a marvellous showing compared with our own statistics?

The objection has been made that the apparatus for the practice of hydrotherapy is cumbersome and expensive. This is false: its requirements are few and simple. An ordinary portable bath, a few linen sheets and blankets are all that are necessary, and should, with the exception of the portable bath, be of ready acquisition in every house and hospital. That it entails the necessity of skilled attendants is not a substantial reason, for the physician himself should personally attend to the procedure, and a very few minutes' instruction to an intelligent orderly or nurse, or even to an untrained but intelligent friend, will suffice. So much for the objections offered; they are untenable, narrow-minded and prejudiced.

Personally I favor the full bath, at the temperature of 65° to 70° F. (68° is a good average), and at as frequent intervals as necessary to keep the patient's temperature at or below 102° F. It is a mistaken idea that in hydrotherapeutic measures we should be guided by set and fixed rules as to the frequency of the bath; it is not so with other methods of therapeu-

sis. Our indication should be the patient's temperature, and kept at the degree mentioned irrespective of time limits, and not by rigid adherence to regular intervals of time; allowed to run up to 104°, and then knocked down to 102° or below. Many cases come into our hospitals late in the disease, and when I did not consider it advisable or justifiable to give the cold bath, I have used the cold pack. Nine cases of typhoid treated by this method in Bellevue Hospital have done well; in fact, better—they are convalescent. The graduated bath I do not believe in; I do not regard it as effective.

The time-honored Kibbe cot I regard as too severe for general use, although, in one case, a woman in the last stages of the disease, with pulmonary œdema, whom the house staff regarded as moribund, was put on the cot and water poured over her. The effect was remarkable: she was stimulated, the lungs cleared up, and she did well after this.

Cold sponging I think ineffective and do not use. I do not see how we can hope for good when the surface of the body is cold and the internal temperature high, and do not use it under these circumstances.

The thanks of the Society and of the profession at large are due to Dr. Baruch, for his thorough, systematic, scientific, courageous and persistent advocation of this most valuable method of tretaing disease.

A. A. Smith: I fully concur with Dr. Peabody in his expression of thanks to Dr. Baruch. I have used hydrotherapy and shall continue to do so. I am a sincere believer in it. Dr. Flint, whom I have just succeeded at Bellevue Hospital, introduced the cold bath into his service in four cases of typhoid, and they all got well. Since my attendance I have had five cases, which, having a moderate temperature, did not receive the bath, and they got well. I have listened to Dr. Baruch's opinion with a great deal of interest, and have noted many points for future reference and practice. For his suggestions in the treatment of neurasthenia we are deeply indebted to Dr. Baruch; as also in regard to hysteria. I am skeptical, however, as regards the cures mentioned. I believe that hydrotherapy may aid in this disease, but am skeptical of its effecting a cure. We should thank Dr. Baruch for his strict detail—it is of great benefit; and the utility of many valuable papers is marred by the non-observance of this essential point.

I am rather a believer in the pack in preference to cold bathing, as I believe the pack is more efficient in relieving the nervous symptoms. I also believe that moderately warm water will reduce the temperature, as is so often evidenced by the popular warm bath at the beginning of the eruptive fevers of childhood.

Dr. Mary Putnam Jacobi read a very interesting report of a case of

TYPHOID FEVER IN A CHILD ÆT. NINE.

(which will be published in full in this journal). In the course of her remarks she succinctly and lucidly explained the position of Dr. Baruch in relation to the antifebrile and not antithermic use of hydrotherapy. Dr. Jacobi desired to know if Dr. Baruch would treat malignant cases with low temperature by hydrotherapy.

Dr. Geo. B. Fowler: I am surprised that the bath is not more generally used. I use it in pneumonia, typhoid, the eruptive diseases of children, and locally by ice compresses in diphtheria. I believe that, besides reducing the temperature, the patient is materially benefited by the changes produced by the stimulation, reaction and improvement of secretion. I have another feeling in this matter, and that is we should drink more water. Young and old, infants, all should have plenty of water to drink. Water is one of the main essentials to the welfare of the human being, and plenty of it. I join my predecessors in their thanks to Dr. Baruch.

The President: If it were not for the late hour, I would voice my opinion, but will add my congratulation with the others.

Dr. Baruch, in reply: Owing to the late hour, I shall be brief in my remarks. The various points, pro and con, have been ably answered by the participants in the discussion, so there is but little for me to add. Dr. Jacobi, who has made deep and extensive studies in hydrotherapy, has fully explained my position. I use this measure for its antifebrile, not antithermic effects. Dr. Smith's skepticism I regret, but the facts remain. Hysteric cases deemed incurable when first admitted at the Montefiore Home by our examining physician, Dr. Ettinger and the Medical Board, were certainly cured by hydrotherapy.

In reply to Dr. Putnam Jacobi, Dr. Baruch said that in the malignant form of typhoid, the cold affusion, while patient was seated in a semi-recumbent position in warm water, was an effective measure to arouse the nerve centers, to whose lack of tone was due the feeble condition of the patient. K. B. P.

Paris Letter.

TREATMENT OF CHLOROSIS BY RECTAL INJECTION OF DEFIBRINATED BLOOD.

CHLOROSIS is one of the most difficult forms of disease to treat; and although all doctors know that iron is, so to speak, the heroic remedy for use in such cases, everyone of them also knows that a large number of such patients have great difficulty in tolerating the use of iron, either on account of an especial susceptibility of their organism, or else on account of the irritating action it manifests too frequently on the stomach, and of the gastric disorders it gives rise to. As a result, it has for a long time been the endeavor of physicians to replace iron by something better in the treatment of anæmia and chlorosis. For it is not only the action of the drug on the stomach, but also the fact that it has a congesting action on all the internal organs; and it has been justly accused of causing hemorrhage in lungs that are already predisposed to it. Bunge said that iron is more readily assimilated in combination with an organic substance which takes the place of

an acid, and it seems only natural that blood should be thought of, as it contains iron in the form of an organic compound. In its natural state it has been found repugnant to patients and difficult to take, and various preparations of powders and dried extracts have been used; but Dr. Teissier, of Lyons, physician to Hotel Dieu hospital there, has found a method that seems to give more success. He simply makes use of the power of absorption belonging to the large intestine, and administers blood to chlorotic patients by enemata.

The process followed is simple: Take some bullock's blood and beat it, to defibrinate it, and then put it in a pint jar — which must be placed in a water bath until its temperature reaches 34° to 35° centigrade—then inject one hundred and twenty-five grammes (four ounces) by the rectal syringe, and try and have it retained as long as possible when injected. Give two of such enemata per day, continue for a week, then stopping a week for rest, and so on for one to two months. As a rule it is well tolerated; but if any colic occurs nothing is more easy than to put a few drops of laudanum in the injection. Dr. Teissier presented twelve cases in which a considerable improvement took place.

In a scientific point of view the action was shown, 1. By a notable augmentation of the elimination of phosphoric acid and urea. 2. By an elevation of the hemochromometic degree of the blood. 3. By an increase of the number of red globules in the blood; and finally by a considerable increase in bodily weight. The action was also shown by an increase in strength and a fall of the temperature, while the mucous membranes were rapidly colored to the normal. M. Teissier considers that this method gives back to the blood the essential elements it has lost—that is, iron, oxygen, and the salts of potassium and chlorides. Certainly chlorosis and anæmia have not as their sole cause a deficiency of iron in the blood, the other elements, by decreasing in quantity, no doubt give rise to anæmia, so that, to give blood is theoretically the best way to cure chlorosis, and the present therapeutical experiment is worthy of the attention of practising physicians.

THE RELATIVE POWER OF CERTAIN DRUGS RECOMMENDED FOR ASEPTIC TREATMENT.

This question is still discussed, and authors differ about the best substances to use. Prof. Petresco (of Bucharest) has just published a long and interesting series of experiments he has been making for some time back to see which are the best of such drugs, or rather, what is the antiseptic power of each of them. Everything that has been recommended he puts into practice, and now gives the results. He found that, given equal conditions, he had the greatest success in typhoid fever with sulphate of carbon and naphthol-beta; and in tuberculosis he got the best results with the following mixture:

℞.—Eucalyptol	20	grammes.
Ess. turpentine	20	"
Creosote	20	"
Iodoform	0. 50	"
Ether sulph.	5	"

Dissolve the iodoform in the ether, and mix.
Sig. Use, by inhalation, in from two to three days.

In certain cases he used, creosote 50 grammes to guaiacol 5 grammes, in the same way; and in a few, eucalyptol 50 grammes simply.

The duration of treatment in these cases was from sixty to ninety days, but some of them were continued for five to six months, and in a few of the cases the drug was given internally also. Thirty-four patients were experimented upon, and 6 are given as cured, 19 improved, while 5 died. In small-pox and measles Prof. Petresco used Van Swieten's solution of bi-chlor. mercury internally, and a sulphur pomade externally. All the patients were given a teaspoonful of the solution of mercury night and morning, while they were rubbed over the whole body with cold cream and sulphur, in the proportion of 10 per cent. of the last, used three times a day. Thirty-one cases of small-pox so treated gave only 2 deaths, and 327 cases of measles treated in the same way gave only 11 lost. It would seem as though modern progress was fast going back to the drugs of our grandfathers. The old sulphur ointments are now largely used in all sorts of troubles, and pure sulphur is given internally, or else the old sulphur and molasses or treacle is given. Calomel, too, has had a considerable boom. Dochman, and other German doctors, give it—they say with success—in phthisis. The method used consists in giving it in decreasing doses; the first day twelve pills, then ten, nine, eight; and then for two months give six pills for three days in each week. The following formulas are given. The first one is used when there is gastric trouble, the second when hæmoptysis, and the third when cough is present:

℞.—Calomel	60 centigrammes.
Pepsine	3 grms. 50 centigrms.
Tinct. opii	30 drops.
Ext. phyllandrium aquat. q. s.	

M.—For sixty pills.
Sig. Give two every two hours.

℞.—Calomel	.60 cent.
Pepsine	3 grms. .50 cent.
Ergotine	.10 centigrammes.
Powd. licorice q. s.	

M.—For sixty pills.
Sig. Same dose.

℞.—Calomel	60 grammes.
Pepsine	3 grms. 50 cent.
Ext. hyoscyam.	30 grammes.
Ext. phellandrium q. s.	

M.—For sixty pills.
Sig. As above.

It seems pretty certain that the empiric methods of our fathers or grandfathers were based on antisepsis, although they did not know it; they simply saw that certain practices did good, without knowing why. A late work by Prof. Anagnostakis, bearing the title, "The Antiseptic Method Among the Ancients," shows that the old Greeks used antiseptic methods twenty-two centuries ago. It was used by them with all the strictness of modern surgical practice, and we seem to have come back to a forgotten custom. The book describes drying up of wounds, which was nothing else but antisepsis, and the substances they called *siccatives* were antiseptic drugs. Besides the historical interest in these old practices,

it should be highly interesting to read over the old methods of practice, as often, in medicine, we only seem to begin over again old and forgotten methods. In these old and forgotten practices there are surely some valuable antiseptic or other successful methods and drugs that would be useful if sought for. We are too apt to look for something new, and we throw out the "pointer" to our young students that they may find some gold mines in the old works if they choose to look for them; they will get the credit for it. Many of the older forms of medication are not known to modern doctors, and they are now seen to be equal, if not superior, to modern so-called progress. Perhaps old time experience is more than equal to the present-day straining after new drugs which cannot be tested for years and do not deserve confidence until they are thoroughly tested by time and experimentation, while the old drugs are already to hand, tried and tested by years of experience.

HOT WATER ASEPSIS.

It is claimed that the antiseptic action of *very weak* solutions of corrosive sublimate is increased by heat, and that so used they are as good as strong solutions. This has an important meaning. M. Chas. Richet, the professor of physiology at the Paris Faculty of Medicine, made mention of this matter in 1885, when he showed at the *Société Biologie* that 5 centigrammes of hydrarg. bichloride in 100 grammes of urine would prevent putrefaction if it were kept up to 43° centigrade; but if allowed to remain at 20° centigrade, it would rapidly spoil. A solution of three per cent. of carbolic acid will allow the virus of gangrenous septicæmia to grow, but it will destroy it if the solution is heated up to 36° centigrade. Several of our Paris surgeons use plain hot water in surgical dressings and some are now trying *very weak* solutions and find them sufficient when properly heated. The method certainly presents an advantage that all see at once, that is, that there is but little, if any, danger of poisoning of the system in such doses, and all the talk of toxemia after obstetrical operations is avoided by simply using hot and weak solutions.

THE HYPODERMIC METHOD OF GIVING DRUGS

is increasing in use in Paris, and indeed has taken a rapid extension in all France. Quite a school has been formed by Dr. Roussel of physicians who use this method only. The doctor edits a new medical journal, which is called *La Médicine Hypodermique*, which is now in its second year. The number of drugs thus used is constantly increasing. Eucalyptol, 20 per cent. in volume, is used for phthisis; iodoform, one part to vaseline oil 100; also sparteine, in 5 per cent. solution, is a favorite in heart troubles, fever and insomnia; arsenic, mercury, camphor, in neuropathic cases; paraldehyde, in 20 per cent. solution, is claimed to cut off nervous pains at once, as well as hysterical attacks. Iron preparations are injected, salicylate of iron, 2 per cent., being used in all forms of anæmia, chlorosis, hæmatemesis and uterine hemorrhages. Carbolic acid solutions are injected for suppuration and organic putrid affections, and also into boils and carbuncles.

TREATMENT OF INFLAMMATIONS OF THE THROAT AND TONSILS BY THE INTERNAL ADMINISTRATION OF SALOL.

Dr. Gouguenheim, physician to the Lariboisiere Hospital, where he has the largest laryngological clinic in Paris, gives some twenty odd cases in which he has used the above form of treatment. Some of the patients had acute tonsillitis and sore throat with fever, pain and dysphagia, and some of them had suppuration of the tonsils; others had scarlatina as well; and all were treated by the internal administration of salol, in doses of three to four grammes a day, suspended in syrup (as the drug is insoluble). It has been used in rheumatism, but not with so much success as salicylate of soda; but it was, however, noticed that it relieved pain in those cases. Dr. Cappart, of Brussels, first used salol for phlegmonous tonsillitis, and was astonished at its rapid action in such cases. In Dr. Gouguenheim's cases the pain was relieved very quickly, and the fever and dysphagia from one to two days, while the cases were completely cured in from three to four days. The conclusion is that salol acts rapidly on all forms of sore throat, no matter what the cause. It calms the pain and dysphagia, stops the swelling and redness very quickly, causes a fall of temperature, and gradually diminishes the duration of such affections. The dose should be at least four grammes a day.

While speaking of throat affections, it may be well to mention the use made of antipyrin as a hæmostatic after the operation of tonsillotomy. It is used in a strong solution applied locally; after one tonsil is enucleated, it will allow of the other one being extracted at once, as it stops all bleeding. It is also useful in epistaxis and hæmorrhages from the uterus.

HAS THE PROGRESS OF MODERN SURGERY MADE WAR LESS FATAL IN WOUNDED PERSONS?

is an interesting question that has lately been studied by Dr. Noel, acknowledging the progress. Is it possible that the improved methods will permit a lower mortality in time of war? Shall we be able by asepsis to prevent the terrible hecatomb that has been seen in past wars? This is an important question, as Europe may at any moment be plunged into a great war; but it would only be when all the difficulties of the strict application of asepsis in war times have been met that the question will be fully answered. Already, however, some of the late little wars can partially answer the questions that arise. Prof. Nimier, of the Military School of Medicine, called *Val de Grace*, in Paris, gives the statistics of the French war in Tonkin (1883–1885). There were 2,043 gun-shot wounds which gave 199 deaths. All the various wounds are given at length in the different parts of the body; 87 head wounds gave 22 deaths, but 9 of these were killed at once; 67 were face wounds, 173 throat, 119 abdomen, 47 of these were not penetrating and 82 were; 18 of this last lot survived, and 54 in all died, but 38 of them expired on the first day, 18 or more than half remaining, were saved, although the only treatment used was immobility and opium. These last results are rather discouraging to the partisans of immediate laparo-

tomy. The conclusion of this study is that war surgery is quite a different matter from that of peace, and cannot be well compared. The patient is first of all under conditions of fatigue before and after his wound. The difficulty of strict antisepsis is immense in war times. Certain operations, such as abdominal laparotomy, can hardly ever be made. Nevertheless, the improvements made in surgery have increased the chances of life, particularly in cases of fracture, and the general mortality has diminished.

THOMAS LINN, M.D.

Book Reviews.

STUDENTS' AID SERIES, Volume IV. Obstetrics. By SAMUEL NALL, M.D. Gynæcology. By ALFRED S. GUBB. M.D. New York: G. P. Putnam's Sons, 1889. 218 pages.

This volume of the Students' Aid Series is an especially valuable one, embracing as it does two complete subjects. The greater part of the book is devoted to the subject of obstetrics, which is discussed in a concise and masterly manner by Dr. Nall. He takes as his headings the anatomy of the pelvis and generative organs, and the fœtal development, pregnancy with its symptoms, complications and diseases, morbid conditions of the fœtus, abortion, premature labor, the mechanism of labor, the accidents and complications of labor, dystocia in its various forms, obstetric operations, and the puerperal state and its diseases. The whole ground is thoroughly reviewed and many of the later suggestions incorporated in the book.

The remainder of the book is devoted to a study of the diseases of women. This fruitful field for investigation by those inclined is presented by the author in a most agreeable and taking form. The anatomy of the uterus and its appendages, menstruation and its various disorders, sterility, diseases of the ovaries, Fallopian tubes and broad ligaments, extra-uterine pregnancy, moles, pelvic cellulitis and hæmatocele, diseases and displacements of the uterus, coccygodynia, chlorosis, the use of gynæcological instruments, all are given a place in this little volume. We take pleasure in recommending the book as one of some merit.

THE MEDICAL SUMMARY, PHYSICIANS' CALL-BOOK AND LEDGER, COMBINED. Arranged by R. H. ANDREWS, editor and proprietor of The Medical Summary. Accommodates daily charges for four hundred families, each account for the entire year on a single page by itself. Has Obstetrical Record, Record of Deaths, Nurses' Addresses, Vaccination Engagements, Cash Received, General Memoranda, Pencil Tablet, etc. Leather binding; tinted edges; price, $1.50. Address, The Medical Summary, P. O. box 1217, Philadelphia, Pa.

This is a very neat and convenient-sized visiting list and ledger, combined. By means of it the physician can dispense with the larger account books, and have always before his eyes his entire financial relations with each of his patients. The arrangement of the pages does credit to the ingenuity of Dr. Andrews, while the strong binding and attractive appearance of the book will give it a special value in the eyes of a busy and æsthetic practitioner.

A MANUAL OF MINOR SURGERY AND BANDAGING, for the use of house-surgeons, dispensers, and junior practitioners, by CHRISTOPHER HEATH, F. R. C. S., Surgeon to University College Hospital, etc., London, England. Ninth edition. Illustrated. Pp. 261. P. Blakiston, Son & Co., Philadelphia, 1889.

This little manual still retains its hold upon the favor of the medical profession, and the issue of a ninth edition only goes to prove how strong that hold is. We cannot say more than has already been said in its name. Rarely are the pages of any medical work so thoroughly crammed with facts of practical significance and every day application. All the minor parts of surgery, usually the most important, since the success of an operation depends largely upon the after-treatment—are here completely and concisely described, and profusely illustrated. The formulæ near the end of the book are extremely useful. We congratulate the publishers upon their new edition of this admirable little book.

Pamphlets.

The Progress of the Medical Sciences in Our Own Times, Henry S. Stark, A.B., M.D., Ph.D. Reprint from the *New York Medical Journal*, for August 31, 1889.

Overstrain and Underpower of Brain. A cursory survey for lay readers especially of the inter-reaction of psychical demand and physical supply, by C. H. Hughes, M.D., St. Louis, Mo. Pp. 22. Reprint from *Alienist and Neurologist*, for October, 1889.

Reply to a French Review of Essay LII (Therapeutics Ought to Become a Science), by William Sharp, M.D., F.R.S. George Bell & Sons, London, 1889.

A Year's Experience with Apostoli's Method, with Reports of Cases, by A. Lapthorn Smith, B.A., M.D. Lectures on Gynæcology, Bishop's College, Montreal, etc. Reprint from *American Journal of Obstetrics*, for August, 1889.

The Medical Digest.

IN ALBUMINURIA.—A scruple of phosphate of soda and half a scruple of iodide of potassium in a quart of milk, forms an excellent daily drink, to be used "ad libitum."—*Pharmaceut. Era.*

CALOMEL AS A DIURETIC IN HEPATIC CIRRHOSIS. Heinrich Kohn (*Centralbl. f. d. ges. Therap.*, May, 1889), reports a case of this affection, which is of interest as an aid in determining the exact value of calomel as a diuretic. The patient had been treated with various diuretics without notable effect, and eventually needed aspiration, but was unwilling to undergo it. The administration of 0.2 gramme of calomel three times a day was then commenced, guarded by opium, and with a simultaneous employment of a mouth wash of chlorate of potash. Under this treatment, continued for three days, there developed great weakness and exhaustion which necessitated its discontinuance. In the meantime, however, there had been a very marked diuresis, and the ascites was almost entirely removed.—*Amer. Jour. of Med. Sciences.*

THE CURE OF BUNIONS BY PHENIC ACID.—Dr. Salemi, of Nice, uses the following method: The foot is washed with soap and water, after which the adjoining healthy parts are protected by a thick coat of elastic collodion. The acid is now melted and applied to the hardened surface by means of a pointed brush. After allowing it to dry for several minutes, the excess of acid remaining may be taken up with ordinary blotting paper. This application should be repeated every three or four days until a cure results.

—*Revue Médicale de Louvain.*

DEODORIZATION OF IODOFORM WITH TAR.—Ehrmann, of Vienna, was the first to notice that a pomade of iodoform to which tar had been added no longer possessed the odor of the former drug, and he has employed this pomade in the treatment of syphilitic ulcers. M. Négel, of Jassy, has also remarked this fact.

M. Konya has obtained, by mixing 10 parts of iodoform with 100 of tar, a paste, in which the odor of the tar alone was noticeable.

By the addition of only 5 per cent. a pulverized mixture is obtained which has no odor of iodoform.

—*Lyon Médical.*

COCAINE HALLUCINATIONS.—MM. Magnan and Saury report three cases of hallucination due to the cocaine habit. One patient was always scraping his tongue, and thought he was extracting from it little black worms; another made his skin raw in the endeavor to draw out cholera microbes; and a third, a physician, is perpetually looking for cocaine crystals under his skin. Two patients suffered from epileptic attacks, and a third one from cramps. It is important to notice that two of these patients were persons who had resorted to cocaine in the hope of being able to cure themselves thereby of the morphine habit, an expectation which had been disappointed. For more than a year they had daily injected from one to two grammes of cocaine under the skin, without, however, giving up the morphine injections, which were only reduced in quantity. The possibility of substituting cocainism in the endeavor to cure morphinomania is a danger, therefore, which must be carefully held in view.—*British Medical Journal.*

MATINAL DIARRHŒA.—(Dr. Chauvet.) We are occasionally consulted by patients who complain of having, each morning, one or two diarrhœal stools, without any other need for defecation being manifested during the remainder of the day. These stools are produced immediately after getting out of bed; at times, however, the necessity may be felt before arising, but it is important to remark that it is always as the result of some movement that the desire makes itself felt. This desire is imperative, but it is not painful; the evacuations may be completely liquid; they are abundant and often fetid. Their number is variable; one or two passages is the general rule; sometimes we have as many as four, rarely more; and almost always in about the same period of time.

The abdomen is not painful to the touch; the appetite is almost always preserved, sometimes even exaggerated; thirst is habitually intense, and we find the *clapotement* of the stomach characteristic of dilation of that organ. Notwithstanding all these ymptoms, which may present a certain apparents gravity, as a rule the general health remains in a very satisfactory condition, and the prognosis is relatively good, especially as treatment has much influence on the progress of the malady. Observations show in effect that particularly the nature of the aliments taken, and above all the quantity of drink, have here much importance. These patients digest badly vegetables, fruit and meats covered with sauce, such as stews, etc.; in addition, almost all absorb large quantities of liquids. It is therefore in this direction that we must direct our treatment. We must especially recommend the avoidance of all drinks between meals, and establish the rule that the total amount of liquid taken in the twenty-four hours shall not exceed from seven to eight hundred grammes. The diet shall consist exclusively of roast meats, or, if boiled, well done, vegetable soups, stewed fruits, but in small quantities.

The evening meal should be very light, and, if possible, drink at this repast should be completely suppressed, for at least several days.

In almost all these cases the observance of these rules will be sufficient to cause a disappearance of the diarrhœa. At the end of seven or eight days the patients have generally returned to their normal condition; but we may, if it is necessary, still further assist in different ways, such as dry friction of the skin, hydrotherapy, mustard plasters applied at night, alternately on the stomach and on the back. If the diarrhœa be fetid, we must administer naphthol associated with salicylate of bismuth or iodoform.

—*Revue de Thérapeutique.*

TREATMENT OF OBESITY.—Frequently the practising physician is called upon to treat obesity in women where this morbid condition constitutes a most tiresome infirmity, and is often a complication of most of the affections of the feminine sex. We advise a faithful trial of the method of Schwenninger and Oertel, which has given so many excellent results in Germany. The following are the indications which have been laid down by these savants:

1. Elevate the tone of the muscular force of the heart.
2. Maintain the normal composition of the blood.
3. Regulate the quantity of liquid in the economy.
4. Prevent the deposit of fat.

The above indications are observed by the following methods:

1. The cardiac muscle is increased in tone by the augmentation of physical exercise—for example, by ascending elevations. It is necessary to progress with caution; the exercise will be gradual and the amount of work proportionate to the resistance of the subject.

2. To maintain the normal composition of the blood it is necessary that the alimentation should be

principally albuminous; it will consist of the lean of beef, roast or boiled, veal, mutton, game and eggs.

We can add green vegetables, such as cabbage and spinach, but fat and hydrocarbons shall be given only in small doses—for example, the amount of bread should not exceed 120 to 180 grammes a day.

3. We should limit each day the quantity of drink —180 grammes of coffee, of tea, or milk; 360 grammes of wine; 240 to 480 grammes of water will complete the amount of liquid absorbed in the twenty-four hours. Beer is entirely forbidden. Then, again, transpiration is excited by energetic exercise as well as by baths and coverings.

4. Lastly, the deposit of fat is attacked by the practice of the above-mentioned principles of dietetics.

This, for example, is how we should proceed:

Morning.—The cup of tea or coffee, with a little milk, will represent a total of about 180 grammes, and about 90 grammes of bread.

Noon.—From 80 to 100 grammes of soup, 210 to 240 grammes of beef, roast or boiled, veal, game, salad or vegetable, a little fish if desired, but cooked without fat, 30 grammes of bread or farinaceous pudding (never more than 90 grammes), 90 to 180 grammes of fruit in season, for dessert. It is preferable not to drink at the repast, but in hot weather we can allow from 180 to 240 grammes of a light wine.

Afternoon.—The same quantity of tea or coffee as in the morning, with, as a maximum, 180 grammes of water and 30 grammes of bread as an exceptional concession.

Evening.—One or two boiled eggs, 30 grammes of bread, perhaps a little slice of cheese, salad, and fruits; 180 to 240 grammes of wine, with 120 to 150 grammes of water.—*Revue de Therapeutique.*

Obesity and Sterility.—Obesity, when it goes as far as polysarcia, has a great influence on generation. In man, its production prevents the development of the genital organs. Two patients, aged eight and thirteen years, presented an atrophy of the penis and testicles. In another, thirty years of age, these organs were similar to those of a child of eight years. There had never been any erection or emission of sperm.

After adult age, polysarcia occasions a very notable diminution of the sexual desires, which are only reproduced by emaciation.

In women, amenorrhœa and dysmenorrhœa result from an excess of fat. This fat accumulates in the abdomen and exerts compression which prevents the utero-ovarian functions; perhaps ovulation does not take place because of the want of nervous excitation.

The suspension of the menses for several months, accompanied by an increase in size of the abdomen, is often the cause of an erroneous idea of conception. Certain patients have even the sensations of the movement of a fœtus.

A loss of flesh causes a return of these organs to a normal state, the menses become regular, and as the functions of generation resume their course, fecundation becomes possible.

Massage of the abdominal parts, and also of the internal genital organs of the woman, is one of the best modes of treatment to cause loss of flesh, and consequently is also an efficacious treatment of sterility.—*Gazette de Gynécologie.*

Antipyrin Incompatibles.—A short time since M. Carles drew attention to the precipitate which is formed by mixing solutions of antipyrin and extract of cinchona. M. Olliver, who has been making further experiments, says (Bull. Com. June, p. 278), that all the active constituents are precipitated together, and that there remain in the liquid hardly perceptible traces of alkaloids or antipyrin. According to M. Carles, however, the precipitate is readily soluble in weak acids, so that it might dissolve in the gastric juice, and the mixture, though unsightly, might not be inert.

(While this mixture might be perfectly safe to dispense, might not the more poisonous alkaloids be precipitated by antipyrin, which, on separating, would be given in large enough doses to produce serious results?—A. B. S.)

Another apparent incompatibility has been recorded by M. Blainville, who, having occasion to mix 4 gm. of antipyrin and 5 gm. of chloral hydrate in 15 gm. of water, observed that the mixture assumed a milky appearance, and upon clearing deposited an oleaginous liquid. After decantation this liquid soon crystallized, and then no longer possessed the taste of antipyrin or chloral, but a flavor rather resembling that of coriander seeds. Attention is called to the inconvenience that may result from the prescribing of complex substances that may change their physiological action altogether, and it is recommended that as far as possible, when ordering them, simple formulæ in which only distilled water and a simple flavoring agent enter, should be adopted.

—*Am. Dr.*, 1888, p. 170.

Iodide of Potassium in Diseases of the Heart.—In a lengthy article addressed to the Académie de Médecine on this subject, Professor G. Sée arrives at the following conclusions:

The true medicament for the heart is the iodide of potassium. Far from being a depressant, as has been sustained, it is applicable, on the contrary, in valvular lesions or in myocardiacs with feeble pressure; it increases first the energy of the heart, and also the vascular pressure.

Then, again, in dilating the arterioles, it increases the blood to the part, and as a result the heart finds itself delivered from its resistance and recovers its contractile power. The iodide thus becomes a true heart tonic. And by the vaso-dilatation, which naturally extends to the coronary arteries, or feeders of the heart itself, the iodide, in doses of from two to three grammes, and not in the insignificant doses of half a gramme, renders a new service in promoting the movement of the blood, as well as the nutrition itself of the central organ of the circulation, notwithstanding what morbid condition may there exist.

It is stated (J. Mosse, *Lyon Med.*) that ten minims of tincture of iodine, taken in half a glass of water twice a day, will cause the disappearance of warts The doctor has tested the drug in ten cases, with success in all.

Antiseptic Properties in Human Saliva.—From a series of experiments with the saliva of human adults, Dr. Floradin has found that the sulpho-cyanide of potash, which is always present, has decided antiseptic properties. — *Prager Med. Woch.*, Aug. 21, 1889—*Jour. Amer. Med. Asso.*

Sterilized Lint.—M. Regnier renders lint sterile by heating it to a temperature of 120° C. (248° F.) M. Regnier has tested the antiseptic value of lint thus prepared in dressings applied after operations of various kinds, with good results. At the recent Surgical Congress he stated that he considered sterilized lint equal to antiseptic dressings.

—*British Medical Journal.*

Actinomycosis Hominis.—Dr. L. Ammentorp reports in the *Nordiskt Medicinskt Arkiv.*, No. 24, four cases of actinomycosis in men—two of the upper jaw, one of the lower jaw, and one of the lung. In this last case the patient had worn a tracheal canula for several years. The author regarded the case as one due to infection through the inspired air, a mode or transmission of the disease not hitherto recognized.

—*N. Y. Med Record.*

Chlorate of Potassium.—Dr. Coghill, in a paper read at the Ninth International Medical Congress, confirmed the results of Wöhler that chlorate of potassium is excreted in the urine unchanged and in the full amount ingested, and hence does not give off the oxygen to the tissues. Nevertheless, besides its local uses, he finds it of value in preventing abortion, in all cases of pulmonary insufficiency, as phthisis, chronic pneumonia, and bronchitis, in anæmia, chlorosis, and general malnutrition. In addition it has an antiseptic action in diseases of the genito-urinary tract where there is suppuration or purulent or phosphatic urine.—*British Medical Journal.*

Vaccination on the Leg.—A French practitioner, in the course of a large number of re-vaccinations, was struck with the fact that the operation was far more successful when performed on the leg than when the arm was selected. He has since availed himself of the opportunity of verifying his first impression, and last year, having to revaccinate 177 school children, he chose the left leg in 99 and the left arm in 78, and carefully compared the results obtained, dividing them into three groups according as the eruption was typical, doubtful, or absent. Of the 99 cases vaccinated on the leg, 23 were typical, 31 doubtful, and 45 unsuccessful, being equivalent to a percentage of 23.2 and 31.3, respectively. Of the 78 children vaccinated on the arm, the numbers were 11 typical, 25 doubtful, and 42 failures, equal to 14.1 and 32 per cent., respectively. The percentage of failures was 45.45 on the leg, as compared with 53.84 on the arm.—*Medical Press and Circular.*

Medical News and Miscellany.

An Ohio lady proposes to make illuminating gas from lima beans.

Antipyrin and lanolin have just been adopted as officinal in the Austrian "Pharmacopœia."

The new bactericide, sodium-dithio-salicylate ii, is the special foe of the staphylococcus aureus.

Dr. Baruch's article upon Hydrotherapeutics which was accidentally crowded out and which is discussed in the present issue will appear next week.

A lady residing near Smyrna, Del., lived for one year after receiving concussion, dislocation, and fracture of the spine.

A Scranton husband cured his wife of confirmed invalidism by kissing the servant girl in her presence. The wife now does all the housework with ease.

A French court has recently decided that physicians are bound to give in good faith their professional services when solicited by those who represent the law.

The *Patria*, of Buenos Ayres, affirms that there is now in Bolivia a surgeon, Luca Silva by name, whose age is not less than one hundred and twenty-nine years.

Dr. Gravenigo, of the University of Padua, has lately grafted the cornea of a chicken upon a human eye with the result of forming a very transparent, shining, convex cornea.

A Williamsport dentist had the lower part of his face nearly torn away by a tooth-pulling machine which he desired to test before purchasing. He prefers the primitive forceps.

Five young New York doctors, who have been "walking" the Vienna hospitals, were recently arrested and fined for disorderly behavior in the streets of that city.

According to the British *Medical Journal*, the death of Father Damien was caused by an attack of malarial fever, which his constitution, undermined by leprosy, was unable to resist.

Dr. Galatti, of the Poliklinik, Vienna, speaks in high favor of lipanin as a substitute for cod-liver oil. It has been used for some time, with the most happy results, at the Children's Hospital.

Owing to the common adulteration of drugs by unscrupulous pharmacists, and the sale of unhealthy food, especially canned goods, there is a great necessity for a board of drug and food inspectors.

Dr. Ephriam Cutter, of New York, is still in England demonstrating his microphotographs of healthy and diseased blood morphologies. At a recent demonstration were present the Medical Director General of the British Army, and the Lord Mayor of London. Later he went to Aldershot and demonstrated to the medical staff of the army, and was tendered an honorary dinner.

In Vienna, recently, a thief seized a bag from a boy in the street. The boy was the son of a hospital porter, and the bag contained a human head intended for examination. The thief, no doubt, had a surprise.

Under the laws of Bulgaria, if a patent medicine is warranted to cure a certain disease and fails to do it, the manufacturer can be prosecuted and sent to prison. No cures for consumption can be found in that country.

The New York Board of Health is experimenting with a disinfecting apparatus in which dry heat is employed for destroying disease germs, thus obviating the damaging consequences of the usual methods of disinfection.

Dr. Pinel, of Paris, has been able to hypnotise patients by means of the phonograph. The commands given by the instrument were promptly obeyed, and suggestions were as effectual as though they had been delivered by the mouth.

Twenty-five is the lowest age at which a pharmacist in France will be permitted to take his oath. The university authorities have received orders to confer no diploma (without which students are unable to establish themselves) until the proper age has been reached.

Dr. Jackson, of Pittsburg, has recently analyzed a number of samples of pickles and catsups, and found that salicylic acid is used to prevent fermentation; while sulphuric acid to increase acidity, mineral coloring matters, and other adulterations, constitute some of the wholesome ingredients of these popular delicacies.

At a recent meeting of the Contemporary Club, Prof. Fullerton delivered an address on Hypnotism, illustrated by experiments. Among other addresses which followed, Dr. Gould took strong ground against hypnotism, denouncing its practice as dangerous to morality, and as being comparatively useless excepting as an exemplary of a peculiar phenomenon.

An Anglo-American Vienna Medical Association has been formed for the purpose of furnishing information to English-speaking medical men coming to study in Vienna. The office will be at No. 12 Landesgerichts Strasse. Membership will be open to any British or American physician or medical student, on payment of an entrance fee of one gulden.

The stated meetings of the Academy of Natural Sciences, of Philadelphia, are held every Tuesday evening, at 8 o'clock. The following is the arrangement of the programme: On the first and second Tuesdays of January, March, May, July, September, and November will occur the sessions of the Botanical and Conchological Sections, respectively; on the same days of the other months, the Mineralogical, Geological, and Entomological Sections, respectively; on the third Tuesdays of all the months, the Biological and Microscopical Sections; on the last or fourth Tuesday, elections, and reports of Council.

The second Congress for Tuberculosis will be held in Paris during the latter part of July, 1890. Professor Villemin will act as president. The following questions are to be discussed: 1. The Identity of Human and Bovine Tuberculosis, Also That of Other Animals: 2. The Bacteriological and Morbid Associations of Tuberculosis; 3. The Isolation of Tuberculous Subjects; 4. The Agents Capable of Destroying Koch's Tubercle Bacillus, With a View to the Prophylaxis and Therapeusis of the Disease in Man

The Board of Health held a lively meeting. They started in by instructing the solicitor to have warrants issued for the arrest of Drs. Ridge and Jarret, for violating the ordinance in not reporting two malignant diphtheria cases until after the patients had died. A warrant was also ordered to be issued for the arrest of William Tyler for selling bad veal. It was also decided to begin proceedings against all persons who have slaughter houses within the city limits. Keep it up!

An investigation has been made by the British Medical Association as to the physical development and brain state of school children. A report on fourteen London schools, drawn up by Dr. Warner, Secretary to the Committee appointed by the Psychological Section of the Association, shows that 15 per cent. of the pupils were in some respect defective; and these cases are classed under the heads of nervousness, low nutrition, abnormalities of skull, mental dulness, and eye defects.

The Trustees of the Johns Hopkins Hospital have authorized the issue of a monthly publication to be known as the *Hospital Bulletin*. It will contain all matters of general interest in connection with the work of the Hospital. Nine numbers will be issued annually, the first number appearing November, 1889.

The subscription price will be one dollar a year, which may be sent to the Publication Agency of the Johns Hopkins University, Baltimore, Md. We will welcome this new journal to our exchange table.

The laying of the corner-stone for the Philadelphia Polyclinic and College for Graduates in Medicine is a gratifying assurance of new facilities for pushing the study of medical knowledge beyond the point of graduation. There was no need for a duplication of hospitals in Philadelphia; but the Polyclinic is a hospital only for the facilitation of its larger usefulness as a college dedicated to the higher teaching for which it was instituted. It is in no sense a competitor of the medical colleges now in existence; but a coadjutor, finishing the work they have begun, and affording opportunities for post-graduates and active practitioners to add to their experience and proficiency.

When the new college shall have been completed it will hardly be necessary to go out of the United States to obtain a thorough medical education. The Polyclinic will afford to physicians desiring to pursue special lines of study the precise advantages desired.

—*Times.*

A REMARKABLE and unusual case of homicide has just taken place in Warsaw, Russia. While a peasant was undergoing an operation, after being chloroformed, he suddenly sprang up from the operating bench, and, in a frenzy of rage and terror, mortally stabbed the doctor and a Sister of Mercy. The patient was then removed to another hospital, where the operation was successfully performed without the aid of chloroform. The authorities in Warsaw are now debating whether the man should be tried for the murder of the doctor and the nurse, both of whom have died from the effects of the wounds they received, which were inflicted by one of the surgical instruments belonging to the unfortunate physician.

MEDICO-LEGAL SOCIETY.—The regular quarterly meeting of the Philadelphia Medico-Legal Society was held October 29, with President Schoales in the chair. The following were received as members in good standing: Drs. J. Hoffman, Daniel Longaker, H. Beates, Jr., H. H. Boom, S. T. Haines and Robert McCanney.

The following nominations were made: President, Dr. W. F. Waugh; First Vice-president. Dr. Martin; Second Vice-president, Dr. W. Buckby; Recording Secretary, Dr. Horace K. Reeger; Corresponding Secretary, Dr. T. H. McBride; Treasurer, Dr. G. M. D. Peltz; Board of Censors, Drs. Connor, Hazel and Stewart; Librarian, Dr. Nash.

A discussion arose on the case of Dr. H. K. Reeger, the Recording Secretary of the Society, who was tried and acquitted on the 9th of October, of assault and battery. A committee was unanimously appointed to draw up a resolution expressing the entire confidence of the society in the accused, and congratulating him on his honorable acquittal by the jury.

DR. H. AUGUSTUS WILSON, speaking of co-education and its effects in the Polyclinic Hospital and College for Graduates in Medicine, said:

"Co-education has been a matter of careful consideration at that institute, where it has been in oparation during the past four years. In many of the departments women physicians hold clinical positions, and the fact that the annual announcement of the Women's Medical College refers its past graduates to the Polyclinic for the instruction and facilities which are alone found there, has been the means of having a large number of women physicians in attendance at all times. It has been thoroughly successful and never an inconvenience or an obstruction to the men physicians, nor, as far as I am aware, has it prevented men physicians from attendance."

"Do the patients object to women physicians?" was asked.

"To the contrary, the peculiar kindly nature of women have, in many instances, attracted patients, and clearly proven that they are of advantage instead of disadvantage in the clinical work. The women who take up courses of advanced study are mostly highly educated and determined to brave all dangers in the quest of knowledge. Their work in the classrooms has stimulated both the men physicians and professors, and been an incentive to renewed energy."

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from November 3, 1889, to November 16, 1889.

By direction of the Secretary of War, Major Robert M. O'Reilly, Surgeon, will, at the expiration of his present leave of absence, proceed to Fort Logan, Colorado, and report in person to the commanding officer of that post for duty. Par. 6, S. O. 256, A. G. O., November 2, 1889.

By direction of the Secretary of War, leave of absence for two months, on account of sickness, with permission to leave the Division of the Missouri, is granted Captain Junius F. Powell, Assistant-Surgeon. Par. 2, S. O. 258, A. G. O., Washington, November 5, 1889.

Leave of absence for one month, to take effect about the 29th instant, is granted Captain C. N. B. Macauley, Assistant-Surgeon. Par. 2, S. O. 166, Dept. Mo., Fort Leavenworth, Kans., November 8. 1889.

By direction of the Secretary of War, Captain Louis M. Maus, Assistant-Surgeon, having relinquished the leave of absence on surgeon's certificate of disability granted him in S. O. 249, October 25, 1889, from this office, will, upon being relieved from duty at Fort Porter, N. Y., as directed in S. O. 242, October 17, 1889, from this office, proceed without delay to Fort Stanton, N. M., and report in person to the commanding officer, Department of Arizona. Par. 8, S. O. 261, Headquarters of the Army, A. G. O., Washington, Nov. 8, 1889.

The following changes in the stations of medical officers serving in this Department are hereby made, viz:

CRAMPTON, L. W., Captain and Assistant-Surgeon. From Fort Lyon, Col., to Fort Sheridan, Ills.

CORBUSIER, W. H., Captain and Assistant-Surgeon. From Fort Hays, Kans., to Fort Lewis, Col.

IVES, F. J., First Lieutenant and Assistant-Surgeon. From Fort Lyon, Col., to Fort Sill, I. T.

Par. 3, S. O. 167, Hdqrs. Dept. of the Mo., Fort Leavenworth, Kans., November 9, 1889.

Leave of absence for one month is granted Captain R. W. Johnson, Assistant-Surgeon, to take effect on or about November 10 proximo. Par. 4, S. O. 110, Dept. of Arizona, Los Angeles, Cal., October 29, 1889.

MERRILL, JAMES C., Captain and Assistant-Surgeon, is relieved from duty at Frankford Arsenal, Penna, and ordered to duty at Fort Reno, Ind. Ty. Par. 6, S. O. 256. A. G. O., November 2, 1889.

BLACK, CHARLES S., Captain and Assistant-Surgeon, is relieved from duty at Fort Sidney, Nebraska, to take effect upon the expiration of his present leave of absence, and will report in person to the commanding officer, Fort Du Chesne, Utah. Par. 6, S. O. 256, A. G. O., Washington, Nov. 2, 1889.

IVES, F. J., First Lieutenant and Assistant-Surgeon, is granted two months' leave of absence. Par. 3, S. O. 256, A. G. O., November 2, 1889.

By direction of the Secretary of War, the following assignments of officers of Medical Department (recently appointed) are ordered:

WILLCOX, CHARLES, First Lieutenant and Assistant-Surgeon, will report to the commanding officer at Fort Columbia, N. Y., for duty at that station.

MCVAY, HARLAN E., First Lieutenant and Assistant-Surgeon, now at Fort Mackinac, Michigan, will report in person to commanding officer of that post for duty.

FRICK, EUCLID B., First Lieutenant and Assistant-Surgeon, will proceed from Philadelphia, Penn., to Fort Keogh, Montana, for duty at that station.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute infantile spinal paralysis, Pershing. Denver Medical Times, Oct., 1889.
Albuminuria, McVey. Kansas Med. Jour., Nov., 1889.
Asthma in relations to affections of the nose, Wolfenstein. Cleveland Med. Gazette, Oct., 1889.
Augensymptomie, für die Localisation der Gehirnkrankheiten, Swanzy. Wiener Med. Presse, 20 Oct., 1889.
Beitrag zur Lehre von der Extraction intraocularer Cysticerken, Stölting. Berliner Klin. Woch, 21 October, 1889.
Blunt curette, in uterine hæmorrhage, Kay. N. Y. Med. Journal, Nov. 2, 1889.
Breast, common diseases of. Obstetric Gazette, Oct., 1889.
Cataract, extraction of, without iridectomy. Report of 100 cases, Bull. N. Y. Med. Jour., Nov. 2, 1889.
Chronic purulent discharge from the ear, a case of, with deafness caused by excision of the membrana tympani and malleus, Burnett. Med. News, Nov. 2, 1889.
Climate of Southern Africa, Kennedy. Montreal Med. Jour., Oct., 1889.
Concealed pregnancy, its relations to abdominal surgery, Van der Veer. American Jour. of Obstetrics, Nov., 1889.
Cholera infantum, Cunningham. Tex. Health Jour., Oct., 1889.
Diphtheria und Croup im Königreich Preussen in den Jahren 1875–1882, Brühl und Jahr. Int. Klin. Rund., 20 Oct., 1889.
Die Behandlung der häufigsten und wichtigsten Augenkrankheiten, Königstein. *Ibid.*
Diphtheria, Jenkins. Cincinnati Lancet-Clinic, Nov. 2, 1889.
Dyspepsia, McPhedran. The Canada Lancet, Nov., 1889.
Early laparotomy, a plea in favor of, for catarrhal and ulcerative appendicitis, with the report of two cases, Senn. Journal of the Amer. Med. Association. Nov. 2, 1889.
Echinococcus cysts of the liver, the operative treatment of, Thomas. Australian Med. Jour., Sept. 15, 1889.
Färbung, die, der Geisseln von Spirillen und Bacillen, Trenkmann. Centralblatt für Bakt. und Parasit., 15 Oct., 1889.
Fistule pyo-rerétéco-cœcale léo colostomie, Comte. Revue Médicale de la Suisse Romande, 20 Oct., 1889.
Fistula in ano, Mathews. N. E. Med. Monthly, Nov., 1889.
Gastrotomy for non-malignant organic stricture of the œsophagus, Clark. N. Y. Med. Journal, Nov. 2, 1889.
Gegenwart und Zukunft der internen Medicin, Jaksch. Prager Medicinische Wochenschrift, 23 Oct., 1889.
Gunshot wounds of the abdomen, Stimson, N. Y. Med. Jour.
Gyrocolyte, Amphiptyches und Verwandte, Braun. Centralblatt für Bakteriologie und Parasitenkunde, 15 Oct, 1889.
Heart-stimulants, Erwin. Cleve. Med. Gazette, Oct., 1889.
Hernia, the cure of, by the buried animal suture, Macay. Jour. Amer. Med Ass'n, Nov. 2, 1889.
Hémiplégie gauche chez une gauchère, embolie du tronc brachio-céphalique, signe de l'orbiculaire, Revilliod. Revue Médicale de la Suisse Romande, 20 Oct, 1889.
Hernia, radical cure of, Fowler. Br'k'n Med. Jour., Nov., 1889
Heredity in disease, Shelton. N. E. Med. Monthly, Nov., 1889.
Hip-disease, Gibney. Montreal Med. Jour., Oct., 1889.
Hoangnan in diseases of the skin, notes on, Shoemaker. Medical Bulletin, Nov., 1889.
Herzstosses, die diagnostische Verwerthung des, Martius. Berliner Klinische Wochenschrift, 21 Oct., 1889.
Is Senn's gas test infallible and always devoid of danger, Dalton. Columbus Med. Jour., Oct., 1889.
Lacerated perineum, Tait's flap operations for, Mac Phatler. Amer. Journal of Obstetrics, Nov., 1889.
Muscæ volitantes, Barrett. Austral. Med. Jour., Sept. 15, 1889.
Nourishment, the need of, in diphtheria, De Armond. Weekly Med. Review, Oct. 26, 1889.
Nux vomica, the use of ascending doses of, as an aid in the treatment of insufficiencies of the ocular muscles, De Schweinitz. Med. News, Nov. 2, 1889.
Nasal tumors, Hubbard. Toledo Med. and Surg. Reporter.
Nervousness, Zenner. Cin. Lancet-Clinic, Nov. 2, 1889.
Osteotomy for overlapping union of a fracture of the femur, Laplace. Med. News, Nov. 2, 1889.
Ovarian cyst, Pantzer. Weekly Med. Review, Oct. 26, 1889.
Obstructive dysmenorrhœa, Uhls. Kas. Med. Jour., Nov., 1889.
Osteo sarcoma of the spine, Bilbrigs. N. A. Pract. Nov., 1889.
Obstetrics, history of, Newman. N. A. Pract., Nov., 1889.
Pleuritic effusions and empyema, operative treatment of, Hoegh. N. W. Lancet, Nov. 1, 1889.
Pathological relations between bone, medulla, and spleen, Smith. Canada Lancet, Nov., 1889.
Poisoning by illuminating gas, treatment, cure, Kloman, Baltimore. N. Y. Med. Jour., Oct. 26, 1889.
Porro-Cæsarean section, Black. Med. News, Nov. 2, 1889.
Pustulo-ulcerative disease of the skin, an unusual form of, Bronson. Jour. Cutan. and Genito-Urin. Dis., Nov., 1889.
Prurigo, in America, Zeisler. *Ibid.*
Pyosalpinx, Hall. Columbus Med. Journal, Oct., 1889.
Rigidité cadavérique, la nature et les causes, Schipiloff. (Suite et fin.) Revue Médicale de la Suisse Romande, 20 Oct., 1889.
Recherches expérimentales sur l'intoxication saturnine, Prevost et Binet. *Ibid.*
Rheumatismus gonorrhoicus oder Syphilis? Schuster, Aachen. Deutsche Medizinal-Zeitung, 21 Oct., 1889.
Syphilis, die des Herzen, Lang. *Ibid.*
Syphilis, die Injektionstherapie der, Hebra. Internationale Klinische Rundschau, 13 and 20 Oct., 1889.
Syphilis and its treatment, Mahé. Occid, Med. Times, Nov.
Thomsen's disease, a case of, Fleetwood. Australian Medical Journal, Sept. 15, 1889.
Tonsils, chronic hypertrophy of the, Kintzing. Maryland Med. Journal, Oct. 26, 1889.
Triplets, hydrarunion and monstrosity, case of, Winthrop. Journal of Obstetrics, Nov., 1889.
Typhoid fever in children, a contribution to the study of, Read. Columbus Med Journal, Oct., 1889.
Ueber Larynxödem, Peltesohn. Berl. Klin. Wochenschrift, 28 Oct, 1889.
Ueber ein rhythmisches Klangphänomen des Magens, Laker. Wiener Medizinische Presse, Oct., 1889.
Ueber den Werth der Augensymptome für die Localisation der Gehirnkrankheiten, Swanzy. *Ibid.*
Ueber die bakterienvernichtenden Eigenschaften des Blutes und ihre Beziehungen zur Immunität, Lubarsch. Centralblatt für Bakteriologie, Oct., 1889.
Uterine cancer, treatment of, Madden. The Hospital Gazette, Oct. 26, 1889.
Ueber den zahlenmässigen Ausdruck der Erwerbs-Unfähigkeit gegenüber den Unfallversicherungs-Gesellschaften, Zehender. Deutsche Medizinal-Zeitung, 12 Oct., 1889.
Ueber Extirpation des Thränensackes, Kuhnt, Jena. *Ibid.*
Ueber Blasendrainage nach sectio alta, Burchhardt. Centralblatt für Chirurgie, 19 Oct., 1889.
Ueber Nierenoperationen, Herczel. Wiener Medizinische Presse, 20 Oct., 1889.
Ueber intra-uterine Infection mit Pneumonia crouposa, Levy. Archiv für Experimentelle Pathologie, Oct., 1889.
Ueber Echerjin, Boehm. *Ibid.*
Ueber die sogenannte Katarrhalpneumonie nach Masern und Keuchhusten, Kromayer. Archiv für path. Ana. und Phys- und für Klin. Med. 2 September, 1889.
Ueber eine eigentümliche Art von Gesichtswahrnehmungen, Laqueur. Cent. med. Wiss., 19 Oct., 1889.
Ueber frühzeitige Resektion bei akuter Osteomyelitis der Kinder, Thibaudet-Lille. D. Med.-Zeit. 24 Oct., 1889.
Ueber Wangenplastik, Ritsche. *Ibid.*
Ueber Nerventransplantation, Mayo Robson, *Ibid.*
Unterleibstyphus-Endemien, Heidenhain. Berliner Klinische Wochenschrift, 21 Oct., 1889.
Vaginal hysterectomy, Montgomery. Jour. Obstet., Nov., 1889.
Zur Aetiologie und path. Anatomie des nomatosen Brandes, Ranke, München. D. Med.-Zeit., 24 Oct., 1889.
Zur Kasuistik der Gritti'schen Oberschenkelamputation, Wenzel. *Ibid.*

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 586. NEW YORK AND PHILADELPHIA, NOVEMBER 30, 1889. The Medical Register. Vol. VI, No. 152.

PAGE

CLINICAL LECTURE. By William Murrell, M.D., F.R.C. - - - - - - - - - - 721

ORIGINAL ARTICLES.

THE CASE OF DR. BROWN-SÉQUARD. By John V. Shoemaker, A.M., M.D. - - - - 725
ENUMERATION OF THE BLOOD CORPUSCLES. By Samuel Wolfe, M.D., Skippack, Pa. - 728

HYDROTHERAPEUTICS.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY. By Simon Baruch, M.D. - - - - - - - - - - - - - - 729

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:
Mitral Disease, *Woodbury* - - - - - - 732
Crossed Hemiplegia. *Woodbury* - - - - 732
PHILADELPHIA HOSPITAL:
Double Hæmatoma. *Hirst* - - - - - - 732

EDITORIAL.

THE NEW ANALGESICS IN THE RELIEF OF PAINS OF PURELY NERVOUS ORIGIN - - 732
THE MYCOTIC ORIGIN OF INFANTILE DIARRHŒA - - - - - - - - - - - - - 734

PAGE

ANNOTATIONS.

A New Journal - - - - - - - - - - - 735
A New Antiseptic - - - - - - - - - - 735

LETTERS TO THE EDITOR.

Treatment of Phthisis Pulmonalis. *Houston*, 736
What was the Trouble? *Sangree* - - - - 736

SOCIETY NOTES.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION - - - - - - - - 737
Report of Gynæcological Work, with Especial Reference to Methods. *Maury* 737
Direct Herniotomy. *Roberts* - - - - - 737
The Abortive Treatment of Acute Pelvic Inflammation. *Hardon* - - - - - - 738
The Improved Cæsarean Section, versus Craniotomy. *Haggard* - - - - - - 739
The Treatment of Ectopic Pregnancy. *Wathen* - - - - - - - - - - - - 739
Perineorraphy. *Johnstone* - - - - - - 739
Pus in the Pelvis, and How to Deal With It. *Price* - - - - - - - - - - - 739
Gynæcology in its Relation to Obstetrics. *Robinson* - - - - - - - - - - - 740

PAGE

BOOK REVIEWS.

The Evil that has been Said of Doctors. *Minor* - - - - - - - - - - - - - 740

PAMPHLETS - - - - - - - - - - - 740

THE MEDICAL DIGEST.

Biology of the Pneomococcus. *Pattella* - - 741
Examination of the Genitals. *Voskresenski*, 741
The Detection of Arsenic in the Bones. *Pouchet* - - - - - - - - - - - - - 741
Blood Pressure, Temperature, Perspiration, and Exhalation in Intermittent Fever. *Okunoff* - - - - - - - - - - - - - 741
Plasmodium of Marchiafava and Cilli. *Golgi* 741
Vaccination Against Tuberculosis. *Daremberg* - - - - - - - - - - - - - - 741

MEDICAL NEWS AND MISCELLANY, 742

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - 743

MEDICAL INDEX - - - - - - - - - 744

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

CHLORIDE OF AMMONIUM IN THE TREATMENT OF CHRONIC BRONCHITIS AND WINTER COUGH.[1]

By WILLIAM MURRELL, M.D., F.R.C.,
Fellow of the Medico-Chirurgical College of Philadelphia.
Lecturer on Materia Medica, Pharmacology and Therapeutics at the Westminster Hospital, London.

ROYAL COLLEGE OF PHYSICIANS 13 DEC 89 LIBRARY

The value of chloride of ammonium in the treatment of affections of the respiratory organs is very generally recognized. From time immemorial it has been given in the form of mixtures, often in combination with carbonate of ammonium, senega and other drugs. Its pungent, saline taste can be disguised by the addition of a little liquid extract of licorice, say half a drachm to the ounce. Compressed tablets of chloride of ammonium are useful in many catarrhal conditions of the fauces and pharynx, and are largely employed by singers and public speakers. When the action of the drug on the larynx, trachea or bronchial tubes is required, a different mode of administration must be resorted to, and the drug is then inhaled in the form of fumes or smoke developed by the combination of the vapors of hydrochloric acid and ammonia. Many forms of apparatus have been devised for generating nascent chloride of ammonium, and I agree with Dr. Kendal Franks, of Dublin, who recently published an interesting article on the subject, that by far the best is the Vereker chloride of ammonium inhaler. I have had one in constant use for the last three years, and find that it answers admirably. It consists essentially of three bottles with connecting tubes. In the first is placed hydrochloric acid, in the second a mixture of ammonia and water, whilst the third, which communicates with the other two by a three-way tube, acts as a wash-bottle and separates any trace of free acid or ammonia from the vapor. The whole apparatus is perfectly simple, and a quarter of an hour devoted to putting it into working order and regulating it will afford a supply of inhalations for many weeks to come. The only difficulty I have experienced has been in setting the vertical tubes which regulate the the amount of air passing through the acid and ammonia to slide up and down in the india rubber corks. But this is easily overcome. All you have to do is to push out the tubes, clean them carefully, and apply a drop of oil, when they work with the greatest ease.

I generally detach the India rubber tubing leading to the mouth-piece and substitute for it a piece three or four yards long. The advantage of this is that the patient is not obliged to bend over the apparatus, but can sit back in his chair, or stand up and take a good deep inspiration completely filling the chest. Some patients do not know how to breathe, but take little puffs, which are no good; but a few minutes instruction and a practical illustration or two usually sets this right. One man, I remember, and only one, who could not be made to breathe properly. After several futile attempts to teach him, I got out of patience and packed him off to a singing master to have lessons in the art of breathing. It was a lucky thing for him that I did so, for his professor discovered that he had a tenor voice of exceptional tone and quality. He took lessons, and after a couple years' instruction and

[1] Abstract of a lecture delivered at the Westminster Hospital, London, England.

hard work, developed into a "professional," and is making a large income. He now blows a "cloud" with the apparatus with the greatest ease. Patients sometimes complain that the fumes are acid, and that they cause choking. As a matter of fact, a little excess of acid rarely does any harm, whilst an excess of ammonia is very irritating. The method for avoiding an excess of ammonia is simple. Put into the wash-bottle a little tincture of litmus and a few drops of acetic acid. As long as the water is colored red, there is no fear of any uncombined ammonia coming over, as it is seized by the acetic acid. When the water turns blue a little more acetic acid must be added. In cases of catarrhal deafness the fumes are readily forced up the Eustachian tube by filling the chest and mouth, pinching the nose, and then swallowing. It is astonishing what good this method of treatment does. Sometimes I use the chloride ammonium fumes alone, but far more commonly I employ them as a vehicle for the administration of other remedies. For example, I want to give pure terebene in a case of winter cough. All I do is to put a few drops on a piece of absorbent cotton-wool and introduce the little pellet into the water of the wash-bottle. The fumes which come over are impregnated with the pure terebene, and are carried to the innermost recesses of the bronchial tubes. In the same way I give inhalations of oil of cubebs, oil of sandal wood, and various other volatile drugs which exert a beneficial action on the respiratory apparatus. I have cured in this way obstinate cases of bronchial catarrh, chronic bronchitis, post-nasal catarrh, and deafness resulting from the obstruction of the Eustachian tube.

For the last three years I have employed this chloride of ammonium inhaler in a large number of cases, and the results, I am glad to say, have been almost uniformly successful. I have used it with equal benefit both at the hospital and in private practice. At the hospital the patients come every day for ten days or a fortnight, and the inhalation is superintended by one of the clinical assistants. It is not a good plan to give the patient the apparatus right off. He must be carefully instructed in its use, or too often he makes some mistake and does himself more harm than good.

The following are rough jottings from some of the cases in my note book :

Case I.—G. H., a member of Parliament, has had a bad cold for three days. Constant sneezing and running from eyes. Dull, heavy and depressed, can't read, and can't think. Little cough, but not much. Pain across forehead, and disinclination for exertion. Has had a Turkish bath, and took two pills last night. Has been using some strong smelling salts his chemist gave him. Is anxious to get well, as he has to speak in the House one day this week. Given the chloride of ammonium inhaler with pure terebene, oil of cubebs, and oil of sandal wood, in the wash-bottle. Much pleased with it, and insists on using it for nearly half an hour. Says the smell of the sandal wood is strangely familiar to him—can't account for it. Comes next day, and again inhales for half an hour. Writes at end of week and says he is all right, and that he made a brilliant speech.

Case II.—M. B., a general, retired. Is deaf. Has been deaf for years. Was in the artillery. Says all gunners deaf, so that they never hear anything not good of themselves. Has strange noises in his ears. Dislikes any noise in a room, especially rattle of knives and forks at dinner. Prefers dining alone on this account. General condition very bad, partly from want of exercise. Has consulted all the specialists, and has had his ears examined with many strange instruments. Says that the advantage of consulting many doctors is that no two of them agree, and that you are not alarmed by what they tell you. Not much in favor of inhalers. Tried one once, but it blew up. Is introduced to the Vereker inhaler, and takes to it kindly. Chloride of ammonium used first alone, and then with pinol. Purchases one for himself, and at end of month writes to say it has done him much good.

Case III.—Mr. McC. A,, well-known architectural sculptor, has had cough in winter for many years. Travels about a good deal, and is often in damp, dusty places. Is very short of breath, especially on exertion. Is ordered syrup of tar, and takes several pints of it. Also has the chloride of ammonium inhaler, which he used pretty constantly for two years, sometimes alone and sometimes with pinol, pure terebene, cubebs, or sandal wood. Takes pure terebene or pinol when he is travelling. Derives much benefit from the treatment, but never really gets rid of the cough."

Case IV.—Mr. C. C., formerly a Common Councilman, but has retired from business. Has mitral regurgitation. Irregular action of heart much benefited by small doses of digitalis or strophanthus. Very subject to bronchitis, and has to take the greatest care of himself. Has tried many remedies, but likes none so well as the chloride of ammonium inhaler. Three or four visits generally set him all right again. Always flies to it on the outset of an attack. Says it is his sheet anchor. Has consulted me at intervals for eight years.

Case V.—Captain W., commander of an Australian liner, has been at sea all his life, and is subject to a cough. Has had plenty of medical advice from his surgeons. Has a collection of prescriptions of his own. Tries them on other people, and if they do well, takes them himself. Is always taking medicine. Chloride of ammonium inhaler eases cough and brings up phlegm. Will take one on his next voyage with a supply of pinol, pure terebene and cubebs. Will try it on the passengers. He is not heard of again.

Case VI.—Miss A. W., singer, contralto, often loses her voice, especially when she has an engagement. Chest and vocal cords healthy. Thinks symptoms partly due to nervousness. Voice uncertain and apt to give in the wrong place. Something wrong with an upper C. Uses the chloride of ammonium inhaler and takes phytolacca assiduously for a couple of days before singing. Maintains that it does her good. Impossible to contradict a lady ; so treatment continued.

A word about the duration of the inhalation. At first I was accustomed to order it to be used for about

ten minutes three times a day; but further experience demonstrated that much better results could be obtained by inhaling for half an hour or more three times a day. This is a point to which sufficient attention is not paid. To get the best possible results from the Vereker chloride of ammonium inhaler, a certain amount of experience in its use is necessary.

The following case, recently treated at the Westminster Hospital, shows the benefit to be derived from the chloride of ammonium inhaler, combined with cubebs, when the inhalations are given daily for half an hour or more.

CASE VII.—Thomas S., aged forty-two, cook in the House of Commons, has had a winter cough for the last five or six years, attributable, he says, partly to the heat of the kitchen, and partly to having to cater for members of such various shades of political opinion. The strain on his mind is very great, and he fears that, unless he improves, he will have to give up the profession. He drinks beer, the wines at the House not being quite up to his mark. His cough troubles him and keeps him awake at night, and there is a good deal of expectoration. His chest is emphysematous, and there is a good deal of rhonchus at both bases. On March 28 he was given an inhalation for half an hour with the Vereker chloride of ammonium inhaler, and this was repeated on the 29th, 30th and 31st, with benefit both to the cough and shortness of breath. On the 3d of April the inhalation was repeated, with the addition of a few drops of oil of cubebs on absorbent cotton-wool in the wash bottle. This was continued daily for half an hour until the 11th, when all the prominent symptoms had subsided, and he was discharged practically well.

CASE VIII.—Jane S., æt. thirty-seven, has had a cough, chiefly in the winter, for eight years. It is always worse when she is pregnant, a condition which occurs frequently. The cough is hard, she says, and it reminds her of a dog barking more than anything else. The attacks come on in paroxysms and last ten minutes or more, accompanied by copious expectoration. She is a charwoman by birth, but does a little laundry work as well, and that knocks her up more quickly than anything. The cough makes her short of breath, and she has great difficulty in getting up stairs. She was treated with the chloride of ammonium inhaler, a few drops of cubebs being placed on the cotton-wool in the wash bottle. The inhalation was given for half an hour daily, and in six days, aided by a little improvement in the weather, she was so much better that, at her request she was discharged. She was given enough aromatic syrup of tar to last a fortnight and was not seen again.

The following is a case of chronic bronchitis in a beer drinker treated with chloride of ammonium inhalations.

CASE IX. — Eliza W., aged thirty-two, a bookbinder, has had winter cough for twelve years. The cough is hard and dry at first, and then after a time gets looser, and there is a good deal of expectoration. It is a violent cough, and is usually worse the first thing in the morning. The patient is a large beer-drinker; she does not care for spirits; but at night, when work is over, she and some other girls get together and drink as long as the money lasts. On examination she is found to be emphysematous, and there is a good deal of rhonchus over both sides of the chest. She is very nervous and shaky, and has to be given some quinine and iron before the treatment for the bronchitis can be proceeded with. On the 9th, 10th, 11th, 12th, 13th, and 14th she has an inhalation, for half an hour each time. The cough improves, the expectoration diminishes, and she is discharged with a recommendation to abandon the beer-drinking orgies in favor of a lighter and more frivolous form of amusement.

Case of bronchitis in a child (reported by Mr. E. Lucas Hughes) treated by inhalations of chloride of ammonium and cubebs:

CASE X.—Alice W., aged ten, is stated, on the authority of her mother, to have had a very bad attack of bronchitis when fifteen months old. She has suffered more or less ever since from bronchitis, usually in a chronic form, with from time to time acute exacerbations. It is bad all the year round, but worse in the winter. It commences quite at the beginning of the winter, lasts through the winter and early spring, without much improvement till May. The child is fairly well for only three or four months in the year. The attacks of cough are always violent and prolonged. The mother says it is a hard cough, which shakes the room. Sometimes it ends in vomiting. There is a great deal of phlegm, but usually it comes up quite easily. It is sometimes yellow and sometimes white, and sometimes it is streaked with blood. The child is short of breath, and cannot join in games as other children do. She does not lose flesh and her appetite is fairly good; but she is weak and delicate, and sweats a great deal at night. The parents were always ill, more or less; the father died of bronchitis, and the mother looks as if she would follow in his footsteps. On examining the child, she is seen to be thin and ill nourished. The chest is emphysematous, and there is sibilant rhonchus all over, back and front, with bubbling rhonchus at the bases posteriorly. She had had cod liver oil and a good deal of tonic medicine, but without materially benefiting the cough.

On April 9 she had an inhalation of chloride of ammonium from the Vereker apparatus, a few drops of oil of cubebs being placed on the cotton wool in the wash bottle. She soon learnt to inhale well, taking the fumes right down into the chest. It was repeated the next day, and on the 11th the time was increased to half an hour. During the inhalation she expectorated usually from two to four ounces of thick yellow phlegm. On the 13th and 14th the half-hour inhalation was continued, and then, in consequence of bad weather, the treatment was temporarily suspended, the child being unable to come in the rain. On the 19th the treatment was resumed, and the inhalation was given for an hour, the result being the expectoration of five ounces of mucus. On the 20th the inhalation was given for three quarters of an hour, and on the 21st and 23d for an hour each time. The last inhalations were on the 25th and 26th, when the child had improved so much that her

further attendance was not necessary. She had been under treatment seventeen days, and had had eleven inhalations. The final note was: The patient has very greatly improved. For the last five days there has been no expectoration during the inhaling, and although the weather has been very unfavorable, the cough has practically left her.

The following is a successful case in an adult:

CASE XI.—Mary H., aged twenty-one, is engaged in mantle making, and works ten hours a day, and sometimes more. She has half an hour's walk to and from business, and as her boots are bad and her cloak worn and thin, she often gets wet and catches cold. Her earnings are small and she does not get too much to eat. She has had a cough ever since she was fourteen; bad all the year round and worse in the winter. She has spat blood several times, a pint or more at a time, but never enough to prevent her going to business if they were busy. She has never been weighed, not being able to afford expensive luxuries. She is short of breath; but as she has no stairs to go up, does not complain. She is extremely anæmic, and looks weak and ill. She has some consolidation at the right apex, but there is no crepitation; probably in consequence of her straitened circumstances. She was taken in charge by Mr. Hughes, who superintended the administration of the chloride of ammonium inhalation with cubebs for ten days. It eased the cough and shortness of breath, and she was grateful. She was given some iron and cod liver oil, which did her good. What she wanted was a good meal; but that was not in the hospital pharmacopœia.

In many cases of congestion of the nasal mucous membrane and post-nasal catarrh the inhalation of chloride of ammonium is useful.

The next is a case of congestion of the nasal mucous membrane treated with inhalations of chloride of ammonium.

CASE XII.—Edith H., aged thirteen. It is stated by the parents that for the last three years she has not spoken clearly, and it seemed as if her nose were stopped up. She has never had any illness, except measles when eighteen months old, and since then she has never closed her mouth properly. A year ago she became very deaf. She had a profuse discharge from the right ear, especially at night. It lasted over a month and then ceased; since that her hearing has improved. Her tonsils were supposed to be enlarged, and she was treated with a gargle of potassium chloride (a saturated solution) for some weeks with benefit. She was sent to a special hospital for diseases of the throat, and underwent several operations, a portion of the mucous membrane being removed it is said, but there was no improvement. She snores at night, and always sleeps with her mouth wide open. On examining the nose the mucous membrane was found to be greatly congested, and the apertures were almost completely closed posteriorly. She was given the chloride of ammonium inhaler for forty minutes daily. After six inhalations the nasal mucous membrane was found to be nearly normal in appearance, and she could breathe with much less difficulty. After the tenth inhalation she was still better, and slept with her mouth shut. The inhalation was now given twice a day; half-an-hour in the morning and an hour in the afternoon. At the expiration of fifteen days the child was much improved. Two months later she returned, and on examination it was found that the mucous membrane of the nose was again very much swollen. There was a return of the old symptoms; she slept with her mouth open, made a peculiar snoring noise in her sleep, and was deaf in both ears. The inhalations were resumed for an hour daily, pure terebene and pinol being added to the water in the wash-bottle. The improvement was marked, but the inhalations had to be continued for a month before it was felt safe to discharge her.

The following is a case of obstruction of the nostrils, due to swollen mucous membrane in a child:

CASE XIII.—George C., aged fourteen, has been deaf, and has had much difficulty in breathing through his nose for the last seven years. He had measles when about five, followed by scarlet fever, after which he had his tonsils removed. He was a seven months' child, and has always been delicate. He has been at a board school, and has made much progress, but his lessons have always been a difficulty to him. In the winter he has a cough, and unless fed up and taken care of gets so weak that he can hardly get about. The mucous membrane of both nostrils is swollen and inflamed, and the right membrana tympani is ruptured. On April 12, treatment was commenced with the chloride of ammonium inhaler, the patient on four consecutive days inhaling for half-an hour a day. The cough was relieved and there was less difficulty in breathing through the nostrils, the mucous membrane of which was less congested. From the 17th to the 21st the inhalation was given for an hour daily, and the improvement was much more marked. The cough ceased, the breathing was easier, and the patient slept well at night. The inhalations were then discontinued, and the patient was given iron and cod-liver oil. The improvement resulting from the inhalations was very noticeable.

The following case treated by Mr. Lucas Hughes illustrates the benefit which may be derived from prolonged inhalations of chloride of ammonium in children:

CASE XIV.—Minnie C., aged eight, has always been a delicate child. Had scarlet fever, followed by croup, bronchitis, and inflammation of the lungs. Has had a cough almost ever since, worse in winter, but practically continuous all the year round. She sleeps with her mouth open, and is deaf in both ears. She is very short of breath, and is incapable of much exertion. She sometimes has acute febrile attacks lasting for several weeks, during which her eyelids swell and she sneezes a great deal. On examining the chest it was found that there was sibilant rhonchus all over both sides. She was given the Vereker chloride of ammonium inhaler, and told to inhale for half an hour. The treatment was commenced on April 21, and on the 24th it was increased to an hour a day. On the 26th, there is a note that the cough has greatly improved, and that she sleeps better at nigh

The treatment was continued until May 10, when the cough had ceased, and on examination of the chest it was found that the morbid sounds in the chest had disappeared. Her mother stated that she was better than she had been for some years. No difficulty was experienced in teaching the child to inhale, and she seemed thoroughly to enjoy the operation.

The following case was also treated at the Hospital:

CASE XV.—Kate S., aged twenty-seven, married, has had a cough more or less ever since she was three years of age, but it has been much worse the last nine years, especially in winter. She has five or six paroxysms every day, each lasting for three or four minutes. The expectoration is very copious, is thick and yellow, and comes up easily. She has noticed streaks of blood from time to time. She is short of breath, and has some difficulty in getting about. She has no appetite, and has been losing flesh for over a year. The chest was carefully examined, but nothing was detected beyond slight emphysema. Mr. Hughes gave her an inhalation from the Vereker inhaler daily for an hour for eight days, and at the expiration of that time she had much improved, and the cough troubled her but little. She was given Kepler extract of malt and cod-liver oil for a fortnight, and was then discharged much better in every respect.

Original Articles.

THE CASE OF DR. BROWN-SÉQUARD.

BY JOHN V. SHOEMAKER, A.M., M.D.

IT might, perhaps, be deemed presumptuous of me to pretend to decide the case of Dr. Brown-Séquard, in face of the manifold adverse final judgments of the secular press; but it is at least permissible to me, as to any other person, to state the case in a light of fairness which has not heretofore been always attempted; to review, in a word, the facts, and their bearing in the case, to see if these warrant the general condemnation with which the man and his theory have been visited.

As a preliminary, it will be well to point out that the arraignment has been entirely too general, that a charge accompanied by specifications is necessary to fair trial, and that this procedure has not been observed in the course of the animadversions against Dr. Brown-Séquard. Upon what counts is he to be tried? Is he charged with being criminal, imbecile, or ridiculous? If he is imbecile or ridiculous, he cannot be criminal; and if he is criminal, he cannot be imbecile or ridiculous. But it is proper to do first what has not been done—to determine whether it is the man, or the theory, or both, that are on trial.

If, as the rational order would dictate, the theory is to be placed on trial first, before the man can be applauded or condemned, then it will soon be apparent that the theory has had but the faintest semblance of a trial. But, certainly, both theory and man cannot properly be on trial at the same time, and it is lamentable to be obliged to confess that, before the theory has been adequately tested, Dr. Brown-Séquard himself has been put on trial and condemned.

Another necessary preliminary, it should seem, to acting in the interests of justice, would be that intending judges of the case should know what his theory really is, or else they are seeking to try a suppositious case, not the case of Dr. Brown-Séquard. Scarcely had the announcement of his alleged discovery taken place, when many of the secular papers of the country, without hesitation, ascribed to him the statement that he had discovered the elixir of life, and many of them still continue to harp upon that false string. Hundreds of articles in the secular press have appeared with this misleading allegation, and to the shame of the medical profession, there were not wanting articles even in medical journals which proved conclusively that the writers had never read the statement of Dr. Brown-Séquard himself. False allegations with regard to his claim having been made, were then adhered to; and writers manifesting sublime ignorance of the facts, and influenced by reports of unfavorable results from the administration of his suggested hypodermic injections, then set to work to vilify him, and the pleasant names of charlatan, quack, empiric, or, as alternatives, imbecile, dotard, jackass, were more freely bestowed upon him than were any of the honors which he has received throughout a long career. And yet we pride and vaunt ourselves upon belonging to the Anglo-Saxon race, which claims above all races to be lovers of fair play.

The usage of allowing some weight to the previous good reputation of the accused has been entirely forgotten in this case. Yet, if any man should have had good standing before the court of American public opinion, Dr. Brown-Séquard stands on the same footing as that man. By birth, American on one side, and French on the other, he twice married in America, and has from first to last in his career, although for the most part passed in Paris, shown the liveliest interest in, and affection for this country. His reputation as a physiologist, the growth of life-long study, is among the first in that branch of science in the world. His standing in an American, or any other court of public opinion, ought, therefore, to be good. Any charge that could be substantiated against him could probably be based upon nothing more unworthy than what has emanated from the life which he has led as a devotee of science and a recluse for the sake of benefit to his kind. If it be true that much learning has made him mad, or that imbecility has overtaken him, let us examine for the existence of these facts in what he himself has lately said, for there is no truer test of the sanity of a man than in what he says. If he be not actually imbecile, but only degenerated into a silly old man, calculated to make himself ridiculous at any and every turn, then he, being half a Frenchman, will readily agree to be put on trial on the basis of the French aphorism, that to be ridiculous is worse than to be criminal. But before we put him on trial at all, on any count, it is indispensable first that it should be shown what he really does claim, and then whether or not his claim can be sustained.

Let us, then, to begin with, see what he actually does claim. As the notes which he sent to the London *Lancet* are a *résumé* of the remarks which he had originally made before the Société de Biologie, of Paris, there are probably no words, not even including those of the original remarks, which could convey so precisely as these his exact meaning.

He tells us, at the beginning of his discourse on his theory, that he had had a general conception of the subject as early as 1869. This, it will be observed, was long before the period when he could possibly have been charged with imbecility, or even with verging upon that condition. He tells us that, prompted by his thought-tendency, he had, in 1875, made some biological experiments pointing in the direction indicated. He remarks that the degree of success which he achieved in these was small, but was still sufficiently encouraging, as indicating a latent principle of life, to warrant him in pursuing his investigations through what seemed an easier path to success. Accordingly, aided by the generalizations which he as a biologist was able to make from an immense number of facts, he began to pursue this path wheresoever it might lead. At the basis of all his thought thenceforward lay the probability, accepted by his mind, that in the elements of the living vertebrate body, represented by the seminal and ovarian fluids, lay great potency for the individual life; and if so, he argued, they might, if transfused into another similar living organism, temporarily revitalize it.

If even one of the laity, let alone a medical man, will for a moment reflect how intimately associated are the general health of the organism and the vigorous condition of the generative organs, he will perceive at a glance that the idea of Dr. Brown-Séquard is not far-fetched. Every monthly nurse looks at once at the scrotum of the new-born male child, to ascertain the degree of vigor that the organism possesses. The genitalia of the moribund shrink and shrivel as the supreme moment approaches, and when it is reached, suffer almost instantaneous, total collapse. Let a medical man reflect for a moment, that if these are matters of common observation, they must have been among the least of the manifold sources of induction from which Dr. Brown-Séquard conceived the theory that the seminal and ovarian fluids must possess great vitalizing potency. He contemplates the sluggish condition of the eunuch and the condition of continent men not eunuchs; the condition of men in youth, their changed condition with the advance of age; and he finds, lying side by side with all functional decline, that the most marked to the individual, although least manifest to the world, is that of the sexual attributes.

Under the circumstances, it is not utterly astonishing that he should have been led to think that, as among all evidences of senility in men and women, the loss or diminution in the generation of the fluids which respectively belong to the two sexes is the weightiest as to the physical degeneration of the organism, the diminution of the fluids might be regarded as one of the *causes* of the degeneration of the organism. This, however, as we regard it, is the weak point in his conception—the idea that, at all periods of life, whether in youth or age, the organism is renovated by resorption of these fluids. This makes an effect in turn a cause within the organism itself, which, if acting, would make of the alternating cause and effect a condition analogous to perpetual motion. This violates a principle of nature. We can readily conceive the proposition that fluids taken from one organism and transfused into another may possibly have a renovating effect on the recipient organism, but not that an isolated, independent organism can to any degree go on revitalizing itself. That the waning powers of the system should, as a part of vital decadence, fail to produce in quantity or quality the seminal or ovarian fluids, as originally secreted by the organism, is a matter of common observation. That these fluids should, at any time of life, as a consequence of their production in any kind or degree, make a store of force upon which the general organism draws, is not in accordance with the lines of scientific thought. The proposition, however, that their potency, as being physically representative of vital force and its propagation, may be effective in temporary revitalization of organisms other than those from which the fluids were extracted, is perfectly comprehensible, and strictly in consonance with the lines of scientific thought.

But this discussion is only incidental to the main purpose of a review of the treatment to which Dr. Brown-Séquard has been subjected. It will be seen that, whether partially or wholly wrong, he has merely stated a theory of his, and that in so doing, he has affirmed nothing dogmatically, but has given his reasons at every step for his conclusions. There is something to be said for him in addition to all this, that he does not ask to have his views received upon his mere statement. On the contrary, he does not accept them himself without proceeding to the test of experiment upon himself, and through Dr. Variot, a distinguished medical friend of his, upon several persons of advanced age. And with relation to these tests he speaks with all the qualifications and due reserves becoming a scientific man. By these experiments in sum he is confirmed in his conclusions, but he does not rest satisfied there. He, as a scientific man, knows that a few experiments cannot establish the truth of such an hypothesis as his, and so he appeals to the medical world to repeat his experiments with the testicular fluid to the end that, if what he surmises be found true, the discovery would be for the benefit of humanity. His marked carefulness and modesty of statement, coupled with perfect clearness, cannot but strike anyone who has read his original declarations. Let us refer to a portion of his own language in proof of what is here said. He concludes the remarks sent to the London *Lancet*, as follows:

"I believe that, after the results of Dr. Variot's trials, it is hardly possible to explain the effects I have observed on myself otherwise than by admitting that the liquid injected possesses the power of increasing the strength of many parts of the human organism. I need hardly say that those effects cannot have been due to structural changes, and that

they resulted only from nutritive modifications, perhaps in a very great measure from purely dynamical influences exerted by some of the principles contained in the injected fluid.

"I have at present no fact to mention which might serve to solve the question, whether it would be possible or not to change structurally muscles, nerves, and the nervous centers, by making, during a good many months' frequent injections of the fluid I have used. As I stated at the Paris Biological Society, I have always feared, and I still fear, that the special nutritive actions which bring on certain changes in man and animals, from the primary embryonal state till death by old age, are absolutely fatal and irreversible. But in the same way that we see muscles which have, from disease, undergone considerable structural alterations, regain sometimes their normal organization, we may, I believe, see also some structural changes not essentially allied with old age, although accompanying it, disappear to such a degree as to allow tissues to recover the power they possessed at a much less advanced age.

"Whatever may be thought of these speculations, the results I have obtained by experiments on myself, and those which have been observed by Dr. Variot on three old men, show that this important subject should be further investigated experimentally."

Would any of the gentlemen of the press who have so lavishly poured ridicule on Dr. Brown-Séquard during the last few weeks, have stated more modestly than he the provisional conclusions which he has reached? What, even if he prove to be entirely in the wrong? Is only the finding of truth noble? Is not the search, the sacrifice for truth, the noble part of effort, and the finding of truth only the crown of glory? But often even the finding of it does not obtain any but the martyr's crown. We can demand no more of Dr. Brown-Séquard, or of any other man who has the right to speak on subjects deeply studied, than that he shall frankly speak the truth that seems to himself to be in him. It is a great wrong for those to perpetrate who would applaud if truth were found, and they benefited, but have no mercy on the earnest but unfortunate seeker for it.

But how can we be certain that Dr. Brown-Séquard has not found the truth? He does not claim, despite what the papers say, that he has discovered, what amounts to the same thing, the elixir of youth or of life. His claims are strictly bounded by the most precise language, and amount in sum to saying, "Having conceived, from previous study and observation, that I could utilize to advantage in the human organism a fluid which would temporarily revitalize it, I have tried, or have had tried, and as I think successfully, a few experiments tending towards the determination of the question. I do not claim that these few experiments are conclusive as to covering all human idiosyncrasy, but such as they are, I commit the knowledge of them, with the formula which I have used, to the experimental tests of the medical world, with the hope that they will be confirmed."

How has the medical world at large in this country, not all the medical world here, acted in this regard? Perhaps Dr. Brown-Séquard would have been more discreet if he had incidentally communicated the fact that he has one of the best laboratories in Paris, that all his life he has been accustomed to trying the most delicate experiments and had said that he must caution his professional brethren who are not possessed of excellent appliances, and are not adepts in manipulation, to be wary in their procedures. He did not do so; he was too modest a man for that, and he took too much for granted. He took it for granted, for instance, that no doctor would walk down to a market-house, and upon the interested statement of a butcher that his lamb-fry was rather fresher than even when possessed by the original owner of it, proceed without any antiseptic precautions to make a concoction with a little micro-organic water, and then inject a fluid centimeter of it into a patient desirous of revitalization. An experiment tried without all the conditions imposed is an experiment, but not the experiment prescribed. A case once occurred where a man was informed that, if he would build a flue alongside of his water-closets in the basement of his house, a fire near the bottom of it would draw off through the flue all the smell from the closets. But, as an improvement upon his instructions, he built the fire-place in such fashion that heat sent the effluvia through the house. Dr. Brown-Séquard's theory has not been fairly put on trial, and yet, as has been said, he has been vilified to a degree that would have been warranted only, if, instead of having honest intentions, he had been guilty of a fraud. One of the very few fair examinations of the subject which has been made, is found in the paper of Dr. Henry P. Loomis, of New York, the conclusions which he has reached being derived from his own careful experiments. A passage from this paper will evidence how carefully he has worked. It reads as follows:

"I can see no reason to anticipate danger of septicæmia from the use of the fluid prepared under proper antiseptic precautions, provided the material used be absolutely fresh and free from all traces of disease. My attention was called to the necessity for the closest scrutiny in this last particular, by having discovered, in specimens taken from an apparently healthy ram, a solitary tubercle in which were demonstrated tubercle bacilli. In none of the cases have I seen any bad results, and only in a few has there been a moderate amount of pain at the point of injection, lasting from six to eight hours.

"I can explain the singular nervous affection apparent in certain of the cases, only on the theory that upon the nerve-centers the mixture exerts some powerful, but, as yet, unexplained influence, which, even if its use be eventually proved beneficial in some cases, must render its employment in others a matter of caution. It is far from safe to say, and proceed upon, the belief that if it does no good it can do no harm.

"I seem to see in almost all the cases of *old men* subjected to the experiment, an increase in strength and vitality, which certainly persists for several days. I have noticed nothing in the least resembling the secondary depression which so commonly follows the use of ordinary stimulants.

"When used in cases of actual disease, no modification of pathological conditions or processes has been recognizable.

"I therefore conclude that the injection of this testicular mixture does, as claimed, produce nutritive modification in the tissues of elderly men, due probably to the stimulation of the nerve-centers.

"As far as my own experiments are concerned, sufficient time has not elapsed to justify an affirmation or denial of the correctness of Dr. Brown-Séquard's second conclusion.

"There is in the theory sufficient ground for further experimentation."

These views have about them the true scientific ring. Deny nothing, unless it offends against some cardinal principle accepted by scientific men. If a man says that he has discovered the wherewithal to neutralize the attraction of gravitation, it is not even incumbent upon one to call his attention to the phenomenon of his walking, to the evidence against him in the sun, moon and stars. It suffices speechlessly to walk away. So of other claims to discovery that might be adduced. But barring this conflict with universally accepted general law, a scientific man is bound to try and test, to enable him to hold fast that which is good, and to reject that which is false. Only upon the terms of assuming nothing positively, until it has been weighed in the balance, can he possibly be sure of reaching any truth. It is evident, therefore, that Dr. Brown-Séquard cannot be placed on trial even for incompetency until what he has claimed shall have been given the consideration which it has not yet received. The scape-goat did not pass away with the Jewish dispensation. Men like, as of old, to visit their own sins of omission and commission on the heads of others. The profound silence with which the announcement of Dr. Brown-Séquard was at first received, and then the hopeful murmurs that arose, and then the eager advance of worshippers to the shrine of youth, presided over by a portion of the medical priesthood, is the best possible evidence of the existence of a latent, unexpressed, general wish always to be young. The strength of the reaction of sentiment proves the power of the original credulity. But there are fluctuations in the minds of men that rise and fall, although not so regularly as those of ocean. Let us hope, therefore, that upon a more reasonable wave of public sentiment than the second, crediting not that youth can be regained, but that something beneficial may still exist in the theory of Dr. Brown-Séquard, working for revitalization in the human race, writers on the subject, for the sake of justice if for nothing else, will carefully guard themselves against denouncing either the theory or the man as false, until they are a little more certain than they generally are at present of the facts.

A DEATH has occurred in St. Agnes's Hospital from spurious hydrophobia. The deceased, bitten by a dog nine months ago, was frightened by ill-advised friends into the belief that he had the rabies, and fell a victim to his hallucination and the absence of M. Pasteur.

ENUMERATION OF THE BLOOD CORPUSCLES

By SAMUEL WOLFE, M.D.,
SKIPPACK, PA.

FOR the purpose of comparing the number of corpuscles, or rather of ascertaining their divergence from what is assumed as a normal ratio, in different individuals, such an apparatus as Gowers' Hæmacytometer is indispensable. It is therefore a legitimate portion of the outfit of the physician and surgeon, or at any rate of the pathologist. But for purely physiological purposes, we may resort to a method of computation based on the proportionate weight of the corpuscles, as a component of the blood, and of the individual size of a corpuscle. It is interesting to note the close correspondence in the result, to that obtained by the hæmacytometer. If we take the minimum size of a red corpuscle, 1-4000 inch in greater diameter, the percentage of weight of the red corpuscles to the entire blood, 45 per cent., the specific gravity of the plasma 1025, and the specific gravity of the red corpuscles 1088, we are ready for the demonstration. In one millimetre, or $\frac{1}{25}$ of an inch, we could arrange 160 corpuscles in a row, 160x160 in a square, and 160x160x160 in a cube. This assumes the corpuscles to be spherical, but since they are only $\frac{1}{12000}$ in. in thickness, or $\frac{1}{3}$ as thick as wide, a packed cube (1 cu. m.m.) would contain 160x160x160x3 = 12,288,000. The percentage of weight is 45. The percentage of space occupied would be 45 per cent. if the specific gravity of corpuscles and plasma were the same. Since this is not the case, determine the percentage of space by the proportion 1088 : 1025 : : 45 : 42.4 nearly. 12,288,000-x.424=5,432,312, as the number of corpuscles in a cubic millimetre.

When it is remembered that the minimum sized red corpuscle was taken as the standard, we may be allowed to assume that the number is somewhat smaller, and thus bring it in close correspondence to the number given as the physiological standard or, 5,000,000.

RUPTURE OF THE UTERUS.—1. In cases of rupture of the uterus, with the head presenting, delivery by forceps should be attempted, but should be abandoned if not found easily practicable. Turning should not be undertaken, but the case should be at once recognized as one for either the Cæsarean or Porro operation.

2. In cases of ascertained incomplete rupture, treatment should be by antiseptic irrigations and rest.

3. All cases of ascertained complete rupture should be submitted to abdominal section so soon as the condition of the patient with reference to shock will admit, for the following purposes, viz.: (1) to explore the abdomen, (2) to remove all foreign bodies, (3) to cleanse the peritoneum, (4) to close the rent if the labor has been short, and the uterus not seriously damaged, and (5) to remove the uterus if the labor has been long, and the uterus seriously damaged.—*Dr. Charles A. L. Reed, in New York Medical Journal.*

Hydrotherapeutics.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.[1]

By SIMON BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

ALTHOUGH it is the first-born offspring of therapeutics, water has experienced many vicissitudes in its struggle for the permanent position which it must surely attain as a remedial measure.

It shall be my aim this evening to appeal to you in behalf of its more general utilization, and my plea shall be based upon historical, physiological, and clinical grounds, which, I trust, through you, may lead the profession here to the realization that this most gifted child of medicine has been maltreated and neglected, and its power for good impaired by an imperfect appreciation of its merits. As I have said on a previous occasion from this platform, I shall not attempt to furnish you an exposition of the hydropathic, or water-cure system—that system whose beneficent results are, according to its enthusiastic advocates, destined to revolutionize medicine and to inaugurate the millenium of therapeutics, combining the utmost simplicity with the most marvelous efficacy. On the contrary, it is my purpose to divorce the remedial use of water from its empirical union with hydropathy, by urging its simplified utilization by the general practitioner in his every-day rounds.

The history of water as a remedy is, as I have elsewhere said, replete with interest, and affords the clearest demonstration of the instability of therapeutic propositions, and the influence of prevailing thought upon the latter.

Its literature is among the most extensive of any remedy. The Surgeon General's library contains titles of five hundred works and essays upon this subject, and Plohn prints the titles of nineteen hundred and twenty-five essays in his account of the Literature of Hydrotherapeutics, up to 1882.

Despite this vast accumulation of historical, experimental, and clinical material, the modern works on therapeutics discuss the subject in a few beggarly lines or pages; preferring to devote their columns to the problematical mode of action and effect of remedies which have not received one tithe of the investigation and practical demonstration.

Vienna, Paris, Bordeaux, and Lyons are to-day the only medical centers where hydrotherapy is systematically practised in the regular hospitals. In the former two cities it is taught also by able professors.

Hence, institutions abound in these countries, where water is applied with more or less precision to the treatment of disease.

A rapid survey of the history of water as a remedy will sustain me, I trust, in the view with which I desire to imbue you—that no remedy has passed so many conflicts with credit, and that despite professional and lay prejudice, it stands to-day unscathed, and challenges assault, secure in its physiological and clinical panoply.

If the history of medicine were the subject of a few lectures in the medical course, much unnecessary labor and groping in darkness would be spared the student and future investigator, and much good would acrue to his future patients. It is singular that while other professions and trades regard the study of the history of their subject as an important element of their education, the physician alone permits this vast field to stand untilled. To the restless medical mind, ever alert for new discoveries, the past seems to present no charm; and yet, no subject can be logically and scientifically discussed without a knowledge of previous achievements in its time. The history of the world, says Göthe, is the forum of the world. It alone presents to us a portrayal of truth, and guards us against error. The study of the history of medicine has always interested me, and in no direction has it afforded me more substantial grounds for positive opinion than in therapeutics.

The works of Hippocrates, the father of systematic medicine, illustrate how a master mind may grasp facts and make deductions which may stand the test of time. Appearing upon the stage of action at a time when the greatest confusion had been brought into the treatment of disease by priests, philosophers, and physicians, the great genius brought order out of chaos into every branch of medicine, and endeavored to endow with true scientific dignity the empirical knowledge of the day. In his tract on the Use of Fluids, he lays down rules for the treatment of acute and chronic diseases *by water* which are to-day followed by empirics as well as physicians. After his death opposing doctrines prevailed. Among the Greek physicians and philosophers who, during the rise of Roman greatness, emigrated from their native land to seek fame and fortune among the world-conquering people, was *Asclepiades*, of Prusa. Leaving Alexandria, and Athens, one hundred years before Christ, he entered Rome under Marius and Sulla.

Though belonging to a despised class, he became the bosom friend of Cicero and won for himself eminence, respect, and professional reputation because of his great medical talents, his marvelous cures, and especially on account of his genial and sympathetic nature. It was his chief aim to cure "cito, tuto et jucunde." Hence he cast aside all active medication. Although he practised bleeding, he did so cautiously, and he depended chiefly upon diet, rubbing, exercise, and *baths*. I have frequently remarked, in the study of this subject, that the same men whose judicial medical thought elevated them so far beyond their contemporaries as to resist the prevalent practice of excessive venesection and active medication, exhibiting a regard for the conservative tendencies of nature; the men who, in those dark days of medical history, approached most nearly the spirit which governs the therapeusis of the present enlightened era, these were the men who were invariably pronounced advocates of water as a remedy.

Asclepiades, the philosophical founder of the school, from which sprang Thernison, Antonius

[1]Read before the New York Academy of Medicine, November 7, 1889.

Musa, Cornelius Celsus, Cœlius Aurelianus, was so warm an advocate of baths and douches that he was dubbed *Psychrolutes*. Through him hydrotherapy was popularized in Rome. A member of his school it was, Antonius Musa, who maintained the aim of his noble master, to rescue his calling from the disrespect with which it was regarded. To him the Emperor Augustus owed restoration to health by a vigorous cold water treatment.

Suetonius tells us that the grateful Cæsar bestowed, not alone upon Musa, but upon the entire medical profession, the privilege of citizenship, besides erecting to him a statue next to Æsculapius. Horace, too, was his patient. His First Book, Epistle VI (Smart's translation) tells us: "Antonius Musa pronounces Baiæ to be of no use to me, yet makes me obnoxious to the place, where I bathed in cold water, even in the midst of the frost, by his prescription."

Cornelius Celsus, the learned Roman, called Lationorum Hippocrates, Medicinus Cicero, the bosom friend of Ovid and companion of Fabius Maximus, prescribed water freely in acute and chronic diseases. His opinions on the prevalent bloodletting mania of his day mark him as an eclectic of the highest type.

The same may be said of Cœlius Aurelianus, who was the originator of the abdominal compress of wet sponge for hypochondriacs. Galen, too, was an able but judicious advocate of cold water baths, and advised cold affusions upon the head while the body was immersed in warm water.

In the dark days of medicine which followed the death of Galen, when all branches of human knowledge suffered from the ignorance, witchcraft, and fraud arising from the barbarism of migratory peoples; from the destruction of the Alexandrian library and school; from the demolition of the Roman empire, the plundering of the Saracens and the conquest of Spain, science and art lay prostrate. At this time Alexander of Trolles and Paulus Ægineta appeared like meteors upon the medical horizon. The former refused to rely upon any system of medicine, but insisted with true philosophical spirit, which would do credit to him to-day, that the physician must depend in each single case upon the age, constitution, natural powers and mode of life of the patient, as well as upon the climate and all allied conditions and effects of nature. He furnished directions for bathing and rubbing in many diseases, and a special diet in gout. Paulus Ægineta, who is regarded as the greatest physician of the seventh and eighth centuries, was an enthusiastic advocate of water, and he it was who first advised the cold douche for anuria.

The next prominent figure in the history of hydrotherapy is Savonarola, the grandfather of the unhappy famous professor of Ferrara. He cured the Marquis D'Este by cold affusions, and recommended them in fever, dysentery and leucorrhœa.

Since no history seems to be complete without the Chinese, I may mention that Julien (Compt. Rend. 1849) tells us that in the annals of the dynasty of Hâs the biography of Hoa, a celebrated physician, is written. Hoa used hydrotherapy by sweating and cold water. In the case of a woman suffering from rheumatism he ordered one hundred affusions. Although the woman thought herself dying after the seventeenth, he persevered until the hundredth had been received; then wrapped the patient in a warm bed for a reaction.

In the seventeenth century Herman Van der Heyden regarded water as a panacea, reporting three hundred and sixty cases of malignant dysentery cured by its use. Passing over lesser events, we come to an epoch in hydrotherapy created by Floyer, the Englishman, whose book, published in 1697, passed through six editions, and was translated into German forty years later. Although he was an educated physician, he may be termed the first exclusive hydropath. He energetically propagated his views by his writings, making many converts at home and abroad. This learned enthusiast was succeeded in the advocacy of hydrotherapy by Frederick Hoffman, the most illustrious physician of Europe at the time. He held a professional chair, and commanding great respect, found many followers. His doctrines were imported into Italy, and thence found their way to France, and again back to England, where Floyer had prepared the way.

Theden, the surgeon of Frederick the Great, was the first to use water in smallpox, malignant fever, rheumatism and inflammation of the joints. He improved the shower bath.

In 1743, a Silesian physician, Johann Sigmund Hahn, and his son, established the principles of modern hydrotherapy in Germany, applying it in acute and chronic disease, especially in smallpox and the other exanthemata. Hence the same country which later produced the first great empiric, Preissnitz, may be credited also with the first great hydrotherapist. During the prevalence of the pest in Moscow in 1771 cold water was very successfully used.

Among the few historical facts which are familiar to most physicians, the exploits of Wright and Currie in the treatment of acute fevers may be mentioned. Currie's work was translated into several languages, and his practice was introduced into the Vienna hospitals by Joseph Frank.

To mention Hufeland, the enthusiastic yet judicious advocate of hydrotherapy, is to give the imprint of true medical wisdom to it and to indicate its wide adoption among the profession. He offered a prize for the best treatise on the action of cold water in fevers, determined by scientific thermometrical study. Dr. Koehlich, a Viennese professor, was the most successful of three competitors, all of whose essays were published in 1823 by Hufeland.

Despite these eminent and enthusiastic advocates, hydrotherapy did not become popular until the appearance of the peasant Preissnitz. His history is doubtless familiar to all. In 1840 he had treated over 1500 patients from all parts of the world by the method he had invented, and when he died, twelve years later, he had amassed several millions.

The impression made by this empiric marks an epoch in the history of hydrotherapy. His success was brilliant, as you know. A copious literature sprang up in all parts of the world, and many institutions were patterned after his. The government

built roads to facilitate access to his establishment; monuments and fountains were erected to his memory. Physicians from all parts of the world, who had been attracted to this Silesian peasant's mountain resort, became converts to and missionaries of his practice.

An interesting chapter in the history of hydrotherapy is furnished by an incident in 1839. Drs. Engel and Wertheim petitioned the French government for permission to erect a hydropathic institution. The petition was referred to the French Academy of Medicine, which appointed a committee consisting of Bouillaud, Velpeau and Roche. The latter delivered such a tirade against hydrotherapy, characterizing it as dangerous, unscientific, chimerical, and opposed to the simplest laws of physiology and pathology, that the sixty members present approved an adverse report amid great applause. On this report the Minister refused to grant permission for the erection of a hydropathic establishment to Engel and Wertheim. These physicians appealed from the decision of the Academy and requested the authorities to investigate hydrotherapy in the hospitals. This was done in the Hopital St. Louis, under MM. Gibert et Devergie in 1841. These made a favorable report, which resulted in the withdrawal of the interdiction previously ordered. Thus has it ever been when the biased views of inexperienced opponents were met by clinical demonstration in hydrotherapy. Bouillaud, the chairman of the committee, recanted.

A few years later Scoutetten was sent to Germany by Marshal Soult to study hydrotherapy. He reported that while it cannot be reckoned a universal method, it exercises an undeniable influence on the public health, and the numerous permanent cures it has wrought on intelligent persons recommend it to popular attention. It lies in the interest of humanity and medical science that the demonstration of the forms and aids of hydropathy in Paris should take place under the eyes of able physicians. This report gave a great impetus to the development of hydrotherapy among French physicians, to whose honor it redounds to-day in the works of Lubanski, Latour, Schedel, Fleury, Dujardin-Beaumetz and others.

Modern fever treatment received its great initiative from Ernest Brand, who in 1861 published his remarkable results from immersions and compresses of water from 50° to 60° F. Bartel and Juergensen are names familiar to the present generation. Vienna became a great center of hydrotherapy, which it has remained under Winternitz, its chief modern promoter.

This rapid, hence imperfect, review brings us down to the present day, and I ask you to listen to what a few of the great clinical teachers of the present day say of that method of treatment which has received the highest enconiums from Hippocrates, Asclepiades, Celsus, Hufeland, and Currie.

Niemeyer, in his book on "Practice," says of it in scrofula: A series of cases are on record in which complete and perfect cure have been obtained by these means after all other methods of treatment had been applied in vain.

V. Ziemssen, the renowned clinical teacher of Munich, says: "It plays an extraordinarily important rôle in tuberculosis, it acts very favorably upon disturbances of the digestion, it is highly valuable in neurasthenia, etc."

Struempell, whose translated work is now a textbook in our colleges, says: "There is at present no other single method of treating typhoid fever, with so numerous and evident advantages for the patient, as the bath."

Prof. Frærtzel, of Berlin, says: "Experience has taught us, up to the present time, that the really brilliant results in the treatment of severe febrile diseases may only be obtained when cold baths form the basis of treatment."

From France we hear the recent utterances of Dujardin-Beaumetz, in his lectures at l'Hôpital Cochin: "The benefits we obtain from cold water in the cure of disease arise from its physiological effect upon the circulation, the nervous system, the nutrition, and from its revulsive and heat-lowering influence."

M. le Pro. Peter, of the Paris School, says, in his preface to the magnificent clinical work on "Hydrotherapy" of Duval, published by Baillière Bros., last year: "Hydrotherapy suffices in most cases of disease; added to other treatment, it is a most powerful auxiliary. Can any one speak better, or say more of it?" he asks.

F. A. Hoffman, in his "Lectures on Therapeutics," published this year, and said by the reviewer —Prof. Ewald—to be the most able work on that subject, says: "*In time all* chronic diseases will come into the domain of the bath treatment, although it is not so much considered now."

Semmola, the Professor of Therapeutics at the Naples School, says very recently, in referring to the value of physical agents for the cure of disease: "The chief of these is hydrotherapy, by which real marvels of recovery in severe and desperate cases are accomplished. It is to be regretted," he continues, "that physicians in general do not accord to hydriatic treatment the value to which it is entitled. Hydrotherapeutics represent in entire series of affections—especially those in which tissue changes are involved, the only effective rational etiological treatment." I might multiply these opinions *ad infinitum*. But I have selected them from men who are not special hydrotherapeutists, but who are teachers of medicine in the best schools of Germany, Italy, and France; men, too, who are known everywhere as representatives of good clinical teaching.

History has repeated itself here, as in other departments. The opinions of the most judicious, philosophical, and successful physicians of past ages have been sustained by the judgment of the most enlightened era.

47 East 60th St., New York.

The *Epicure*, in setting forth the virtues of coffee, claims that it is unequalled as a stimulant, being the best substitute for spirits in rescuing the drunkard from his cups. It is a preventive of malaria and epidemics, and a specific in typhoid fever. As a disinfectant it has popular favor.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

MITRAL DISEASE.

THIS man, age forty-eight years, a tinsmith by trade, for the last two weeks has had swelling of his legs. Twenty-years ago he had an attack of rheumatism, but the swelling he had at that time is unlike this. There is no pain or redness, and the part is rather cooler than normal. He has been a drinking man. The tension of the skin is marked; the leg is white and milky in appearance; there is sensation of yielding to the fingers, and pitting on pressure. In cases where this swelling becomes extreme the skin bursts, and a limpid liquid like the serum of the blood escapes. This is a trouble formerly classified as the disease dropsy, but is now regarded merely as a symptom. The common causes are affections of the heart or kidney; obstruction to the venous circulation. I find his pulse is weak and irregular, and deficient in tension. He has a systolic murmur, which is the result of a past rheumatic endocarditis, followed by deficiency of the valve with some hypertrophy. There is no albumen in the urine, but it would not have been surprising if there were some here, due to the heart weakening, which allows of transudation of albumen. Kidney symptoms are negative. Probably his blood is not in a very good condition, for he appears anæmic. Under these circumstances see that he is well fed. Do not throw any unnecessary work on the heart as it is now working at double its normal rate. He must also have something to strengthen his heart, increase his appetite and improve the blood. Patient should eat red meats in the middle of the day, and should abstain from pork, mutton or heavy foods. Milk three times a day. We will give him one drop of a one per cent. solution of nitro-glycerin thrice daily to increase the tension of the heart. Also order:

℞.—Tr. gentian. comp . . . . . ʒ ij.
Sodii bicarb . . . . . gr. ij.
Syrupi zingiberis,
Aquæ . . . . . āā ad ʒ ss.
To be taken at one dose.

—*Dr. Woodbury.*

CROSSED HEMIPLEGIA.

Here is a very interesting case of nervous disease that has been brought into the hospital. The patient is a man forty-five years old, and a hard worker. He is a Swede, and an instrument maker. While at work he was suddenly taken with a queer feeling in his head, had to sit down, and soon lost power of expressing himself, while the right side of the body became paralyzed. When he came here the right arm and leg were paralyzed, along with the left side of his face; he had a crossed hemiplegia. He is unmarried. He can talk now, but the mouth draws to the right side, for the muscles of the right side act, while those of the left do not. There is decided loss of sensation on the right side; he scarcely feels the stick of a pin, but he is quite sensitive on the other. There is no difference in temperature on the two sides of the body. Examining this case farther we find that he had no headache when this attack came on last week. It came in the morning in his right hand, and by evening he had lost the power of the right leg also. He was conscious all the time. The strangeness of his speech consisted in the loss of all articulate language, but at the present time there are some words which he cannot say at all. This is not due to paralysis of the tongue or larynx, but because he can not firmly coördinate in his mind. It is a condition of aphasia.

I will also add to his history that he had a bad attack of pyæmia, and as often happens there was an endocarditis, and a disturbed function of the valves. There is a murmur with the first sound, and one with the second at the aortic orifice. He has left sided endocarditis, and as a result of this has had deformity of the valves, and formation of clots, or fibrinous polypoid granulations. It is possible that one of these has been carried to the brain. We know that in crossed hemiplegia the clot must lodge low down in the brain, beyond the decussation of the facial nerve. Hemi-anæsthesia is a lesion of the optic thalamus or the fibers that pass through it from the opposite side of the body. It involves a multiple embolism. One embolus affects centrally the optic thalamus at its anterior portion, and the other the decussation.

An effusion of blood would have been apt to cause pain, loss of consciousness, vomiting and involuntary discharges. Congestion is negative from the absence of headache. Right eye is defective in refraction. The treatment of this case requires first of all rest and mild stimulating diet. Keep the bowels regular, and administer potassium iodide, gr. v, at a dose, and increase it gradually to gr. xx–xxx. With this, spts. ammon. aromat. ʒj, three times a day, as it is an antidote to iodism and dissolves the clots and concretions. If we find his pulse subnormal and its tension not good we will put him also on digitalis. We will not use electricity, for it is yet too soon.—*Woodbury.*

PHILADELPHIA HOSPITAL.

DOUBLE HÆMATOMA.

I WISH to call your attention to this child, as it is a curiosity. It is a case of double hæmatoma occupying both parietal bones. One month ago I had a child that was born at the Maternity Hospital with this same condition, and I am inclined to think this is the same child. This condition occurs once in fifteen hundred to two thousand cases. The deformity at birth in this instance was very marked, but it is now gradually disappearing. By pressing the fingers upon these blood tumors you can feel the bone under them, and thus diagnose them from a meningocele. The treatment is to let them alone, as they become absorbed in five or six weeks. In the rare occurrence of suppuration they must be opened. Unilateral hæmatomas occur in about one case in two hundred.

Note.—The child died one week later from acute congestion of the kidneys.—*Hirst.*

NAUSEA may be relieved by applying cold to the back of the neck.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Nov. 30, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

THE NEW ANALGESICS IN THE RELIEF OF PAIN OF PURELY NERVOUS ORIGIN.

ANALYZED to the last degree, the practice of medicine consists solely in the relief of pain. Not only is this "a divine work," as Hippocrates used to say, but it is doubtful if medicine, as an art and science, would have any existence whatever if there were no such thing as pain. Were it not for the warning sounded by this symptom, we should die like the flies, without being able to summon timely aid. Even as it is, many a deadly disease advances far in its course before the slight symptoms of pain drive the sufferer to seek medical advice and so have the real nature of his condition made known. Pain, in this respect, is a blessing rather than a curse. Owing to the smallness of human knowledge, it is to be regretted that the causes of pain cannot always be discovered. The symptom, as in idiopathic neuralgia, may be excruciating, but the lesion totally unknown. In such cases the symptom alone must be relieved. Not unfrequently, however—as in tabes—the lesion is perfectly familiar and possibly amenable to cure, but the fulgurating pains are so terrible to bear that the latter must needs be relieved, for the time being at least, irrespective of the nature of its cause, or the latter's susceptibility to treatment.

Analgesics, therefore, have always held an honored place among therapeutical resources, but heretofore nothing has been able to approach opium and its alkaloids in this respect. The danger of causing the opium-habit, which is unfortunately becoming too frequent nowadays, induces many of our best physicians to dispense with the drug almost entirely, or to employ it at rare intervals and in extreme cases. Morphinomania is a disease for which practitioners themselves are not a little responsible; and it is to be hoped that they will become hereafter even more cautious in their use of these dangerous preparations of opium.

Atropine was the first drug tested with the introduction of the hypodermic method of medication, but the intolerance manifested by some constitutions, along with the occasional fatal results which followed its use, have caused it to be laid aside.

Solanine possesses many advantages in certain spinal affections, particularly in the systematic scleroses of the cord, when accompanied with pain and trembling; but its effects are limited.

Aconitine is a powerful analgesic. but it seems to exercise its force when administered in safe doses only in cases of facial neuralgia. It seems to be absolutely powerless in removing pains due to spinal cord lesions.

We are in need, therefore, of more safe, reliable, and effective analgesics that will cause simply a disappearance of pain, without otherwise injuriously affecting the constitution.

In the last number of the *Bulletin de Therapeutique*, Dujardin-Beaumetz presents a brief and practical resumé of the more recent preparations of this class, and offers some remarks upon their relative values in relieving the pains of purely nervous origin. We published (TIMES AND REGISTER, October 5, 1889) not long ago a long abstract of this same author's report to the Congress of Therapeutics upon the chemical constitution of these bodies.

Germain-Sée, in 1887, was the first to recognize the analgesic power of antipyrine or dimethyloxyquinizine. Since that time it has been employed and successfuly tested in so many painful affections that one is almost prone to regard it as a kind of panacea. But especially is it valuable in diminishing the excito-motor power of the cord and in curing the lightning pains of locomotor ataxia. Dujardin-Beaumetz recommends that the dose should never exceed two or three grammes a day, and if this fails to remove the pains, one of the other analgesics had better be resorted to.

Marshall says that antipyrine appears to be a specific in some diseases—as in gout and migraine. In fact, it would be vain to attempt to enumerate all the cases in which success has attended the use of this drug for the relief of pains. Hypodermatically administered, it is more decisive in its action than when given by the mouth. Some observers, like Hirsch, have been disappointed with it when exhibited by the stomach, but when administered subcutaneously they prefer it to morphine. The majority of clinicians prefer the use of small doses by the mouth frequently repeated; and it is always well to tell the patients to lie down after taking it, particularly if they take it in large doses. Weakness of the circulation and disease of the kidneys are the special contraindications against its use.

Phenacetine was first employed, in 1887, by Kast and Hinsberg. There are three varieties, known as ortho-, meta-, and para-acet-phenetidine, the latter being the one most generally prescribed. It is a white, rosy powder, insoluble in water, but slightly

soluble in chloroform and alcohol, hence it is best administered in wafers or papers. Fifty centigrammes, repeated two or three times a day, acts like antipyrine or acetanilide in causing the disappearance of pains, whatever may be their character. Singularly enough, this preparation also combats the polyuria as well as the excito-motor functions of the cord. The insolubility of phenacetine is one of its most important disadvantages, and for this reason it is not as available for general use as some others of the same group.

Methylacetanilide, or exalgine, is the latest of these medicaments, and excepting antipyrine, promises to be the most valuable. It appears under the form of beautiful colorless crystals, which are slightly soluble in cold water, but on the other hand are very soluble in alcohol, and even in a mixture of alcohol and water. They are devoid of taste or odor. This substance is an antipyretic, lowering the temperature from one to three degrees, and even more. It also increases the arterial tension and vascular pressure. Its first action is manifested within the nervous system, both sensory and motor; then in the respiratory and circulatory systems, and finally in the heat apparatus. In doses of eighty centigrammes it produces intoxication and vertigo; tolerance, however, can quickly be established. As an analgesic it takes rank with antipyrine, and is sometimes superior both to it and acetanilide.

In the last number of the *Therapeutic Gazette* it is said that "the analgesic effects of exalgine are especially evident in the treatment of neuralgia, and to a less reliable degree in the treatment of pains of a rheumatic character."

In conclusion, then, of all the modern antithermic analgesics, antipyrine holds the first place, both for its efficacy and ease of administration. Despite the occasional scarlatinal eruption, profuse sweat, and collapse which follow its ingestion, it is no more dangerously toxic than other drugs, if it be administered in doses not exceeding three grammes in the twenty-four hours, and in properly selected cases.

Next to antipyrine comes exalgine, and if the latter were only more soluble, it would be given the preference. It is better to administer this drug in small doses—say twenty-five centigrammes twice a day. An ordinary tincture or alcoholic solution affords an excellent menstruum. In the treatment of neuralgia, Gaudineau experienced only three failures with exalgine, in thirty-two cases. In cardialgia, with attacks of angina, it has acted favorably. In fact, it is praised as the most certain and decided destroyer of pain that we have, irrespective of the origin of the pain.

Because of its extreme insolubility, phenacetine ranks below antipyrine and exalgine. For the same reason, therefore, it is advantageously the most nontoxic of the present group of remedies. It is especially commendable in doses of fifty centigrammes to a gramme, given in powders, to relieve the shooting neuralgias so common among hysterics and neurataxics.

Last of all should be remarked acetanilide, not because it is less powerful than the others, but because of the alarming cyanosis which it produces. It is both active and cheap, and can be easily administered in the form of powders in doses of a gramme to a gramme and a half in the twenty-four hours. The best results with this preparation, as an analgesic, have been obtained in relieving the fulgurating pains of tabes dorsalis. In a few instances of epilepsy it seems to have afforded a cure. But in this class of cases there have been, as usual, frequent failures; nevertheless, when the bromides lose their effect, and the patient is able to bear it, Dujardin-Beaumetz recommends the habit of ordering acetanilide.

Such, in brief, are the more important properties of these new analgesics, and instead of our decrying the recent increase in this respect, we ought to encourage their introduction, and their further careful study. They promise to place at our disposal medicaments that have been long needed, and are more advantageous than any of the same class that we have hitherto employed; but there is need of greater care and precision in the testing of their exact physiological actions, in order to fix their value, and to establish the realization of that promise.

THE MYCOTIC ORIGIN OF INFANTILE DIARRHŒA.

THE sad procession of victims from the summer diarrhœa of infants continues from the first days of high atmospheric temperature to the early part of autumn, which are signalized by a more temperate condition of the atmosphere. The labors of the men who are determined to diminish the mortality among the most tender of our population continue unabated. There is a glimmer of hope upon the horizon; the solution of the problem approaches slowly, but, we trust, surely.

Two recent contributions to this subject are of interest as designating the direction in which we must seek the conditions of therapeutic success.

Before the Pædiatric Section of the recent Heidelberg Congress, Escherich, who has already contributed a considerable fund to our knowledge on infant feeding, said that bacteria certainly play a prominent rôle in the pathology of the derangements of the digestive organs of infants, although up to the present time there has been no specific bacillus discovered. There is no doubt, however, that in infants those derangements are to a great extent due to the food, the chief element being the fermenting activity of milk, which is encouraged by high temperatures. There are, according to Escherich, two forms of fermentative dyspepsia: an ectogenous and an endogenous. The former occur only in infants reared on cow's milk; they are the lactic acid dyspepsias, run-

ning their course at the expense of the sugar. If decomposition ensues in a moderate atmospheric temperature, the resulting elements are milk sugar and carbonic acid: in high temperatures abnormal acids, alcohol and toxic elements are formed, which produce nervous disturbances. Escherich has discovered that an essential difference is noted between moderate and high temperatures. And this is an important element in the solution of the difficulty, and it is brought out also in a recent paper by Baginsky, who refers to the fact that Virchow had recently said that, although the mortality of infants under one year is dependent upon the temperature, it also stands in relation to the lowering of the river water in summer.

In Berlin Baginsky has observed just what has been clearly shown in other large cities? that the summer months chiefly increase the mortality of infants. It is not only the high elevation of the atmospheric temperature, but the prolonged duration in the dwellings which is responsible for this lethal effect. Virchow has called attention to the point that the fault lay either in the food or water, and therefore Baginsky is inclined to infer that bacteriological processes bear a large share in these conditions.

In order to decide whether we have specific disease germs or simple saprophytes, Baginsky examined twenty-five cases of cholera infantum bacteriologically, without finding a single bacterium; hence he concluded that cholera infantum is a genuine saprogenous affection. The chemical action of all the forms of bacteria he found indicates that the substances produced by them possess a fearful toxic action, so that animals would be killed by subcutaneous injections with them in a few minutes. Like Brieger's ptomaines, they produced fibrillary contraction of the muscles, tetany and death.

Baginsky deems it probable that the cholera-like manifestations are due to the influence of the large quantities of ammonia in the fæces, as well as to the ptomaines.

The endogenous form of dyspepsia and diarrhœa is, according to Escherich, attributable to the comparative lack of hydrochloric acid in the infantile stomach, which diminishes its anti-mycotic powers. In his investigations he found some hydrochloric acid in the stomach of breast-fed infants, but none in those fed with cow's milk. Stomach digestion is, in high temperatures, according to Escherich, only a continuation of the ectogenous fermentation; toxic substances and abnormal acids forming. The same thing is continued in the duodenum, except that there is no oxygen, and only anaërobic bacteria may exist here. In the stomach and duodenum we have only saccharine fermentation. In the lower portion of the intestinal canal the conditions change; we have here alkaline fermentation, whose end products are ammonia and carbonic acid.

In the discussion of Escherich's paper, Sonnenberger brought out the fact that there exist in clover fields many poisonous weeds, whose alkaloids, when they are taken fresh, may enter the milk and produce a toxic gastro-enteritis.

A careful survey of the field brings us to the inevitable conclusion that the food is the chief source of those toxic processes which originate from the unfavorable influence of high atmospheric temperatures upon it. It is clear, therefore, that the solution of the problem lies in prophylaxis. That artificial feeding and high temperature are the predominant factors in infantile diarrhœa has long been demonstrated, but the interaction of these two elements becomes of importance under modern investigation. The sterilization of milk alone offers us a positive hope. Soxhlet's apparatus has proved efficient, but only to a certain extent. While it doubtless contributes partly to the purification of milk, it is not by any means perfect. Shrœder, Von Dusch and Pasteur have clearly shown that nothing short of a temperature of 130° C. (266° F.) for half an hour will completely sterilize milk.

How far short any domestic arrangement must fall from this standard is evident. So is the remedy, to which we will recur in a subsequent issue.

Annotations.

A NEW JOURNAL.

THE *Medical Mirror*, a new monthly, to be edited by I. N. Love, M.D., will first appear in January, 1890. Its object will be to correctly reflect the medical profession of to-day, and its accepted advances. It will labor for the interest of the profession of the Mississippi Valley, but, at the same time, will be cosmopolitan. Remembering the well-known ability and the large number of friends of Dr. Love, we bespeak for the *Mirror* a large list of subscribers. We shall look with pleasure for the advent of this newcomer to our exchange table.

A NEW ANTISEPTIC.

THE important address on a new antiseptic dressing, which Sir Joseph Lister delivered before the Medical Society of London on the 4th inst., in spite of its modest title, carries on the history of the author's work from the date—now five years ago—when he last addressed the Society. At that time he had shown not only that corrosive sublimate formed a compound in the albumen in which the properties of the former were preserved, but that this compound, even after drying, was capable of dissolving in blood serum. Hence came the sero-sublimate gauze, which had a definite and admitted value. But certain defects soon revealed themselves in the gauze, which was somewhat harsh and not very absorbent. So the investigator pushed on, and sought for new agents. The first that offered was substantially the double chloride of mercury and ammonium, called sal alembroth. This presented great advantages; it was a better antiseptic, and at the same time was less irritating than corrosive sublimate. But again objections turned up, for the compound was so soluble,

not only in water but in serum, that when the discharge was considerable, too much of the mercurial compound got to the edge of the dressing, and great irritation was caused. So another start was made with cyanide of mercury. This was found to be, in the author's language, high as to inhibitory, but low in germicidal, power. But it was irritating as well as very soluble, and the double cyanides—of which, without counting such bodies as the ferrocyanides, there are many—were next tried. Mr. Martindale suggested one of the insoluble double cyanides of mercury and zinc; such a compound has proved superior to all other substances hitherto used. There seems indeed some doubt as to the precise compound which exists in the preparation which is now used; but it is certain that the mercury in it is an important though not in quantity a large factor. The very ingenious method by which, after many trials, the substance was incorporated with starch, with which it forms a kind of combination whereby it can be affixed to gauze so neatly that in the dry state it does not become detached, and in the wet state does not wash away, and the apparently perfect success of the gauze, which is at once antiseptic, porous, permanent, and non-irritating, the address describes in detail.

But even the zinc mercury cyanide was not immediately successful, and some early difficulties caused it to be for a time abandoned. Then the patient investigator turned his attention to iodide of mercury. This is known to have antiseptic powers, and is besides very sparingly soluble in water. It is more soluble in blood serum, but then it is very irritating and difficult to fix to the gauze. The latter objection was removed by the employment of starch, then tried for the first time. Here, as with the double cyanide, a loose kind of molecular combination seems to take place, and the iodide does not dust off. But still the experimenter was not satisfied, and therefore, with the experience gained from the starch experiments, fell back on the double cyanide, with which, under carefully prescribed conditions. he is for the present contented.—*Lancet.*

Is Man Left-legged?—Dr. W. K. Sibley read a paper before the British Association in which he argued that man was naturally left-legged. Standing working with the right hand, there was a tendency to balance on the left leg. Race paths were nearly always made for running in circles to the right, and the majority of movements (such as dancing, running, etc.) were more readily performed to the right. In walking, it was natural to bear to the right; crowds as well as individuals did so. Troops started off with the left foot; the left foot was placed in the stirrup or step of the bicycle in mounting; the left foot was the one from which a man took off in jumping. From measurements made by Dr. Garson of the skeletons of the two legs, in 54.3 per cent. the left leg was the longer, and 35.8 the right. From measurements of two hundred pairs of feet, it was found that in 44 per cent. the left, and in 21.5 the right, was longer, while in 34.5 they were equal.

—New York *Medical Record.*

Letters to the Editor.

TREATMENT OF PHTHISIS PULMONALIS.

It has been the aim, so far, to devise means either to destroy or render inert the tubercle bacilli, and the suppuration process has been left to itself, unless we are to consider that reconstructives will, in a measure, terminate it. The fact that bacilli being present in the sputum is pathognomonic of the tuberculosis, does not prove their existence to antedate the disease. I do not wish to be understood as denying the contagiousness of the disease, but contend that the contagion is limited consonantly with the physical powers of resistance, and as this is influenced by our environments or heredity. If there is any hereditary lack of the power to resist morbid influences, and we are exposed to the contagion of phthisis, then we will be subjected to the consequences.

On the other hand, if our environments are conducive to disease of the lungs, then the result will be the same—tubercle bacilli always being present. However, be this as it may, what I wish to say is in regard to the use of calcium sulphide as an agent in the treatment of phthisis pulmonalis. I have used it in a few instances, and have two new cases under treatment with this alone. I find that it arrests the suppuration process in the same manner that it does in boils. I am using it now in a case of gastric ulcer with benefit.

I find that in disease of the lungs the appetite grows better, the cough is lessened, and expectoration is easier. Hemorrhage grows less frequent, or disappears, and sleep is more tranquil and refreshing. I give one-quarter to one-half grain three times daily, either in sugar, or milk, or suspended in syrup. Plenty of good food and no alcoholics of any kind. The remedy should be persisted in, and not discontinued after a few days. In conclusion, I make special request of any one trying this plan to report to me the results, for it is clinical facts that we want, and we can pin on a theory afterwards. I will be pleased to correspond with those whose opportunities are wide for trying the experiment, for such only it is for the present.

E. Houston, M.D.

Stanberry, Mo.

WHAT WAS THE TROUBLE?

Believing it desirable that all anomalous or exceptional cases should be published as guides to the practitioner, just as rocks and quicksands are marked on charts for the avoidance of the mariner, I present this unavoidably imperfect account. The experience was that of another physician.

According to his recital, the patient was one who had been ill long enough to have made use successively of the services of a dozen doctors, though for just what length of time he did not know. This physician found the man afflicted with almost total paraplegia, and with complete anæsthesia of the affected portions. There was loss of sexual desire and ability; but the bladder and the rectum were unaffected.

My friend, finding the case too obscure, took as consultant one of the foremost nerve specialists of this city. He also was unable to arrive at a diagnosis, but wavered between hysteria, posterior spinal sclerosis, and syphilis. Though the history seemed completely to exclude this latter disease, it was decided to put the patient on a tentative treatment of potassium iodide, and to increase the dose to as much as he could stand. He was finally given eighty grains a day. Although it would seem extremely probable that this must have been tried before, yet the patient rapidly improved.

When well advanced towards recovery, his physician, for some intercurrent trouble, gave ten grains of calomel, followed by a dose of olive oil the next morning. This unexpectedly brought away a foot or two of a *tænia solium*. Starting on this new scent, so to speak, my friend, by means of a full dose of oil of male fern, expelled the entire parasite. After this the patient improved like magic and has for months been perfectly free from any similar trouble.

His physician's query is now this: Since syphilis seemed to be utterly out of the question, were not the nervous phenomena due to the tape-worm, and did not the large doses of iodide of potassium improve his condition by affecting the worm rather than its host?

PHILADELPHIA, PA. ERNEST B. SANGREE, M.D.

Society Notes.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.

Second Annual Meeting held in Nashville, Tennessee, November 12, 13, and 14, 1889.

NOVEMBER 12.—FIRST DAY.—MORNING SESSION.

THE Association convened in the Senate Chamber, and was called to order at 10 A.M. by the President, Hunter McGuire, M.D., of Richmond, Va.

DR. R. B. MAURY, of Memphis, contributed a paper entitled

REPORT OF GYNÆCOLOGICAL WORK, WITH ESPECIAL REFERENCE TO METHODS.

The paper presents a brief summary of the more important portion of his operative work during the past year. With four exceptions all of the operations reported were done in a private hospital, built especially for the purpose, and under his own control. The summary embraces twenty-one laparotomies for the removal of ovarian tumors, or of the uterine appendages, or for the relief of obscure disease within the abdomen; two laparotomies for ectopic gestation; twenty-eight operations for laceration of the cervix; fourteen perineal and vaginal prolapse operations, five rectoplasties; four interior colporrhaphies.

Dr. Maury summarized the methods as follows:

1. An aseptic field of operation, and an aseptic surgeon.

2. A small incision—in the case of infiammatory disease in the pelvis, just large enough to introduce and work with two fingers.

3. Aseptic silk ligatures, as fine as may be consistent with safety in tying.

4. Enucleation of diseased structures, in spite of firm adhesions, and even profuse hemorrhage.

5. Irrigation by means of the siphon-trocar as a substitute in most cases for sponging. Using simple hot water for this purpose, and excluding all antiseptics.

6. Drainage often, and whenever one is in doubt as to its necessity.

7. Careful replacement by spreading out of the omentum before proceeding to close the wound.

8. Inclusion of all the structures in passing the abdominal wall sutures; and placing the deep sutures one-half an inch apart.

9. The use of means for moving the bowels on the second or third day, after removing the appendages; and the avoidance, if possible, of opium.

Discussed by Drs. Wathen, Price, Stone, Potter, and Johnstone.

DR. W. O. ROBERTS, of Louisville, Kentucky, read a paper on

DIRECT HERNIOTOMY,

in which he reported ten cases, and did eleven operations. Seven cases occurred in females, three in males. Three were cases of umbilical hernia, three were femoral, three inguinal, and one ventral. Six of the operations were done during strangulation, while five were performed for troublesome, irreducible hernias. In the six cases of strangulated hernia, the sexes were equally represented. Three were inguinal, two femoral, and one umbilical. In five of them, the operation for radical cure was done. The remaining case was one of strangulated hernia, where stercoraceous vomiting existed for eight hours before it was seen. General peritonitis was evident at the time of the operation. Much reddish stuff escaped when the contents of the sac were returned. Death followed in thirty-six hours. He had since thought that, if, after returning the contents of the sac, he had done a low median laparotomy and washed out the peritoneal cavity, the result might have been different.

The four cases of irreducible hernia were all in females. Two were umbilical, one femoral, and one ventral. In one of the former, a second operation was made necessary by the hernia recurring at the end of six months. The tumor also re-formed at the end of ninety days, in the case of femoral hernia. The remaining eight cases continue well to the present date.

In all the cases the sac was first cleanly dissected out, and not opened until all hemorrhage was entirely checked. Both in the ventral and umbilical hernias, the integument and fascia were divided by an elliptical incision. After opening the sac, all adherent omentum was tied with catgut and excised. The remaining contents were then returned into the cavity. In one case of umbilical hernia, the neck of the sac was tied close to the margins of the opening, and cut away immediately in front of the ligature. The stump was then fastened tightly in the opening with silk worm gut sutures, and the wound finally closed by interrupted sutures of the same material. In this case, no suppuration occurred, but the hernia recurred at the end of six months. In both the other umbilical and in the ventral hernias, the neck of the

sac was excised on a level with the abdominal opening and sutured with catgut. The opening itself, after its edges were freshened, was closed with the continued suture of chromatized catgut in the ventral hernia, and aseptic corded silk in the umbilical cases. The superficies were brought together by silk sutures, which were continued down to the aponeurosis.

In the femoral hernias, he adopted the practice of Mitchell Banks. In the cases of direct inguinal hernia, after tying the neck of the sac just within the ring, and removing all in front of the ligature, the ring was closed with catgut sutures.

In the cases of oblique inguinal hernia, he did Mr. Ball's operation, which consists in freeing the neck of the sac up to the internal opening, ligating it, cutting away all in front of the ligature, then twisting the neck upon itself to effect closure of the peritoneal orifice, and finally stitching the stump to the pillars of the ring to guard the neck against untwisting itself.

Dr. Virgil O. Hardon read a paper entitled

THE ABORTIVE TREATMENT OF ACUTE PELVIC INFLAMMATION.

He said the views held by gynæcologists in regard to acute inflammation in the female pelvis have within the past few years undergone a radical change. The inflammatory processes formerly regarded as idiopathic, or at least as primary affections, are now almost universally recognized as dependent upon antecedent disease in the ovaries or Fallopian tubes, especially the latter. This change of opinion has to a large extent been due to the result of advances in surgery, which have enabled the conditions of the pelvic organs to be studied in the living subject by immediate inspection and palpation, instead of through the medium of the vaginal tissues; consequently it is evident that a change of opinion on this subject has been most marked among those men who have had large experience in abdominal work. The diagnostic value of abdominal section under such circumstances is almost as great as that of post-mortem examination, and hence the opinion of the laparotomist is entitled to very great weight. As a result of this mode of observation the conclusion cannot be avoided that acute pelvic inflammation is, at least in the majority of cases, associated with septic, gonorrhœal, tubercular or some other form of inflammation of the tubes. There are two forms of inflammation which are recognized as occurring within the pelvis as a result of tubal disease, pelvic cellulitis, and pelvic peritonitis. In many cases both forms of inflammation are simultaneously present in the same subject, and it is not improbable that in all cases when either is present, the other also exists in a greater or less degree.

It is hardly possible, when one considers the anatomical relations of the pelvic cellular tissue to the peritoneum, to conceive of an inflammation of the one structure without a greater or less implication of the other. In the majority of cases one form of inflammation can be recognized as forming the preponderating element of the disease, to which the other plays only a secondary rôle.

The constitutional symptoms consist of acceleration of the pulse, elevation of temperature, severe pain in the pelvis extending down the thighs, tenderness of the hypogastric region, a sense of weight and fulness in the pelvis, difficult micturition, painful defæcation. These symptoms are most marked in the acute stages, and are somewhat diminished as soon as solidification has taken place. They continue, however, with lessened intensity into the third stage of the disease.

The treatment consists in the withdrawal of the effusions from the cellular tissue by means of the aspirator, etc. Where pus-tubes are present he would advocate their removal.

Dr. Joseph Price, of Philadelphia, said his experience was a little different from that of the essayist. Relief from salines and the aspirator in the cases reported, may have been justifiable, but pus-tubes in every instance call for abdominal section. He then exhibited some pus-tubes, one of which was seven inches in length, and called attention to their frequency in cases of pelvic inflammation. He said, thirteen years ago, a woman living in Pottsville was treated by a prominent gynæcologist for pelvic peritonitis. Sponge tents were used, and the patient made a doubtful recovery. Eight years ago Dr. Goodell effected drainage through several sinuses then existing, three or four being about the sacral region, two or three in the groins, and one in the anterior abdominal wall. Six weeks ago Dr. Price evacuated two gallons of pus in the same patient. A perfect recovery was brought about in some of his cases only by abdominal section and the removal of pus-tubes. The history and symptoms in his cases were identically those mentioned by Dr. Hardon. In the light of our present accurate knowledge, acquired by a large experience in the pelvis, the conclusion is that the entire subject of pelvic peritonitis and cellulitis will have to be rewritten. The sharp distinctions between the one and the other are refinements that the surgeon no longer seeks. Peritonitis, the result of tubal and ovarian disease, is exceedingly common. Gonorrhœa is the most common cause of all.

Dr. Geo. Engelmann, of St. Louis, said there was a fascination in the results achieved by Dr. Price, and other operators, but he thought the pendulum was swinging too far in that direction, He could endorse the surgical treatment advocated by Dr. Price, in dealing with cases of pelvic inflammation, which result from salpingitis, or where there was pus in the tubes. Many of the cases which were formerly called pelvic cellulitis are the sequences of salpingitis or pus in the tubes, and he was satisfied there are cases which exist without salpingitis.

Dr. W. G. Ewing, of Nashville, said that when he began to practise he was on the conservative side, but is satisfied that many of the cases which came under his observation could have been dealt with surgically and successfully. He favored early operative interference, and said the surgeon should not delay in such cases, for by so doing additional adhesions were apt to form with extension of the inflammatory process.

Dr. Hardon, in closing the discussion, said he feared he had been misunderstood, but would now

say that pus-tubes admitted of but one rational treatment, and that was their removal. He invariably recommends this to be done, but what should the surgeon do with those patients who will not permit an operation?

As regards pelvic cellulitis, without disease of the tubes, he could corroborate the statements of Dr. Engelmann, and called attention to two cases he reported last year to the Association which verified the fact. In these cases he separated and withdrew several drachms of serum from the cellular tissue. Subsequent examination revealed absolutely no disease of the tubes. He has examined these patients from time to time, but not the slightest evidence of tubal disease could be found, and there has been no recurrence of the pelvic inflammation.

Dr. W. D. Haggard, of Nashville, read a paper on

THE IMPROVED CÆSAREAN SECTION VERSUS CRANIOTOMY,

in which he said that the improved Cæsarean section offers justifiable means of saving both mother and child, and relieves the heart and conscience from the charge of scientific murder. Embryotomy on a living child will soon cease to be regarded as a scientific, or even a justifiable operation. This seems to be foreshadowed by the statistics of Caruso, who reports a case in detail by Sanger, and one by Sweiffel, and adds statistics up to October, 1888, comprising one hundred and thirty-five. Six successful cases were known in addition to Caruso, but the details necessary for publication were lacking. German operators have performed seventy-four of these operations, Americans eighteen, Australians sixteen, the results obtained by the American surgeons being inferior to those of German and Austrian operators. The results show a large per cent. of recoveries among mothers in all cases, and a still larger per cent. in the case of children. In three cases in which the operation was done a second time, both mothers and children recovered. A careful estimate of the results of craniotomy under antiseptic precautions shows that 93.04 per cent. of mothers recover. Selecting similar cases on which section was performed, the percentage of recoveries in these cases was 89.04; and 100 per cent. of children.

Afternoon Session.

Dr. W. H. Wathen, of Louisville, read a paper entitled

THE TREATMENT OF ECTOPIC PREGNANCY.

This paper was followed by impromptu remarks on

PERINEORRAPHY,

by Dr. A. W. Johnstone, of Danville, Ky.

Dr. Joseph Price, of Philadelphia, contributed a paper on

PUS IN THE PELVIS, AND HOW TO DEAL WITH IT.

By pus in the pelvis he meant pus that has its *fons et origo* in the pelvic organs or their investment. The rarer causes of pus in the pelvis may be said to be: 1. Carious bone, as psoas abscesses. 2. Traumatism, sloughing, results of electricity, direct violence, etc. 3. Foreign bodies, as extrauterine bones, etc. The general rule is that pus in the pelvis is always the result of diseased conditions of the uterine apendages, whether it occurs as a result of a ruptured extrauterine pregnancy, a suppurating ovarian or dermoid cyst, or salpingitis caused by gonorrhœa, parturition, dirty instruments, electricity, or what not. In general then, when the surgeon finds pus in the pelvis, he will find its origin in the uterine appendages. He had seen pus discharging from the rectum, from the bladder, the umbilicus, and from the vagina. He had seen psoas abscess, perforating appendicitis, idiopathic peritonitis, and typhoid fever, and found the seat of trouble in the tubes and ovaries. In all his experience he had never seen pus in the pelvis independent of the disease of appendages. To make the statement definite, he had seen more than once double pyo-salpinx and double ovarian abscess contained in a pus pocket in the peritoneal cavity composed of adherent intestines and inflammatory tissue, four abscess cavities contained within a fifth. Again, he has seen a single pus-tube with four distinct pockets in it. Pus can burrow through the cellular tissue and find vent, as before stated. How shall pus in pelvis be treated? The general principles of surgery for the treatment of pus in any other part of the body, apply with equal force to the pelvis. Namely, where pus is present evacuate it, and secondly, remove the cause of the suppurative process. It is equally unsurgical and unscientific to allow pus to remain in the pelvis, as it would be to allow it to remain in the brain, in the mammary gland, or under the fascia in any part of the body. It is equally unsurgical to allow a suppurating tube or ovary to remain in the pelvis, as it would be to allow a sequestrum of dead bone, or to allow a necrotic placenta or membrane to remain in the uterus. These principles do not admit of evasion. All sorts and kinds of treatment have been tried without avail. Every man of experience knows the futility of counter-irritation, local depletions or a general systematic treatment in the vast majority ef cases.

There are only three methods of treatment common to physicians to-day: namely, electricity, vaginal drainage and abdominal section with the removal of the diseased parts, thorough irrigation of the peritoneal cavity and drainage.

The first of these methods need scarcely be mentioned in cases where pus is already present. Electricity has no place in the treatment of pus in the pelvis. Vaginal drainage is a crude, inefficient method, and is not so safe as some would have us believe. In abdominal section we have the quickest, easiest, most exact, and therefore safest mode of treatment for pus in the pelvis. A small incision, rapid enucleation of the offending tubes and ovaries, the breaking up and evacuating of the separate pus pockets, the separation of adhesions, the thorough washing out of the peritoneal cavity by copious irrigations of warm distilled water, the placing of a glass drainage tube in the most depending portion of the peritoneal cavity, and the careful closure of the abdominal incision, gives the patient the quickest relief, permanent cure, and very often snatches her from an

impending death. Moreover, here we attain the most ideal treatment; for in no other point of the body can we enucleate completely an abscess with its containing walls and pyogenic membrane. However, we should always bear in mind that the province of the surgeon is, first, to save life, then to relieve suffering, rather than to perform ideal operations. Many patients dying with pus in the pelvis need but a feather's weight to depress the beam. In such cases the indications are to evacuate the pus, wash out the cavity and wait until a future time to remove the offending cause.

Discussed by DRS. HARDON, ENGELMANN, STONE, ROBINSON, HADRA, and POTTER.

DR. W. L. ROBINSON, of Danville, Va., read a paper on

GYNÆCOLOGY IN ITS RELATION TO OBSTETRICS,

in which he spoke of the cervix uteri in its pathological condition predisposing to hemorrhage prior to labor, laceration, and septic absorption. He could find no explanation in medical literature of the cause of ulceration of the cervix, non-specific and non-malignant, causing hemorrhage in two cases which came under his observation within the last twelve months. He used the word "non-specific" because of the perfect health of the patients prior to the pregnancy and since delivery, his knowledge and intimate acquaintance for years with husband and wife. The first case was seven months advanced and spending a summer in the mountains for the benefit of one of her children. She found herself unwell after a week, and the flow was sufficient to soil the clothing and require napkins. A physician was called, who gave ergot and opium, which controlled it in twenty-four hours. Two weeks subsequently the conditions repeated themselves and relief was obtained by the same remedies. She returned to the city and was again annoyed by a like hemorrhage, which came on about 7 P.M., daily, and continued until the sixth day, in spite of the efforts of the attending physician to control it. The patient having reached home, Dr. Robinson was called and made an examination with speculum. He found the os granular, denuded of its mucous coat, and upon gently opening the os with uterine dilators, he discovered a small clot adherent to the ulcer, which caused bleeding when removed. He applied carbolic acid to the ulcer and dusted the os and vagina with boric acid. He continued treatment until the parts were in a healthy condition and delivered the woman at full term, without hemorrhage, tear, or any unusual sequela. No placenta previa existed, and not one drop of blood escaped after the first application of carbolic acid until after delivery, and then everything was normal.

The second case occurred a few weeks subsequent to the first, with history and result similar.

He has for several years made it a practice to examine his regular patients whenever a yellowish or dirty white vaginal discharge exists, especially if the vulva is in a state of irritation, and almost invariably finds the os granulated, whether lacerated or not, and he persistently treats them until restored to a healthy condition, explaining fully to the patient the importance of such treatment.

DR. BEDFORD BROWN, of Alexandria, Va., corroborated the statements of Dr. Robinson by the relation of a case. The patient had a bilateral laceration of the cervix. She became bitterly hostile to sexual intercourse with her husband, and had an intense dislike of his company and presence. This preyed upon her mind to such an extent that she became insane. He treated the case with applications of nitrate of silver, and the lacerations healed perfectly. After this all symptoms entirely disappeared. The patient regained her reason, her affection for her husband, and lost the hostility to sexual intercourse which she had had. She has since borne three children. Dr. Brown has examined the condition of the cervix after each birth, and the repair is perfect.

The paper was further discussed by DR. RICHARD DOUGLAS, of Nashville.

EVENING SESSION.

The Association met in Broad Street Museum Hall at 8 P. M. The Address of Welcome was delivered by Hon. A. J. Caldwell, the response to which was made by Dr. J. M. Mathews, of Louisville. Dr. Hunter McGuire then delivered the Presidential Address, which was scholarly, timely, and well received.

(To be continued.)

Book Reviews.

THE EVIL THAT HAS BEEN SAID OF DOCTORS; Extracts from Early Writers, Collated from "*Le mal qu'on a dit des Medicines*" of Dr. S. J. Witkowski. Translated with annotations by T. C. MINOR, M.D. Pages, 136. Reprint from the *Lancet-Clinic*. Robert Clark & Co., publishers, Cincinnati, 1889.

No classes of men are more liable to be the objects of fulsome flattery or unwarrantable abuse than physicians. The limitations of human knowledge and the great responsibility incident to the practice of medicine is the obvious reason for this. At all times, literary men especially, have found in the medical art and science of their day an easy target at which to aim their shafts of wit and satire. The present volume is a compilation of such effusions taken from the literature of the early Greek and Latin, French and English nations, and will afford much amusement and instructive reading, even to physicians themselves. Many of the extracts are old and familiar, yet are good enough to be read again. The anecdotes and quotations added by the translator are no less creditable to Dr. Minor than the admirable manner of the translation itself. We urge our readers who desire a kind of medical relaxation to secure this interesting and suggestive little book.

Pamphlets.

Recent Advances in the Diagnosis and Treatment of Some Diseases of the Stomach, by L. Wolff, M.D., Physician to German Hospital of Philadelphia, etc. Reprint from the *Medical News*, September 21, 1889.

The Disposal of the Dead, by John M. Peacock, M.D., Brooklyn, N. Y. Reprint from the *Brooklyn Medical Journal*, August, 1889.

The Medical Digest.

Dr. Pattella, of Rome, has made some very important studies on the biology of the pneumococcus in relation to croupous pneumonia.

Extracting the pulmonic juice with a syringe always at the same spot, and making a culture of the active agent, he has been able to conclude that the lungs in passing from red to gray hepatization become a very unfavorable field for the vitality of the germs. The juice, according to the writer, becomes acid in the last stage of the disease, and this acidity kills the parasite, as he has proved experimentally.

To this is due the characteristic progress of pneumonia, the rapid abatement of all the symptoms, and the rapid defervescence.—*Riforma Medica.*

Dr. Voskresenski reports a case of a woman who was married four years and was anxious to bear children. There was no apparent cause for her sterility, as the husband was perfectly well and had a son by his previous wife, and the woman was also healthy. Dr. V. decided to examine the genitals of the male, and found that the penis in erection was curved considerably towards the left. Supposing that on account of this curvature the sperm was not in a position to reach directly the os-uteri or cervix, he advised the couple to assume the knee-elbow position in the act of copulation. In a month the woman became pregnant.—*Russkaya Medicina in Vratch.*

The Detection of Arsenic in the Bones.—Medico-legal investigations, having for object the detection of arsenic, generally bear on the stomach and liver, and, given the importance of the subject, some observations recently published in the *Revue Scientifique* bearing thereon possess an interest of their own. M. Pouchet has shown, by a series of carefully conducted experiments, that however administered during life, the poison accumulates in the spongy tissues of the bones, more particularly in the cranium and vertebræ. It may be detected there long after all trace has disappeared from the viscera. This localization is specially well-marked when the administration of the poison has been spread over a long period. When, on the contrary, the dose has been such as to determine a fatal result within a few hours, it should be sought for preferably in bones largely composed of compact tissue. Thus stored up, the poison is eliminated with extreme slowness, and may be isolated eight or ten weeks after the administration of the poison has been discontinued, whereas in the viscera only negative results are obtainable even as early as the third or fourth week. The tendency of arsenic to replace the phosphorus in bones has long been recognized, but it remained for M. Pouchet to call attention to the slowness with which the bones give up their accumulations, a point of great importance from a medico-legal point of view.—*Med. Press.*

Blood Pressure, Temperature, Pulse, Perspiration and Exhalation in Intermittent Fever.—The investigation of the above in forty cases conducted by Dr. V. N. Okunoff gave the following results:

1. Blood pressure falls at the beginning of the cold stage, and soon rises considerably above the normal.

2. In the last stage it is above the normal, but below that of the cold stage; then it gradually falls to the normal, and at times to below the normal.

3. In the perspiration stage it falls below the normal, at times considerably so.

4. The greatest number of pulse beats coincides with the last stage—consequently with the rise of blood pressure above the normal, but neither with the highest nor with the lowest points.

5. The frequency of respiration follows the course of the temperature.

6. The temperature in the axilla in the cold stage is above the normal; in the hot stage it reaches its maximum, and during the third stage it falls to normal.

7. The temperature in the rectum in the majority of cases is above that of the axilla, with the exception of the beginning of the cold stage when it is considerably lower.

8. Temperature of the chest and abdomen is normal, or below normal in the cold stage. In the hot stage it is above the normal, and during perspiration falls to normal.

9. The amount of excretion is lowered; during the hot stage it is increased, and in perspiration it reaches the maximum.—*Vratch.*

Dr. Golgi, of Pavia, in studying the plasmodium of Marchiafava and Celli, attributed to malarial fever, has come to the conclusion that the tertian type can be distinguished from the quartan, not only clinically, but also by the microscope.

He has seen that the period of development and the segmentation of the parasite differ considerably in the tertian and quartan types. The plasmodium in tertian also presents more active amœboid movements and produces prolongations called pseudopodia, which are not observed in the quartan type. Therefore, there are two parasites of the disease, as there are two normal types of the fever, the quotidian being, according to the author, a complex form of tertian or quartan type.—*Giornale Medico Del Ro. Esercito.*

Vaccination Against Tuberculosis.—M. Daremberg, of Mentone, has read a note to the Academy of Medicine, embodying the following propositions:

1. In all consumptive maladies, general reconstituants act by enabling the organism to resist the poisons formed in the stomach and bowels by abnormal fermentations.

2. The evolution of tuberculosis in guinea pigs and rabbits may be retarded long, by habituating them, little by little, to support the tubercular virus.

3. The tubercular virus is a poison which one can manage like mineral or organic poisons.

4. If, on the one hand, one can increase or lessen the toxicity; if, on the other, it is possible to augment the resistance of the organism to the action of the virus, it ensues naturally that following this idea up, one may find the point at which the virus is transformed into a protective vaccine.—*Journal d'Hygiene.*

Medical News and Miscellany.

ELKHART, Ind., has diphtheria.

WEISSPORT, Pa., has typhoid fever.

LOCK HAVEN suffers with ague, typhoid, and scarlatina.

EIGHT deaths from typhoid fever last week, and fifty-three from consumption in Philadelphia.

THE three children of a Jeanette family died of diphtheria in as many hours, recently.

BORDENTOWN, N. J., finds its drinking water, taken from the Delaware, unfit for use.

AMBER is said to be so plentiful in Southern Mexico that natives use it for building fires.

TYPHOID fever and diphtheria are now the leading complaints in many parts of the Lehigh Valley.

EASTON is pretty sure to have a hospital, now that her ladies have interested themselves in the project.

DR. N. C. JOBS, of Springfield, N. J., was accidently shot while starting on a hunting trip, and died.

DR. CHARLES WOLTERS was elected Resident Physician to the Philadelphia Hospital, Department for the Insane.

ABOUT 400,000,000 people use opium, while 750,000 are confirmed opium-eaters; and of these, 95,000 live in the United States.

THE Homœopathic Charity Ball is said to have been a failure in every respect; the attendance being small and the receipts light.

THE death is announced of Dr. Baierlacher, of Nürnberg, a well-known authority on electro-therapeutics, in his sixty-sixth year.

A CHILD of twelve years recently died of peritonitis induced by the swallowing of a pin, which subsequently became imbedded in the intestines.

DURING the voyage from Bremen of the steamship Fulda, four children among the steerage passengers died of diphtheria, and were buried at sea.

ONE of the best agents to abort a coryza, according to Dr. Beverley Robinson, is carbonate of ammonia, in frequently repeated and rather large doses.

DR. J. HOWARD PUGH has been appointed by the Supreme Court a member of the Board of Managers of the State Lunatic Asylum, located at Trenton.

SPENCER, Ind., owns a well whose waters magically promote hirsute growth, whether it be of the incipient mustache, or on the shining crown divested of its natural glory.

THE institutions to receive the receipts of the tenth annual charity ball, to be held in the Academy of Music on January 14, 1890, are the Sheltering Arms, the Polyclinic Hospital, the Philadelphia Lying-in Charity and Nurse School, and the Visiting Nurse Society of Philadelphia.

EXPERIMENTS at Leipsic show that skin grafted from a white to a colored person becomes gradually black, and that black skin grafted upon a white person in time becomes white.

THE London *Lancet* states that in the last thirteen years at least 120 deaths have occurred under chloroform, 59 of this number being before the operation, and thus clearly due to chloroform alone.

THE New York Board of Health has decided to resort to radical measures to rid the city of the stenches caused by the manufacture of gas. The Board is prepared to carry its case into the Courts.

Vaseline and water may be mixed by the addition of two drops of castor oil to each gramme of the liquid. By this means iodide of potassium may be introduced into an unguent without danger of decomposition.

THE Board of Health has entered a crusade against the Point Breeze refineries. It is claimed that the odors weaken vitality, and predispose the system to take any contagious disease that might settle upon the community.

SIXTEEN students of the St. Petersburg Military Academy of Medicine have been expelled from that institution for attending a Nihilist funeral. They are supposed to be implicated in a plot against his quaking Majesty.

DR. DUNCAN, physician of the steamer Colon, who while suffering with remittent fever last June was bundled off to Swinburne Island by the Brooklyn authorities as a yellow fever patient, has sued that city for $60,000 damages.

IT has been proved that heartbeats can be detected by electricity. The hands of a subject dipped into two basins of water in connection with a capillary electrometer, cause a deflection of the instrument at every beat of the pulse.

FRUITS, to do their best work as correctives for disordered digestion, should be eaten at the beginning of a meal, and not after oily foods—meats, vegetables, or high seasoning—when they become more of a curse than a blessing.

THIS has been a year of misfortune for Dr. Thomas Cooper, of Hatfield, Pa. First a valuable horse was stolen; next, eight hundred dollars in cash disappeared from his safe, and now his barn and drug store have just been destroyed by fire.

THE minor trust committee of the Board of Directors of City Trusts, directed that two handsome brass bedsteads be placed in the Wills Eye Hospital, in recognition of the bequests of Mrs. Hannah C. Flickwir and Miss Mary M. Calhoun.

THE MIDDLETON GOLDSMITH LECTURE.—Prof. William Pepper, Provost of the University of Pennsylvania, will deliver the Middleton Goldsmith Lecture before the New York Pathological Society, in the hall of the New York Academy of Medicine, on Wednesday evening, January 15, 1890. The subject of the lecture will be "Hepatic Fever."

Dr. Tyndale, of New York, was severely hurt by a drunken man, who took a catlin from the doctor and cut him with it. It is safe to say that the doctor will adopt the cowboy rule hereafter—never to put hand to weapon unless you mean to use it.

In Spitzka's Manual of Insanity the author recommends Squibb's fluid extract of conium, in doses of half a drachm, for violent maniacal excitement. This is a very large dose of this active agent, as death has followed the administration of forty minims.

We hear that a grateful patient recently presented to a church in Vienna a portrait of Billroth, representing him in the operating room. Why does not the grateful patient endow a chair—or at least a scholarship—in a medical college sometimes?"

A school for the thorough instruction of nurses in the care of babies is to be established in New York, in connection with the Babies' Hospital there. The *Herald* states that there is no school of the kind either in this country or in England, the only one in existence being in Germany.

An antiseptic ointment, certain in power and not unpleasant in odor, is often desired, not only by the obstetrician, but also by the gynæcologist. Dr. Th. Parvin says that benzoated lard, to which 4 per cent. of creolin is added, will meet these indications satisfactorily.—*College and Clinical Record.*

Dr. B. F. Shimwell is meeting with little encouragement in his efforts for the advancement of science. He has had a private hospital in which he has been studying surgery upon dogs; but the neighbors have complained of their howling as a nuisance. This is the fourth time he has been compelled to move. This is an ungrateful world.

Dr. Andrew J. Ourt, who has been Secretary of the Committee on Lunacy of the State Board of Public Charities since its formation in 1883, has resigned, and Dr. Henry M. Wetherill, Jr., Assistant Physician of the Pennsylvania Hospital for the insane, has been elected in his place. The new Secretary has had twelve years' experience in lunacy matters.

Dr. L. Webster Fox, who has just returned from England with his bride, daughter of the late Dr. Bickerton, a distinguished English surgeon, was given a complimentary dinner at the Union League by his professional friends. Those present were Drs. Ashton, Andrews, Shakespeare, Barton, Hearn, Alison, Ogden, Wirgman, Horwitz, Vanzant, Graham, Bates, Daland, Faught, Gruel, Drake, Campbell, Bradfield, Hulshizer, Hartzell, Graham, Krause, Jones and Freund.

The Board of Health of Philadelphia asks for $8200 to provide for the inspection of milk. It is proposed to distribute the desired amount as follows:

Chief Inspector of Milk	$1200
Three Assistant Inspectors	3000
Four Collectors	2000
For analysis of milk, etc.	2000
	$8200

If this sum be sufficient for a really efficient inspection of *all* milk offered for sale in the city, the appropriation ought to be made; but the amount appears to be too small for the purpose. But if the object be to provide for the making of intermittent "raids," which pick up an offender here and there while the great majority go on in their evil ways with impunity, we hope the measure will fail. In this case, the man who furnishes really good milk goes to bankruptcy; while the successful one, in a business point of view, is he who sells a poor article and is smart or lucky enough to escape detection. In fact, as history repeats itself, it is an illustration of the Spartan custom of honoring a thief, unless he gets caught.

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the United States Navy for the week ending November 23, 1889.

Rush, W. H., Passed Assistant-Surgeon. Ordered to U. S. S Saratoga.

Urie, P. F., Assistant-Surgeon. From Coast Survey Str. Gedney, and to the U. S. S. New Hampshire.

Bryant, P. H., Assistant-Surgeon. From the Norfolk Hospital, and to the Coast Survey Str. Gedney.

Smith, Geo. T., Assistant-Surgeon. From the Army and Navy Hospital, Hot Springs, Ark., and to Naval Hospital, Norfolk, Va.

Stine, E. P., Assistant-Surgeon. After examination for promotion, await orders at Boston, Mass.

Official List of Changes of Stations and Duties of Medical Officers of the U.S. Marine Hospital Service for the three weeks ended November 9, 1889.

Purviance, George, Surgeon. Granted leave of absence for twenty-one days. November 8, 1889.

Austin, H. W., Surgeon. To inspect unserviceable property at St. Louis Marine Hospital. November 4, 1889.

Gassaway, J. M., Surgeon. Relieved from duty at New Orleans, La., to rejoin station at Cairo, Ill. October 23, 1889.

Banks, C. E., Passed Assistant-Surgeon. Granted leave of absence for thirty days. October 28, 1889.

Stoner. J. B., Assistant-Surgeon. Ordered to Vineyard Haven, Mass., for temporary duty. November 6, 1889.

Condict, A. W., Assistant-Surgeon. Ordered to Cairo, Ill., for temporary duty. Nov. 4, 1889.

Guiteras, G. M., Assistant-Surgeon. Ordered to Washington, D. C., for temporary duty. November 8, 1889.

Groenevelt, J. F., Assistant-Surgeon. Ordered to New York, N. Y., for temporary duty. November 5, 1889.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Pathology and treatment of disease of the naso-pharynx Mackenzie. N. Y. Med. Journal, Oct. 5, 1889.
Paraplegia from a gunshot wound of the skull, over the cortical leg centers, Peterson. *Ibid.*
Phantom pregnancy, Stone. Omaha Clinic, Sept., 1889.
Physical exercise, Benson. Southern Clinic, Oct., 1889.
Peritoneal effusions after intraperitoneal operations, a few considerations on, Myers. Cin. Lancet-Clinic, Oct. 5, 1889.
Pseudo-Muscular hypertrophy, Lyman. American Practitioner, October, 1889.
Phthisis pulmonalis, a case of, with uncontrollable nasal hæmorrhages, Robison. *Ibid.*
Prolapsus ani, treatment, James. Hosp. Gaz., Sept. 28, 1889.
Physical training of insane. Am. Jour Insanity, Oct., 1889.
Physical training of the insane, remarks on, Adams. *Ibid.*
Pulmonary phthisis, a new treatment of, Lange. The College and Clinical Record, Oct., 1889.
Perityphlitis in children, Huber. Arch. Ped., Oct., 1889.
Pigment in the negro, Morrison. Med. News, Oct. 12, 1889.
Periostitis of the ribs after typhoid fever, Potter. Pacific Med. Journal, Oct., 1889.
Quebracho and its alkaloid (aspidospermine) in dyspnœa, Hale. American Practitioner, Oct., 1889.
Quelques Critiques sur les Périmétres (avec 4 figures), Deeren. Recueil d'Ophtalmologie. Sept., 1889.
Rupture of the biceps muscle of both arms, report of a case of, Wilson. Med. News, Oct. 5, 1889.
Rapports entre les Maladies des Yeux, et les Maladies du Nez. Despagnet. Recueil d'Ophthalmologie, Sept., 1889.
Railway shock and its treatment, Dercum. The Therapeutic Gazette, Oct. 15, 1889.
Rhus toxicodendron, clinical observations on, Aulde. The Therapeutic Gazette, Oct. 15, 1889.
Sur un Memoire de MM. Cadiac et Albin Meunier, relatif a l'Étude physiologique de la Liqueur d'Absinthe. Bulletin de l'Academie de Médicine, 1st Octobre, 1889.
Strangulated bowel, report of two cases of, followed by gangrene, Mauley. Annals of Gynæcology, Sept., 1889.
Sapremia and septicemia during the puerperal period, Gardner. Maryland Med. Journal, Oct. 12, 1889.
Suprapubic cystotomy for artificial urethra in prostatic obstruction, Lane. N. C. Med. Jour., Sept., 1889.
Syphilis, initial lesion of, Bryce. South. Clinic, Oct., 1889.
Soluble poisons fabricated by microbes, Bonchard. Med. Age, Sept 25, 1889.
Separate provision for the recent, the curable, and the appreciative insane, Bancroft. Amer. Jour. of Insanity, Oct., 1889.
Southern California as a winter-resort, Allen. Med. News, Oct. 12, 1889.
Sobra un Tentativo de Profilasse della Malaria, Denti. La Salute Publica, 15 Septembre, 1889.
Sacro-iliac joints, tuberculosis of the, new cases, Hektoen. Amer. Practitioner, Oct., 1889.
Spina bifida, the operative treatment of, Hurd. The Therapeutic Gazette, Oct. 15, 1889.
Sectarianism in medicine, Jackson. Med. News, Oct. 19, 1889.
Summer diarrhœa and dysentery in children, Guttman. St. Louis Med. and Surg. Journal, Oct., 1889.
Shuttle pulse, the, and its portent in practice, Hughes. St. Louis Med. and Surg. Journal, Oct. 1889.
Tuberculosis, prognosis in, Chapman. The Cincinnati Lancet-Clinic, Oct. 5, 1889.
Tonic spasms, Lundy. N. W. Lancet, Oct. 1, 1889.
Trachea and œsophagus, foreign bodies in, Holton. The Peoria Med. Monthly, Sept., 1889.
Two hysterectomies, McLaren. N. W. Lancet, Oct. 15, 1889.
The famous historic masters of the healing art were men of classical education, Fisher. The Amer. Lancet, Oct., 1889.
Tubal pregnancy, Lusk. N. Y. Med. Journal, Oct. 19, 1889.
The first "twenty years" of the Detroit Academy of Medicine—the "President's address," Conner. *Ibid.*
Tetanus following ovariotomy, report of a case of, Johnson. Annals of Gynæcologo, Sept., 1889.
Trichocephalus dispar in the liver of rat, ova of, Balloch. American Monthly Microscopical Jour., Sept., 1889.
Therapeutics of infancy and childhood, Jacobi. Archives of Pediatrics, Oct., 1889.
Teratogenia esperimentale nei Mammiferi, Torino. Archivo di Ortopedia, Anno VI.—Fasc. 3°, 4° c 5°, 1889.
Tubercular arthritis of the knee-joint, excision, Murphy. Med. Age, Sept. 25, 1889.
Tertiary syphilis, treatment, McVey. Kan. M. J., Oct., 1889.
Thought, biology of, Lindorme. N. Y. Med. Times, Oct., 1889.
Tuberculosis, contagiousness of, Porter. Lancet-Clinic, Oct. 12, 1889.
Ueber die Histogenese der durch Staphylokokkusinvasion hervorgemferen Bindegewebsabscesse, Hohnfeldt. Deutsche Medizinal-Zeitung, 3 Oct., 1889.
Ueber Einährung in acuten fieberhaften Krankheiten, Loebisch. Wiener Medizinische Presse, 29 Sept., 1889.
Ueber das Vorkommen von Hypertrophie der Primituvosern in Muskelpartikeln, welche dem Leben den Menschen excidirt wurden, Oppenheim und Seemerling. Centralblatt für die Medicinischen Wissenschaften, 28 Sept., 1889.
Ueber das Vorkommen von Milchsäure im menschlichen Harn, Heuss. *Ibid.*
Ueber den pleuritischen Schmerz und seine Behandlung durch partielle Compression des Thorax, Otto. Berliner Klinische Wochenschrift, 30 Sept., 1889.
Ueber die Entstehung der cardialen Dyspnœ, Lang. Internationale Klinische Rundschau, 22 September, 1889.
Ueber die Furchen der Convexität der Grossprinhemisphäre des Menschlichen Fötus, Beer. Wiener Medizinische Presse, 22 September, 1889.
Ueber Folliculitis præputialis et para-urethralis gonorrhoica (urethritis externa—Oedmanson), Teuton. Centralblatt für Chirurgie, 28 Sept., 1889.
Ueber Einärung in acuten fieberhaften Krankheiten, Loebisch. Wiener Medizinische Presse, 6 October, 1889.
Ueber Herzstoss und Pulscurven, Schmid. Wiener Medizinische Presse. 6 October, 1889.
Uterine hyperplasia, McCandless. Kan. Med. Jour. Oct., 1889.
Ulcers, French. St. Louis Med. and Surg. Journal, Oct., 1889.
Ulcers, Lydston. St. Louis Med. and Surg. Jour., Oct., 1889.
Versammlung deutscher Naturfascher und Aerzte in Heidelberg. Internationale Klinische Rundschau, 22 Sept., 1889.
Various viscera, displacements of, Lathrop. Pacific Med. Jour., Oct., 1889.
Vaginal and abdominal hysterectomy, Halley. Indiana Med. Journal, Nov., 1889.
Vorlesungen über die öffentliche und private Gesundheitspflege, Rosenthal. Klinische Rundschau, 20 Oct., 1889.
Versuche über den nervus laryngeus superior, Breisacher. Centralblatt für die Medicin. Wissenschaften, 26 Oct., 1889
Wintergreen, oil of, in rheumatism and gout, Staple. Hospital Gazette, Oct., 12, 1889.
White lead in erysipelas, Stuver. Med. News, Oct. 5, 1889.
What should be done with an eye lost by injury or disease, Becton. Texas Courier-Record, Sept., 1889.
Zwei seltene Faelle von Holsneurosen, Gleitsmann. Medizinische Monatschrift, Oct., 1889.
Zur Kentnisse des gelben Fieber, Stub. *Ibid.*
Zur Anlager bakteriologischer Museen, Czaplewski. Centralblatt für Bakt. und Parasitenheilk., 28 September, 1889.
Zur Behandlung der Ischias durch externe Application von Schwefeblüte, Barthel. Deut. Med. Zeitung, 30 Sept., 1889.
Zur Frage des ausgleichenden Knochenwachsthums an den langen Röhrenknochen, Peterson. C. f. Chir., 5 Oct., 1889.
Zur Pathologie der Scoliose, Sieger. Wiener Medizinische Presse, 6 October, 1889.

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 587. NEW YORK AND PHILADELPHIA, DECEMBER 7, 1889. The Medical Register. Vol. VI, No. 153.

19 DEC 89

PAGE

CLINICAL LECTURE. By Charles K. Mills, M.D. - - - - - - - - - - - - - 745

ORIGINAL ARTICLES.

FERMENTATION—ITS CAUSE AND EFFECTS. By Ernest Laplace, A.M., M.D., Paris - - 748

CRIMINAL RESPONSIBILITY IN NARCOMANIA. By Norman Kerr, M.D., F.L.S. - - 751

HYDROTHERAPEUTICS.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY. By Simon Baruch, M.D. - - - - - - - - - - - - - - - 753

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:

Epithelioma of Nose. *Pancoast* - - - - 755
Operation for the Radical Cure of Hydrocele. *Pancoast* - - - - - - - - - - - 755
Urethrotomy. *Goodman* - - - - - - - - 755
Astigmatism of the Eyes. *Fisher* - - - 756
New Growths. *Laplace* - - - - - - - - 756
Bacillus Tuberculosis in Sputa. *Laplace* - 756
Wounds of the Knee Joint. *Laplace* - - 756
White Swelling. *Laplace* - - - - - - - 756
Leadwater and Laudanum as an Antiphlogistic. *Garretson* - - - - - - - - - 756
Fractured Ribs. *Morton* - - - - - - - - 756

PHILADELPHIA HOSPITAL:

Aortic Aneurism. *Curtin* - - - - - - - 756

PAGE

EDITORIAL.

THE ABUSE OF CHARITY - - - - - - - - - 757
A WARNING - - - - - - - - - - - - - - 758

ANNOTATIONS.

A New Remedy for Dysentery - - - - - - 759
Civilization *vs.* Barbarism - - - - - - - 759
An Epidemic of Roseola - - - - - - - - 759
Ciudad Bolivar Medico - - - - - - - - - 760
Catramina - - - - - - - - - - - - - - 760
New York Analyst of Drugs - - - - - - - 760

LETTERS TO THE EDITOR.

Correction. *Mundé* - - - - - - - - - - 760
Maternal Impressions. *Saylor* - - - - - 760

SOCIETY NOTES.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION - - - - - - - - - 761
Menstruation and Pregnancy After Removal of Both Ovaries. *Engelmann* - 761
Intestinal Anastomotic Operations With Segmented Rubber Rings, With Some Practical Suggestions as to Their Use in Other Surgical Procedures. *Brockaw* 761

CAMDEN LETTER - - - - - - - - - - - 763

BOOK REVIEWS.

Kritik der Vaccinations Statistik, und Neue Beitrage zur Frage des Impfschutzes. *Körösi* - - - - - - - - - - - - - - - - 763

PAGE

An Experimental Study in the Domain of Hypnotism. *Krafft-Ebing* - - - - - - - 764

PAMPHLETS - - - - - - - - - - - - - 764

THE MEDICAL DIGEST.

Coffee as a Vehicle for Antipyrin - - - - 764
Hôpital Ricord - - - - - - - - - - - - 764
Bi-iodized Salicylic Acid in Rheumatism. *Assaky* - - - - - - - - - - - - - - - 764
The Heart in Typhoid Fever. *Pagliano* - - 764
The Cholera in Bagdad - - - - - - - - - 764
For Aural Furuncle. *Cholewa* - - - - - 764
Tolerance of the Tissues. *Chauvel* - - - 764
Hypo-Hematosis. *Maurel* - - - - - - - - 764
Thermo-Palpitation. *Ketli* - - - - - - - 764
Genuine Honey - - - - - - - - - - - - 765
Mercury for Hypodermic Injection. *Stoukowenkoff* - - - - - - - - - - - - - - 765
Inebriate Asylums. *Crothers* - - - - - - 765
Chloroform and Locomotor Ataxy. *Thiem*, 765
The Physiological Action of Sand Baths. *Vratch* - - - - - - - - - - - - - - - 765

MEDICAL NEWS AND MISCELLANY, 766

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - - 767

MEDICAL INDEX - - - - - - - - - - - 767

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lecture.

ILLUSTRATIVE OF SPINAL LOCALIZATION.[1]

BY CHARLES K. MILLS, M.D.,

Neurologist to the Philadelphia Hospital, Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

CORNUAL HEMORRHAGIC MYELITIS AT DIFFERENT LEVELS—PARALYSIS OF THE ARM FROM AFFECTION OF THE GRAY MATTER, AND OF THE LEG FROM EXTENSION TO THE PYRAMIDAL TRACTS—ATROPHIC PARALYSIS IN THE FACIAL AND TRIGEMINAL DISTRIBUTION.

SPINAL localization has long been a subject of great interest to the neurologist and neuro physiologist, and in very recent years its study has received a strong impetus from the fact that surgeons no longer hesitate to lay open the vertebral canal. Some of the cases which will be shown and studied in this and succeeding lectures, have a possible surgical importance; others have particular value for other reasons. In a broad sense, spinal localization includes a study of lesions focal or diffused, acute or chronic, vertical or horizontal; but I will limit myself in this course of lectures to focal lesions affecting the spinal column or cord at different heights, either by pressure, nerve involvement, or destruction of nuclei.

The first case to which your attention will be directed is one of unusual character, and, in my experience, very rare, and one also which, on superficial study, might be misleading. The various lesions in this case seem to have primarily involved certain groups of cells in the gray matter of the spinal cord and bulb, therefore giving an admirable opportunity of making a clinical study of the condition of the paralyzed muscles related to cell-clusters at particular locations transversely; but I will first give you a history and some details about the patient, and then study him before you.

The following are the notes of this case from the hospital records, but somewhat condensed;

W. S., aged fifty-three, born in Germany, in 1863, had a non-inflammatory bubo of the right side, and shortly afterward his hair fell out slightly, but he had no other secondary symptoms. He cannot remember having had any chancre. He had always been a moderate drinker. In 1869 he was disabled for several months by an attack of rheumatism.

In March, 1884, he had a sudden left hemiplegia or monoplegia without unconsciousness, for which he was admitted to the Philadelphia Hospital. Both arm and leg were involved in the palsy. In twelve weeks he was so far recovered as to be able to walk with the aid of a cane, and was discharged. In November, 1886, he had another apoplectiform seizure, with unconsciousness and delirium. This was not accompanied by palsy, and he rapidly recovered, being able in three weeks to walk without a cane.

In January, 1888, after a few days of headache, difficulty of speech, pain in the eyes, sensations of cold, he arose one morning with left facial palsy, which was almost complete. His mouth was drawn to the left when he came under observation, apparently from secondary contractions.

It has been recently discovered that this patient has also an affection of the muscles to which the motor branches of the fifth nerve are distributed, as well as

[1] Delivered at the Philadelphia Hospital, November 16, 1889.

of some of the sensory fibers of the same nerve. Some months ago he developed a serious anæsthetic and inflammatory affection of his left eye, and eventually this eye was removed by Dr. de Schweinitz.

A recent examination developed the following facts with reference to his face: "The left forehead is absolutely smooth, and the patient cannot corrugate it. The left angle of the mouth is drawn upward with rigidity and enlargement in the line of the naso-labial fold, probably due to a persistent spastic condition. Every few minutes the eyelids and muscles of the left side of the face twitch. He cannot fully protrude the tongue, but can just manage to get its tip to or beyond the under lip; tremulous, undulatory movements of the tongue are present usually. He cannot whistle nor dilate the left nostril. The left platysma movement is weakened. The masseter and the temporal muscles are evidently both atrophied and weak. He cannot protrude the lower jaw nor perform grinding movements. Sensation is blunted over the left side of the face. Degeneration reaction is present both in the muscles of the seventh and of the fifth nerves."

Examination of his left arm shows paralysis with marked atrophy, particularly in the extensor and supinator muscles, although perhaps not absolutely confined to them. Advanced degeneration reaction is present in the arm as in the face. He has a wrist drop similar to that which is observed in cases of lead palsy, only not affecting both sides.

As will be noticed, he drags the left leg decidedly in walking. Close examination shows impairment of power in the muscles, both of the thigh and leg, much as in a case of cerebral monoplegia or hemiplegia, the extensors and abductors suffering more than their antagonists. No atrophy is present as in the arm, and all the muscles respond both to faradism and galvanism, a striking difference between this limb and the upper extremity and face.

An ophthalmoscopic examination made in January, 1889, by Dr. G. E. de Schweinitz, gave the following result: The right eye has a round pupil; light reflex is preserved; a large oval optic disc with a dish-like, shallow excavation; the disc distinctly gray, arteries as compared with the veins smaller than normal. Spots of pigment could be seen on the anterior capsule of the lens indicating a former iritis. In the left eye the pupil is nearly occluded as the result of a former iritis, preventing any view of the fundus. Diagnosis, old iritis and incipient atrophy of the optic nerve. Since the date of this examination, while the patient was under the care of Dr. Lloyd, the left eye became much inflamed, the cornea ulcerated and sloughed, and the eye, as already stated, was removed by Dr. Schweinitz.

Examination for hearing by Dr. Lloyd, showed that with the tuning fork applied to the center of the forehead, the patient did not appear to hear it in either ear. When applied to the central incisor teeth he always heard it best in the left ear (affected side). This he did whether either or both ears were closed. This test was applied frequently, and always with the same result, and would seem to prove that his partial deafness was due to paralysis of the tensor tympani, rather than to affection of the auditory nerve.

A peculiarity of this case is that touching or handling the patient on the paralyzed side, either on leg, arm or face, causes him to wince, shrink or complain. The affected parts seem to be sensitive. Sometimes handling the paralyzed limbs will bring on involuntary shaking movements of the arm of the opposite side.

Let us now study still more closely this case. It is one of rarity and unusual interest. We have here a man palsied upon the left side of the body, face, arm and leg. We will commence our examination with the arm and leg, as these were the first attacked. He can lift and use his arm for various movements of the shoulder, proving that he has good control of the muscles of the shoulder and upper arm, including the deltoid, supra- and infra-spinati, trapezius and rhomboid. He can also flex strongly at the elbow, showing that the biceps, coraco-brachialis, and brachialis anticus are not paralyzed. Let us look below the elbow. You see he is scarcely able to move his hand, the little motion produced coming from the upper arm. Continuing, we discover that this man's arm is almost totally paralyzed below the elbow, almost totally escaping above. The extensors of the hand and wrist, the flexors of the same, but not completely, the extensor of the thumb, and the intrinsic muscles of the hand are all involved. He has a little supinating power; the supinator longus in fact seeming to be the only muscle below the elbow which has escaped. He is able to rotate the arm inwards and with difficulty outwards. On close examination we find that his triceps, latissimus dorsi, and possibly teres muscles are paretic. Comparing the two arms, you will notice at once how greatly this left arm is atrophied below the elbow. He has a decided unilateral wrist drop.

In a case of this kind it is very important to test the electrical conditions of the muscles, and we will now proceed to do this, examining first with the faradic battery, and commencing with the upper arm muscles. You see how perfectly the deltoid responds to the current, also the scapular muscles, coraco-brachialis, brachialis anticus and biceps. The triceps response is weak; at any rate we do not get the quick response as in the others. Proceeding now to the forearm and hand, we get no response from the extensors at all, a slight one from the supinator. The extensors are absolutely palsied and atrophied. The pronators respond somewhat to a strong current. Some of the flexors of the wrist, to a certain extent, respond, but those of the fingers do not. We shall test also with the galvanic battery, for the reason that in some cases although we find an absolute loss of reaction with the faradic battery, there will be some response to the galvanic, but here, as you see, there will be no response in the muscles which did not react to faradism. The muscles are so dead and degenerated that nothing is left to contract.

Let us next look at his left leg. We find here a different state of affairs. His leg is more paralyzed than his arm, that is, he has a more general loss of motor power in his leg. His leg presents the features of

an ordinary case of cerebral monoplegia, instead of the palsy being confined to definite muscles above or below the knee. The muscles all react to the faradic and galvanic currents.

The two conditions of the limbs presented for diagnosis are then: 1. An atrophic paralysis with degenerative reaction in the left forearm. 2. A paralysis, general, but not complete and not atrophic, in the entire left leg, with response to the electrical currents.

This case was at first regarded as one of hemiplegia from brain lesion, but it is impossible to explain any atrophic paralysis like that seen in this forearm by a cerebral lesion. What can it be then?

We know, or believe we do, the functions of every segment of the spinal cord, and we have them here exhibited in a tabular form from a paper of my own on spinal localization.

Let me repeat for you from this table the muscles whose functions are represented in four of these spinal segments, those of the lower cervical cord. They are as follows:

Sixth Cervical Segment.—Biceps, brachialis anticus, subscapular, pectoralis (clavicular part), serratus magnus, triceps, extensors of wrist and fingers, pronators.

Seventh Cervical Segment.—Triceps (long head), extensors of wrist and fingers, pronators of wrist, flexors of wrist, subscapular, pectoralis (costal part), serratus magnus, latissimus dorsi, teres major.

Eighth Cervical Segment.—Triceps (long head), flexors of wrist and fingers, intrinsic hand muscles.

First Dorsal Segment.—Extensors of thumb, intrinsic hand muscles, thenar and hypothenar muscles.

This patient has had either a hemorrhage or a hemorrhagic myelitis affecting the anterior horns of the cord on one side, the inflammation or hemorrhage extending into the lateral column—to the motor tracts of the same side. The attack was practically a form of anterior poliomyelitis, but it is a question whether it was an inflammation or a hemorrhagic inflammation, or a hemorrhage. His leg gives the phenomena of cerebral paralysis, and the condition is due not to a trophic lesion of the gray matter, but to a destructive interference with the cross pyramidal tracts with, perhaps, some secondary degeneration.

If we make a series of transverse sections through the cord at different heights, we get different sizes of the horns of the cord, as seen in this diagram, showing such section. From the third or fourth cervical to the second dorsal segment, the horns are very large, because they represent extensive muscular movements in the upper extremity. The cells are arranged in groups, four or five cell-clusters. These groups may be only in one section, or may continue through two or three sections of the cord. Thus, if we cut through the sixth, seventh and eight cervical segments and the first dorsal, and examine microscopically, we find some of the same groups of cells represented in two or more sections. Each one of these cell-groups is a physiological unit, and represents a muscular movement. Consequently we know that the movements which are destroyed in this man are referable to certain groups of those cells, and thus we are able to locate the injury to the cord. Certain types of paralysis have been erected, both of the upper and lower limbs. Thus there is an upper arm type of paralysis which includes the muscles which have here escaped in this patient. We have also a forearm type which includes the muscles here paralyzed.

In the seventh cervical segment of the cord, you will see by referring to the tabular statement, are cells representing the long head of the triceps, the extensors of the wrist and fingers, the pronators and flexors of the wrist, the latissimus dorsi, teres major, and the costal parts of the pectoral muscles—almost exactly those here involved. In the eighth cervical are again the triceps, the flexors of the wrist and fingers, and in addition the intrinsic muscles of the hand, also the thumb and thenar muscles.

The lesion of the cervical cord in this man certainly involve chiefly the groups in these three segments; to some extent also the sixth segment. The probabilities are that the hemorrhage, or the focus of the myelitis, in this man was in the anterior horn of the left side in the seventh cervical segment, and that it reached out to the adjoining segments, and also to the white matter of the crossed pyramidal tracts.

Let us finally look at this man's face. He can wrinkle his forehead on the right side, but not on the left. He has a loss of power in the zygomatics, the orbicularis palpebrarum, and all the muscles about the mouth, showing a paralysis of the portio dura or seventh nerve. The temporal muscles on the left side, and the masseter and pterygoids are also paralyzed—an unusual condition. The electrical reaction of the face is the reaction of degeneration. This palsy occurred from the second attack.

As we ascend higher in the cord to the floor of the ventricle, we find large groups of cells which are the nuclei of the cranial muscles. Our patient has a paralysis of the facial nerve, and of the motor fifth. There is also some hyperæsthesia of the face. It is most likely that the same sort of lesion is present in the bulb as in the cord, a hemorrhagic or myelitis destroying cell-groups of both the facial and trigeminal nerves.

The disease of his eye, which led to removal, was not due to the fact that the eye was open as a result of the paralysis of the orbicularis palpebrarum, but was a trophic affection from the lesion of the nucleus of the fifth nerve.

A NEW skin disease among cattle in Maryland, Pennsylvania, Delaware and Virginia has recently come under the observation of Dr. Wray, State Veterinary Surgeon of Maryland. The first case was discovered in St. Mary's county in July last, and investigation showed that the disease is prevalent throughout this and adjoining States. The disease is not contagious, but arises spontaneously. The animal at first suffers from constipation, which is followed by sloughing and ulceration of the skin, particularly of the mouth, nose, etc. The disease does not seem to be fatal, but it interferes very much with the milking of cows afflicted with it.

Original Articles.

FERMENTATION—ITS CAUSE AND EFFECTS.[1]

By ERNEST LAPLACE, A.M., M.D., Paris,
Professor of Pathology in the Medico-Chirurgical College, Philadelphia.

GENTLEMEN:—All that lives must die, and, dying, disintegrate and resolve itself into elements that enter into new cycles of usefulness. This phenomenon of universal disintegration must have aroused the interest of the human intellect from the first moment that it reached such a state of perfection as led it to inquire into the causes of things. If this disintegration did not exist, the matter of organized beings would encumber the earth, and the law of perpetuity of life would be compromised. A great phenomenon presides over this work; this phenomenon is fermentation.

Our forefathers might have been savages, but they were clever and observant ones. After organizing their own rude arts, they turned beasts into servants, they founded agriculture, planted the grape—this fruit was surely antediluvian, for we are told that Noah, on leaving the ark, planted a vineyard, drank of the wine, and experienced its consequences. But though wine and beer are as old as history, it was not until the last few decades that anything positive has been known as to the true mode of their formation. Our knowledge in the matter has been almost identical with our knowledge of medicine, that is, empirical—by which is meant that we had observed the facts, aside from the principles which produce them, and which are essential for a true understanding of them. In a word, when light dawned upon the true secret of the manufacture of beer, by the immortal discoveries of Pasteur, that same beam spread itself over the whole realm of medicine; was the light of regeneration to the noblest of sciences.

The brewer learned from long experience the conditions, not the reasons, of success. Often, however, the brewer's beer has fallen into rottenness, without any accountable cause.

It is the hidden enemies against which the physician—like the brewer—has had to contend, that recent researches are dragging into the light of day, thus preparing the way for their final extermination.

While still a young man, Pasteur, who was then a professor of chemistry in the Ecole Normale of Paris, was attracted by a note of the German chemist Mitscherlich, in which he said to the Academy of Sciences: "The tartrate and paratartrate of soda and ammonium have the same chemical composition, the same crystalline form and angles, the same specific weight, and the same double refraction. Dissolved in water, the refraction is the same. But the dissolved tartrate turns the ray of polarized light to the left, whereas the paratartrate is *indifferent*. But," adds Mitscherlich, "the nature and the number of the atoms is identically the same." Pasteur, who was then but twenty-five years of age, discovered that the crystals which turned polarized light, were not symmetrical. He noticed that all products of organic life were dissymmetrical—such as starch, quinine, strychnine, while all mineral crystals, or products of the inorganic world, were symmetrical. He immediately suspected that tartrates were organic, that is, connected directly or indirectly with life. It was a well-known fact that a German manufacturer of chemical products, having thrown away some impure tartrate of lime, mixed with albuminoid materials, this had fermented, giving rise to different products. Pasteur reproduced this fermentation in the following way: Taking some tartaric acid, he added a certain amount of albuminous material, and placed it in an incubator. When fermentation had taken place, Pasteur found innumerable small living organisms, and after the process had stopped he polarized the liquid and found that, whereas before fermentation the polarization was to the left, it had now turned to the right. His suspicion was realized. Hence, this sudden change of the direction of the ray of polarized light was accompanied by a great development of living organisms during a process heretofore known simply as fermentation. This was the first hint ever gotten of the influence of a living micro-organism upon organic substances. This micro-organism was not present, apparently, when the mixture was placed in the incubator, and now it existed in swarms in the disintegrating mixture. They surely grew during the fermentation.

Up to this time the most incomplete notions had been entertained as to the true cause of fermentation. *Liebig* said they were "acidations of albuminous substances when in contact with air." *Gay-Lussac* thought that the oxygen of the air was the causative agent, for he had noticed that wine had turned sour from being poured from one vessel to another. Berzelius and Mitscherlich said that ferments acted by catalysis—that is, by their presence. Schwann and Cagnard Latour noticed that a living, rounded body was present in the manufacture of beer; but it did not occur to them to ascertain what part was played by this organism. As soon as the malt is mixed with hops it is boiled, and allowed to cool; this infusion is called the wort, and this is placed in vessels with but one aperture open to the air. Here it is mixed with the yeast. Soon after a brown froth forms on the surface, which is really new yeast, and issues from the aperture, falling like a cataract into troughs prepared to receive it. Whence is this new yeast? Weigh it before and after. The brewer sows ten pounds and he collects fifty pounds. Shall we say that this is spontaneous? Are we not reminded of the seed that has fallen in good soil and brought forth fruit fifty- or a hundred-fold? In fact, this seed can be seen budding under the microscope, before our own eyes. It is a minute plant—the Torula Cerevisiæ. This marks a distinct epoch in the history of fermentation. But Liebig was loath to accept the growth of this plant as the cause of fermentation, and maintained that its life had nothing to do with the process, that it was a purely chemical one, and that it was the chemical nature of yeast, not the fact that it was alive and could develop life,

[1] Delivered before the Odontological Society of Pennsylvania, November 2, 1889.

which produced fermentation. In a memorable demonstration, Ludersdorf proved the error of Liebig's assertion, and that yeast acted as a ferment because of its organized or living character.

He destroyed the cells of yeast by rubbing them on a ground glass plate, and he found that with the destruction of the organism, the chemical nature remaining the same, the power to act as a ferment disappeared totally. No experiment could possibly be more conclusive.

But in the manufacture of wine, no yeast is added. The grape is pressed, and the juice ferments after a short while. The torula soon makes its appearance, however, and where does it come from? If the filtered grape juice be boiled, so as to destroy the germs it contains, and be put in germless air, it will never ferment. All the material for spontaneous generation is there, but the life, both in the grape juice and the air, being destroyed, no new life can be produced in the shape of fermentation.

Pasteur has pushed this demonstration still further. The grape is sealed by its own skin from contamination by the air. He contrived a way of extracting the juice, without its touching any contaminated substance, and placing it in pure air; it did not ferment; then taking the skin of the grape and brushing the delicate grayish dust upon this non fermenting juice, fermentation soon developed and the yeast plant appeared in great abundance, proving that the grape carries its yeast upon its own self. For thousands of years, therefore, the wine grower has done unconsciously what the brewer does purposely.

The germ of the yeast plant exists in the air, but not in quantities sufficient to ensure rapid fermentation such as the brewer desires, hence the brewer puts in a quantity himself.

Pasteur has defined fermentation as life without air. These germs live on oxygen as we do, and give off carbonic acid gas; but they do not take their oxygen from the air, they take it from the substance upon which they grow, hence they do not need the oxygen of the air for their development. Hence fermenting substances are placed in vessels with but a small aperture to the open air, where the yeast imbibes oxygen and pours forth carbonic acid. Where does it get the oxygen? It is wrenched from the liquid upon which it grows, liberates carbonic acid gas, and leaves the liquid product as our familiar alcohol.

And in the same way, exposing alcohol to the action of the ferment known as the mycoderma aceti, acetic acid will be the result.

The air is full of germs of ferments differing from the alcoholic leaven. Expose milk to the air and the coagulation will take place; small globules of butter appear—the butyric acid fermentation. Within a short while larger organisms are seen, wriggling in swarms through the preparation. In curdled milk are found other organisms, linked together as beads on a string—that is the *lactic acid fermentation*. Examine putrefying milk and it will be seen to swarm with millions of small and larger germs, showing wonderful alacrity of motion. Keep your milk from the influence of the atmosphere, or boil it, so as to kill the germs within it, and it will remain sweet, the germs being destroyed.

Expose meat to the atmosphere and it will soon putrefy; it will swarm with the germs of putrefaction and will soon stink. Keep the germs away and it will not putrefy.

Thus we begin to see that within the world of life to which we ourselves belong there is another world requiring the microscope for its discernment; but which, nevertheless, has a most important bearing upon our welfare.

Gathering these facts together and analysing them, we see that there are two elements always in action—a seed and a soil. The seeds are floating continually in the atmosphere about us. The soil is the particular substance upon which these germs fall, and at the expense of which they grow. It follows, also, that the greatest analogy exists between these various germs in the atmosphere and the seeds of various plants that may be wafted by the wind from one spot to another, and which develop when they happen to fall upon a suited soil.

Another fact is, that just as when you sow corn corn is reaped and not barley, so each particular germ grows its particular kind. Supposing you take a handful of seeds of various flowers and sow them in the same soil, then the different plants will grow alongside of one another. So also, if various sorts of germs have access to the same soil, they may grow plentifully together—as takes place in putrefaction, where germs of many kinds are seen growing, and decomposing the soil upon which they grow, liberating, not carbonic acid—as in fermentation—but sulphuretted hydrogen, the foul smell of putrefaction.

All germs will not grow on the same soil, just as all seeds will not grow on the same ground—some plants being indigenous to some countries, and others to different climates.

But a very astonishing fact is that one germ, after developing in a particular soil, may leave that soil in such a state as will render it favorable to the development of a germ which could not have developed there before. Such is indeed the case with the mycoderma aceti, which could not have developed in the sweet solution. First the yeast plant developed there, changing the sugar into alcohol, and now the mycoderma aceti, falling into the alcohol grows abundantly, changing this alcohol into acetic acid, or vinegar.

The most important and practical portion of the whole knowledge of the nature and development of micro-organisms is the study of the changes incident to their growth in the soil upon which they develop. The yeast plant left the sugar changed into alcohol, whose chemical nature and physiological effects are quite different from sugar. The mycoderma aceti has changed the alcohol into vinegar, whose chemical nature and physiological effects are vastly different from alcohol. Likewise the lactic acid germ has produced in milk which was once sweet a substance, lactic acid, having corrosive properties, and which curdles the milk.

This new product, which results from the decom-

position incident to the development of a germ, is called in medicine a ptomaine. When germs are absorbed from the atmosphere and produce certain diseases, the albuminoids are decomposed within us, and this ptomaine or fermentative product is the chemical poison formed, which, being resorbed by the economy, produces those physiological symptoms characteristic of a disease.

And would a substance not putrefy without the action of germs?—in other words, is there such a thing as spontaneous generation? Tyndall's and Pasteur's admirable researches have set this question at rest. One will suffice. Having made veal broth, Pasteur placed it in a round vessel with but a small aperture. This was raised to a temperature of 115° C. for half an hour, so as to destroy all the germs within it, and the tip end of the flask was soldered, so as to prevent further air from coming in contact with the broth. A number of flasks so treated were placed aside. I have one in my possession thus prepared many years ago by Pasteur himself, and the contents are as pure as the day of its preparation. This shows conclusively that by heat he had sterilized the liquid and interior of the flask, and having soldered the end of the flask, thus preventing any germs of the atmosphere from having access to the fluid, there was no possibility of life developing within it; hence it remains pure, and is likely to remain pure indefinitely.

Now this simple experiment was a master-stroke of genius, for on it is founded our whole system of modern pathology and hygiene.

Do we wish to stop fermentation, putrefaction, contagious and epidemic diseases? We must repeat Pasteur's experiment. Sterilize first. Then prevent the germs from having further access to the parts thus purified.

Strange to say, this process of purification was applied to the canning of goods before it was practically applied to scientific purposes. In fact, canned goods of all sorts are prepared exactly after the manner of Pasteur's broth-experiment. They are raised to high temperature and kept in air-tight vessels. And what occurs when canned goods become spoiled? Simply the germs of the air have gotten into the goods, whether through some small aperture in the vessel or sufficient heat was not applied at first to destroy them.

Lister, in England, was the first to make a practical application of this to suppuration in wounds. He saw the analogy between the foul smell of a suppurating wound and the processes of putrefaction, and concluded that, should he succeed in destroying the germs which had started this putrefying process, and should he prevent further germs from having access to the wound, the putrefaction would cease, and the wound would heal kindly without suppuration. This he did by sterilizing the wound.

There are two ways of sterilizing: by (1) heat; (2) by chemical agents, carbolic acid, sublimate, etc., which have the property of destroying the vitality of most micro-organisms; and, when used in proper strength, do so without impairing the tissues with which they come in contact. The wound is then covered with several layers of cotton that has been sterilized or purified by heat, and this prevents the germs of the air from having further access to the wound; for as these germs fall upon the outer layers of the cotton they are caught by the meshes of the small cotton fibres and are not allowed to get any nearer the wound; during this time the normal and unimpeded process of repair goes on, and healing takes place without suppuration or putrefaction produced by germs. And by this glorious discovery Lister has blessed humanity with a reduction in mortality from major surgical operations, a mortality reduced from fifty per cent. before the days of antisepsis to two or three per cent. at the present day in the best conducted hospitals. Besides, it has widened the domain of surgery, bringing to the surgeon success in such operations in which he could not hope for success should suppuration take place.

Applying the same principles to dental surgery, which is a special branch of general surgery, we are struck by the frequency of processes of putrefaction or fermentation in the mouth. And why? Because the germs of the atmosphere, which we constantly breathe through the mouth, lodge upon some remnant of food buried in the sulci, fissures and proximal surfaces of the teeth, and find there a suited soil accompanied by heat and moisture; these germs develop and cause putrefaction, as evidenced by the foul odors from the mouth. Besides putrefactive processes, a fermentative process may also take place in the presence of sugar, which produces a corrosive element that destroys the enamel. The germs sink into this impaired spot, and the same deleterious agent being generated there, the process of decay attacks the dentine, the pulp, and an extensive cavity follows. Such being the case for a healthy tooth, well paved with enamel, the process is a much easier and more rapid one when, through some accident, a mechanical abrasion already exists.

To the honor and credit of Prof. W. D. Miller, of Berlin, be it said that he was the first to discover that the corrosive substance so deleterious to enamel, and which results from fermentation in the mouth, was lactic acid, which enters into composition with the calcium salts of the tooth, producing a lactate of lime.

This being the case, as a student of pathology and practitioner in surgery I conjure you to apply to your special branch of surgery the principles of antisepsis that Lister has applied to general surgery, vouching that you will meet the same grand success.

To reach this end, sterilize! and prevent the further access of germs to the parts. Sterilize with acid sublimate solution, destroying the organisms at one sitting. But when the pulp is dead, use the heated platinum broach in the root canals; then use the antiseptic solution, which will penetrate the minutest nooks of the cavity and destroy those few germs that have perhaps escaped the heat. Finally, plug the tooth with aseptic or antiseptic filling. And, gentlemen, as a physician, knowing how many general disorders, gastric and others, are caused by germs that found originally a brooding place in the mouth, I implore you to give the question of oral disin-

fection your most scrupulous attention, feeling confident that a rational and persistent use of the antiseptic solutions now within our reach will afford you the fullest satisfaction, for in your treatment you will meet the same glorious success as is achieved in surgery as practised at your doors.

* * * And now, that we have reviewed the various phenomena of fermentation, we see that, in the eternal laws of the universe, that fermentation was destined as a power for good, and like electricity and steam, it vastly benefits our existence, if only rightly understood and maintained within its proper bounds; that most of the harm to humanity resulting from fermentative processes is due to our still incomplete mastery of its laws; and that, with the present strides of science, we will completely overcome these micro-organisms or fermentative agents that are deleterious to man and his surroundings.

Such is the triumph of the scientific age in which we live, that has disclosed a world about us which we know not of—a world of beings consisting of enemies as well as benefactors, in constant and intimate relation with each of us.

We know of numberless stars above, infinitely large; but this newly-discovered world of infinitely small beings, its laws and purposes, is to me not a lesser index to that Power, the Author of them all.

That God which ever lives and loves.
One God, one law, one element,
And one far-off divine event,
To which the whole creation moves.

1617 ARCH ST.

CRIMINAL RESPONSIBILITY IN NARCOMANIA.[1]

BY NORMAN KERR, M.D., F.L.S.,
President of the Society for the Study of Inebriety; Corres. Mem. Medico-Legal Society; Chairman British Medical Association Inebriates' Legislation Committee; Fellow of the Medical Society of London.

IN some countries, as in Germany, Italy or Switzerland, there is a difference in the penalties inflicted by the law for crimes committed in a state of inculpable, as distinguished from culpable, intoxication. In most countries, as in America, England and France, the law does not officially recognize such a distinction. There have been occasions when English judges have even gone so far as to declare, following the ruling of the Spartan lawgivers, that drunkenness is an aggravation of the criminal act, and ought to call down additional punishment.

But the comparatively recent revelation of medical scientific research that there is often a diseased condition of the brain in individuals guilty of either a sudden and unexpected outrage of the laws of decency or morality (or of a continuance of such outrages), while affected by alcohol or some other anæsthetic, has not been without influence on the administrators of justice. Jurisprudence was constructed at a period when no abnormal physical state in inebriety was suspected, except, by perhaps a few rare scientific inquirers, who were far in advance of their day and generation. Scattered here and there in the annals of English criminal procedure are deliverances from the judicial bench, as well as verdicts, which attest the growing influence of the discoveries of pathology and physiology on the humane, more merciful and withal just legal treatment of the diseased inebriate.

In one case, two men were going home from a public house drunk. It was believed that the one as a joke tried to rob the other. But the prisoner was held to have been under the delusion that he was attacked in earnest by a real thief, and though he killed his friend, was acquitted. The judge said that the accused had clearly acted under the impression that his life was in danger, and under these circumstances could not be held to be criminal (*Reg. v. Price*, Maidstone Summer Assizes, 1846).

This ruling would cover a large number of accusations for capital and non-capital offences. It would include many crimes committed during an attack of delirium tremens, for example. All the injuries to persons inflicted by the alcoholic trembling deliriate, which have come under my notice have been the act of a person under the delusion that his life or liberty was at stake. He believed that some one was after him, was trying to rob, maim, imprison or kill him, and in his terror he violently assaulted his presumed assailant. In other cases, he has injured persons unintentionally by clutching at them or clinging to them in the acme of his fear.

On one occasion, at sea, I had a very narrow escape from strangulation at the hands of a man suffering from delirium tremens. As I was about to leave his cabin, he was so afraid of my leaving him that he, while my attention was diverted from him for a second, had my trachea compressed by one arm in an iron grip of despair and frenzy (I being jammed up in a corner) with his other hand rigid on the door handle. I was helpless and voiceless. Nothing saved me from impending death but the being able to control him by my look, with the consequent relaxation of his grasp, when I at once opened the door.

There have been a number of acquittals in charges of murder during delirium tremens. One of the most notable of these was the case of *Reg. v. Burns* (Liverpool Summer Assizes, 1865). The accused had murdered his wife. After the commission of this deed he appeared quite calm, and stated that he knew what he had done. His reason for killing his wife was that she was in league with men concealed in the walls. The jury acquitted the prisoner, on the ground laid down by Baron Bramwell that, though the accused might have known that the act was killing and was wrong, he was laboring under a delusion which led him to suppose that this delusion, if true, would have justified his action.

Another person was acquitted of feloniously wounding two individuals, on the plea that he was under the impression (from delirium tremens) that his house was being broken into (*Reg. v. Chaplin*, Warwick Assizes, November, 1878).

Yet, under almost similar circumstances, the accused have been found guilty, as in the following case: One man killed his friend, both being drunk, under the delusion that his friend was some one else, who was attacking him (*Reg. v. Paterson*, Norfolk Dent Assizes, 1840).

[1] Read before International Congress of Medico-Legal Societies.

Mr. Justice Manistry, in *Reg. v. McGowan* (Manch. Assizes, October, 1878), where a man was found guilty of murdering his wife, though the medical evidence was to the effect that he was laboring under temporary disease of the brain from excessive drinking, ruled that disease produced by one's own act, such as delirium tremens, was no excuse unless the disease became permanent.

On the whole, though the plea has in some cases been unavailing to avert condemnation, there has of late years been an increasing disposition in both judge and jury to accept a delusion of delirium tremens as a valid ground of acquittal. This is undoubtedly a step in the right direction. In some cases, the accused may not be wholly unconscious of the nature of the act, or of the difference between right and wrong; but he is beyond his own control, and is powerless to resist the dominating homicidal or suicidal impulse even in this partial consciousness of his actions. This delirium is as pronounced a disease (however short lived) of the brain as is the delirium of typhus or typhoid fever. There ought to be no more criminal responsibility in the one disease than in either of the others.

It seems to me that on this point most legal and medical experts will be agreed. A uniform ruling to this effect would be an enormous gain to the successful administration of our criminal law. No drinker desires or intends to have delirium tremens. This disease (a leading characteristic of which is abject terror) overtakes him and comes upon him unawares.

To only one more point of medico-legal interest will I allude: viz., to the desirability, in fact the necessity, if justice is to be done, of an inquiry into the health history of the accused. Though I treat specially of criminal cases complicated with inebriety, this procedure would often be judicious when there is no narcotic complication.

A sober, sedate, conscientious and well living man or woman suddenly commits some gross breach of decency or order—is guilty, say, of indecent conduct, or of theft—without an apparent motive. In not a few cases which I have seen (in some of these cases no criminal proceedings were taken, in others there was a conviction or a reprimand) the immoral act, the theft, or the unexpected drunken outbreak proved to be the first symptom of paralysis of the brain. What a terrible blunder to punish such a person as an ordinary criminal! The disgrace, the prison surroundings, the jail curriculum, have degraded the *morale*, often made a confirmed criminal of the convicted, and accelerated the paralytic's march to the grave, the existence of an underlying disease having never been suspected until the incurable stage had been reached.

Such a neglect to inquire into the past health of the accused has often been as dishonoring to law and as costly a mistake to the community as it has been fatal to the individual. A more enlightened procedure would have detected and recognized the presence of brain disorder in a considerable proportion of cases. The result would have been that, though there would have been fewer convictions for crime, many persons would have been preserved from a criminal career, the heavy expenses incurred for not a few habitual criminals would have been saved, a large amount of brain disease might in its earlier and more curable stages have been cured, and quite a host of useful lives might have been restored to the community, while the dignity, power and influence of the law would have been greatly enhanced.

All these considerations apply with added force to the urgent need for an elucidation of the HEREDITY of the accused. Especially where inebriety is present should the family history be sought out. There are many individuals so handicapped, so permeated with the alcoholic or other inebriate inheritance transmitted from their predecessors, that the slightest sip on any pretence of an alcoholic intoxicant is apt to precipitate them into intoxication, with the risk of *incontinently and not of their own intent* being guilty of some criminal offence while under the influence of the anæsthetic. There are others born with a brain so abnormal that the drink-impulse or the drink-crave is apt to be developed by any extraordinary disturbance or exhaustion of their nerve system. There are still others whose moral control is so deficient from birth that only with the greatest difficulty can they resist temptations from without or morbid impulses from within.

I am glad to be able to adduce a recent deliverance from the English bench in illustration of the importance of giving due consideration to heredity, in a case with inebriate complication. (*Reg. v. Mountain*, Leeds Assizes, 1888.)

A single man, aged thirty-four, was tried for murdering his mother with prolonged violence, in the presence of a terrified domestic whom he had locked up in a room with them all night. He had suffered from delirium tremens about five years before, and for the last year had been subject to fits of excitement, and to delusions as to his life being threatened. He persisted in the statement that the victim was not his mother. One medical witness testified that at the time when the deed was done the perpetrator was suffering from *delirium tremens*, the other that the illness was *mania a potu*. Evidence was given showing an insane heredity. The judge, Baron Pollock, said that though no man could be excused on the mere plea that he had reduced himself to a want of reason by drinking, there were other circumstances here. One was that through hereditary influence the accused's infirmity and mental deterioration possibly did largely account for the criminal act. Another circumstance was whether, apart from drinking, the man was the subject of delusional insanity. The judge very wisely met the objection that if the prisoner had been an abstainer from alcoholic drink, he would not have been guilty of matricide; that as a certain amount of alcohol, with his predisposition, made him a murderer, the accused should not have taken the little drop that upset his reason. Baron Pollock replied that the last man to know his own weakness is he who has a weak mind; that such an one cannot argue as doctors argue for him. The learned judge charged that if, at the time when the murder was committed (though the accused had been a drunkard and had had delirium tremens) he had

taken only such a quantity of liquor as an ordinary man could take without upsetting his reason; and that the insane predisposition was the main factor, although the drinking of a small amount of alcohol was a contributory cause, the plea of irresponsibility, on the ground of insanity, was good. Happily, the jury returned a verdict in accordance with the charge of the judge.

In insanity it is now generally conceded that there is a lesion of the brain, though this cannot always be detected on a *post mortem* examination. There is now as much evidence to show that there is a brain lesion in inebriety, that diseased condition which I have ventured to call narcomania (a mania for intoxication by any anæsthetic narcotic). In acute mania, as in delirium tremens, this lesion is usually quickly repaired. In some forms of mental unsoundness and of narcomania, this lesion is so persistent that a prolonged course of treatment is required, while in a sensible proportion of cases the lesion is practically irreparable.

In the interests of justice, as well as in fairness to the accused, in all cases of alleged criminal offences committed either while under the influence of an alcoholic or other anæsthetic, or by a known inebriate in a non-narcotic interval, there ought to be a skilled inquiry into the previous health history and heredity of the panel at the bar.

Hydrotherapeutics.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.[1]

By SIMON BARUCH, M.D.,

Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

(Continued from page 731)

THE question I now propose to discuss is "Why has the remedial use of water maintained its hold upon some of the most able physicians in every century of medical history, despite the prejudices of the lay and medical public?"

Why have the vicissitudes of hydrotherapy not swept it from the therapeutic field, as has been the fate of many more highly vaunted remedies? Bloodletting, that remedy which for centuries towered above all others and promised to resist the onslaught of its ablest opponents, is an example of the fate of a remedy which lost its foothold so soon as the fierce light of modern physiological research exposed the fallacious reasoning on which it was based.

Hydrotherapy, on the contrary, has maintained its position not only on clinical grounds, but it is to-day more firmly entrenched *because it is based upon well ascertained and exact physiological facts*, the application of which forms the most brilliant chapter of clinical medicine.

The more fiercely the light of modern research bears upon it, the more glaring become its points of vantage over many other remedies, *which, however, it should never be permitted to entirely displace.*

To demonstrate the validity of this claim, there is a wealth of material at my disposal, from which you will permit me to select a few striking evidences. The works of Winternitz, Schueller, Roehrig, Naumann, Chapman, Delmas, Thennes, Pleniger, Bottey, Scheuer and others, from which I am greatly indebted, teem with experiments on animals and man which must prove to the unbiased observer that by means of the thermic and mechanical effects of water prompt and decided modification may be impressed on all the functions of the body. Let us take, for instance, the most simple experiment of applying cold water to the skin. May we not arouse a patient thus from syncope? May we not modify tactile sensation to any extent, from the mildest effect to complete abeyance? May we not diminish the caliber of bloodvessels to any extent by cold, until their coats lose their tone altogether, or until they are dilated again by reaction?

Surely these effects and many others can be so positively controlled by no medicinal agent. We have physiological grounds, not alone for these, but for many other effects.

Naumann has by experiments on frogs established such definite results on the subject of the action of cutaneous stimuli that Winternitz accepts them as laws. He separated the head of a frog from his body, leaving them connected only by the medulla; he also severed one leg, after preventing loss of blood by tying the vessels, so as to leave it connected only by the sciatic nerve. He now applied thermal and other stimuli to the foot of the partially severed leg, while he observed the circulation of the mesentery under the microscope. Having observed certain changes in the latter, he formulated them as follows:

1. The effect of irritants is produced by reflex action from the central organ.

2. These irritants exert considerable influence on the heart and vessels.

3. In proportion to the irritability of the individual, powerful cutaneous stimuli lessen and weaken cardiac action, dilating the vessels.

4. Relatively weak stimulation increases and strengthens cardiac action and narrows the vessels.

5. The changes produced by long-continued skin stimulation last some time; longer if stimulation has been prolonged: even one-half to three-quarters of an hour beyond time of stimulation.

6. Relaxation of pulse following powerful stimulation of the skin often attains its maximum at once; at other times not until its conclusion.

7. The excitant effect of weak cutaneous stimulation continues after its conclusion; but it is also followed by a less pronounced relaxation.

8. Powerful cutaneous stimulation is always followed, after a period of warming, by a cooling down of the body, which lasts often over an hour, sometimes occurring during the stimulation, but as a rule after its cessation.

Schueller's observations on the circulation of the pia mater of a rabbit, which he had trephined for the purpose, are definite and unimpeachable, and explain

[1] Read before the New York Academy of Medicine, November 7, 1889.

many of the hydrotherapeutic processes. A cold stream of water applied to the belly and back of the rabbit was at once responded to by the bloodvessels of the pia mater, contracting them if brief, dilating them if prolonged. A warm compress applied to the belly contracted the vessels. Cold baths produced dilatations of the vessels in proportion to the size of the body immersed. Only, after prolonged immersion in cold water, a contraction of the vessels ensued as the result of the reduced blood temperature. The vessels continued contracted for about half an hour. If the body of the rabbit was immersed in warm water, a decided contraction of the vessels in the pia mater ensued, and they remained somewhat contracted for some time. His experiments with the cold pack on rabbits agree with the effect of these applications on man.

These experiments have been verified in man by Tranck, who in Marcy's laboratory, by means of self-registering instruments of precision has demonstrated that, if one hand be placed in cold water for two or three seconds, the other increases in volume, the increase continuing about a minute. Winternitz also verified Schueller's experiment on man by measuring the size of the arm by a pletysmograph, while the patient sat in a tub, receiving a cold affusion. The effect was a sudden increase of volume. The blood was then proved to be driven from one part of the body to another. He has also demonstrated that the application of cold water to certain definite parts of the surface exercise a positive influence upon definite vascular areas. Then cold applied to the feet affected the intracranial circulation; applied to the thigh, the pulmonary circulation; and to the back the mucous surfaces.

But not alone have these effects been demonstrated on the smaller vessels. The heart, too, has been proven to distinctly respond to temperature impressions upon the periphery, and that this result is brought about by reflex action is shown by Roehrig, who failed to obtain any action upon the heart when the vagi were severed. He demonstrated on the rabbit that moderate cutaneous irritations increase cardiac contraction, while they diminish them if they are intense and prolonged. These experiments, too, have been verified in man by Winternitz in Vienna and Delmas in Bordeaux, the only cities where hydrotherapy is practised in regular hospitals. Roehrig also had previously utilized his physiological experiments in the treatment of some heart diseases, in which cool baths (27° to 24° C.) reduced the frequency of the pulse, and he deduced from their application in other diseases also a confirmation of his physical experiments.

We therefore know positively that low temperatures, briefly applied, accelerate the heart's action, and that a prolongation of low temperatures diminishes it, as does also the reaction after a brief application. Also, that the application of high temperature to the skin produces a decrease of pulse rate, which is quickly followed by an increase. By the application of water of various temperatures to the surface for a lengthened period we obtain the direct effect of the cooled blood upon the heart. Experiments having demonstrated that heat applied directly accelerates, and cold diminishes, the heart's action, we can, by cooling the blood in fevers, produce an invigoration and slowing of the heart. And this is borne out by clinical experience, as we shall show later.

If, farther, as has been demonstrated again and again by the sphygmograph, the vascular tension may be modified at will by hydrotherapeutic procedures, we have another proof of our powerful influence over the heart's action. Indeed, so decided is this influence upon the entire circulation that hydrotherapy really reduces it to a hydraulic problem. As the blood stream moves in a definite, closed system, rapid changes in it can only, in the normal, uninjured state, be induced if the propulsive action of the heart is rapidly increased or decreased, or the capacity of the vascular area suffers fluctuation. All this has been accomplished by physiological experiment and verified by clinical experience. [The well-known tapping experiment of Goltz proves absolutely the powerful influence upon blood pressure and accumulation of blood in certain areas, which the removal of large masses of blood from other areas produces.]

When it is remembered how perfectly we can control these hydraulic changes by means of reflex as well as direct effects, through the agency of water of different temperatures, and how these changes may be varied upon an almost exact scale by careful attention to the degrees of temperature difference between the water and the recipient; to the degree of sensitiveness to impressions of the latter; to the extent of surface to which the application is made, etc., it is evident that we possess in hydrotherapeutic procedures a most *flexible* measure for influencing the vascular system.

The effect of thermic influences upon the temperature of the body is, perhaps, better understood than the effects referred to above. That the temperature of the body may be reduced has been so often demonstrated that all physicians are familiar with the fact; also that the human body is not affected by cold and heat like an inanimate body, but that it reacts against these thermic stimuli.

But it must be remembered that the vital processes by which the system endeavors to protect itself against thermic disturbing influences, are also definitely ascertained. The familiar example of shriveling of skin when extreme tolerable heat or cold are applied to the surface, is due to the vascular spasm and constringing effects of these thermic irritants. This vascular spasm protects the internal organs against too rapid cooling or heating. The secondary effect of cold or hot applications to the cutaneous surface are so well known that I need only remind you of them. Cold, if evanescent, is followed by reaction, which dilates the vessels forming heat, if evanescently applied, it is followed by dilatation, due to passive relaxation. When the superficial vessels contract in response to a more prolonged application of cold, there is a prolonged hyperæmia established in the nearest muscle tissues, which protects the body against the rapid invasion of the cooling blood; being thus supplied with more blood, more heat is produced. The prolonged application of external

heat, on the contrary, produces—as is familiarly known—an increased vascularization, and thus enhances its functions, with the result of increasing perspiration. A larger quantity of blood is retained in the relaxed vessels if the applications be prolonged, reducing the quantity in the muscles and other organs, and thus diminishing heat production.

By means of the calorimeter Winternitz has practically demonstrated that the going off of heat depends upon the cutaneous circulation. He has absolutely proved that the most active conditions of the skin functions may compensate three and a half times of the normal heat loss; or it may be increased three and a half times. As the great bulk of the heat is produced in the voluntary muscles which form about one-half of the entire body, it follows that the increased activity of the muscles, aroused by the external application of cold, is capable of producing an increase of heat.

Liebermeister discovered this in man in 1859, and it was confirmed by Hoppe's experiments on dogs, and later by Kœnig and Juergensen. But if the application of cold be prolonged or intense, the inner temperature sinks—as shown by Juergensen—rapidly. Liebermeister's experiments demonstrated that baths of sixty-eight to seventy five may be borne fifteen to twenty-five minutes ere the temperature begins to sink.

Delmas and Bottey have demonstrated the flexibility of hydrotherapeutic procedures on these principles. If the cold is applied briefly with a douche, according to Delmas, we have an intense sensation of cold, followed quickly by a general feeling of warmth; but during the reaction which ensues, the temperature continues to fall from 0.6 to 1.°, for two hours after the douche, especially if the patient exercises after it. Hence the simple sensation of cold or heat is not an index of the actual body temperature in health, any more than it is in the cold stage of an intermittent.

According to Bottey, if the douche is very cold (8° C., for instance) and lasts two or three seconds only, the fall of temperature is preceded by a brief period of elevation of 0.1° or 0.2°; but if the douche lasts ten seconds, there is no elevation at all, as Delmas has shown, but a fall, lasting several hours.

Upon the condition of the blood, also, the action of cold has been determined to be pronounced. Thernies has shown (in 1878) by very thorough investigations with Hayem's hæmatometer and calorimeter, that the number of blood globules was not only increased by the douche, but that their quality was improved. This mathematical demonstration, repeated by Winternitz, is verified, as I will have occasion to show by clinical experience.

The influence of thermic agents upon the nervous system has been so often demonstrated that I need only refer here to any special investigations. Physiological experiments have shown again and again that we may stimulate or depress it by reflex action.

47 E, 60TH STREET, NEW YORK.

The typhoid fever is subsiding in Philadelphia, there having been but seven deaths last week. The general death-rate of the city is very small at present.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

EPITHELIOMA OF NOSE.

HISTORY: Patient had always had a dark spot on the left side of the nose. It began to give him trouble about a year ago. Itching and slight pain occurred at times. The spot became red and inflamed, and, breaking down in the center, formed a small ulcer, which began to spread. This is a curable form of cancer, if treated in time. A concentrated solution of zinc chloride was applied last Wednesday, and allowed to remain for a few minutes, after which a dressing of ung. zinci oxidi carbolizat. was applied. This has afforded excellent results so far, and an operation is not considered advisable until this treatment fails. The chloride of zinc solution was ordered to be applied daily, with the same dressing as before. —*Pancoast.*

OPERATION FOR THE RADICAL CURE OF HYDROCELE.

Patient was a man, about sixty years of age, presenting a pyriform swelling on the left side of the scrotum, which is largest at the depending portion, translucent, and transmits an impulse on coughing. The patient had already been tapped several times, but the tumor returned so rapidly that it was decided to attempt a radical cure. Patient stood with his back against a table, and a broad-shouldered lancet was introduced into the hydrocele. A straw-colored liquid of high sp. gr. poured out. The tunica vaginalis was then scraped thoroughly, and the lancet withdrawn. This method is preferable to the injection of tincture of iodine.—*Pancoast.*

URETHROTOMY.

Patient was a man, about middle age, with a history of having passed a stone from the bladder, some years ago, which lodged near the meatus, and was removed through an incision, the meatus being too small to admit of its further passage. Urine was dark, strongly acid, without albumen or sugar, and with sp. gr. of 1.030. It contained acid phosphates, pus, epithelial cells, oxalate of lime, and uric acid. Patient was moderately well nourished, but melancholy, and suffering from considerable dyspeptic trouble. Acetate of potassium, gr. xv, three times a day, largely diluted, was ordered some time ago, and to-day the acidum nitro-hydrochloricum gtt. v, diluted with water, three times a day. Also quinine, iron, and strychnine were given as a tonic. A lotion of borax and glycerine was applied to the glans penis to soften any inflammatory deposit. The bowels were kept open with salines, and a full dose of quinine given to prevent shock.

The penis measured 11 cm. in circumference, and was therefore expected to have a caliber for the urethra of 35 mm. There were two strictures present—the first a tortuous one, near the meatus, and the second a linear one, about three inches from the meatus. The meatus was, a few days ago, enlarged with a bistoury and the tortuous stricture dilated.

To-day a solution of cocaine was injected into the urethra and a Gross' urethrotome passed, and the stricture divided. Then an Otis' divulsor passed into the urethra, set at 35, and the stricture forcibly dilated. If this plan fails, the operator suggested a trial of electrolysis; but he thought this would be all that would be necessary, the dilation being kept up by passing the sound.—*Goodman.*

A letter-carrier complained of vertigo, and headache, which were temporarily relieved by cardiac depressants. Examination showed that he had mixed astigmatism of one eye, and irregular astigmatism in the other, probably due to irregular curvature of the lens.—*Fisher.*

New growths are the results of irritation, which is is always due to a dead, chemical agent, or to a living, vital one, the latter acting mechanically, or through the medium of noxæ generated by it. This fact has put a new face upon pathology.—*Laplace.*

Not a single case has yet been recorded in which the tubercle bacillus, having been discovered in the sputa, has totally and finally disappeared during the patient's life.—*Laplace.*

Wounds of the knee joint once considered essentially fatal, are now, under antiseptic measures, no more dangerous than cuts of the finger.—*Laplace.*

Out of several hundred cases in which the bacillus tuberculosis was demonstrated in the sputa less than two years ago, not one is now alive.—*Laplace.*

The disease formerly known as the white swelling, simple, or with fungosities, we now denominate local tuberculosis of the knee joint.—*Laplace.*

The experience of half a century has demonstrated that there is no better local antiphlogistic than lead-water and laudanum.—*Garretson.*

FRACTURED RIBS.

In the treatment of fracture of the ribs, Dr. Morton, of the Pennsylvania Hospital, has discarded adhesive plaster on account of the difficulty of changing or removing it, and because it is uncomfortable to the patient, especially in hot weather. He uses an extemporaneous corset made of canvas, fastened with lace strings. He takes the circumference of the chest four or five inches above and below the fracture, so as to make the apparatus about ten inches wide. It is made a little long so that it may be drawn tighter after it is applied. There are two rows of hooks, and lacing-strings are put through them to draw them up. The instant that it is put on and properly adjusted the patient is free from pain.

PHILADELPHIA HOSPITAL.

AORTIC ANEURISM.

I HAVE here two cases of unusual interest, the first of which presents a history as follows: White woman, aged thirty-one, and a domestic, has used liquor for fifteen years; is married and has no children. In 1887 she began to feel shortness of breath upon exertion, and had pain in her left elbow and sides. She was apparently cured. She returned this year with a throbbing pain in her chest, palpitation of the heart, and a full feeling in the head, with dizziness. I find a pulsating tumor at the second interspace, one inch from the left border of the sternum. The patient has an aneurism of the aorta, but it is rarely that they are found to the left of the sternum, as in this case. There is hypertrophy and dilation of the left auricle, with the sound of a double bruit. With inspiration there is evidence of an œdematous condition of the lungs and moist rales. We must take into account the cause of this trouble. Syphilis may produce it, but this is negative here. Use of alcohol is the next most common cause, and is a slow process. It is probably the cause in this case. Rest is to be enjoined that the heart may not beat so much, and thus relieve the force of the circulation. The starvation treatment consists in giving as much food as will merely sustain life in the hope of thickening the blood, and causing coagulation in the aneurismal sac. Electrolysis cured one small aneurism of which I know. This woman's treatment has been the bromide of potassium; compound infusion of gentian, bismuth sub. nit., and paregoric for diarrhœa, as well as potassium iodide ʒjss daily.

The next case is a white woman, aged forty-four, a domestic. She menstruated at fourteen. Two years ago she took a pain in the left arm above the elbow, which was worse at night. The arm felt as though encircled with a vice, and the pain extended across the chest and angle of the scapula. The pain is sharp and stabbing in character. Pulsation is felt in the chest, with paroxysmal dyspnœa and pain. I find an aneurism of the aorta at the left of the sternum, which is larger and more tender than in the preceding case. She has had a cough for two months, which is due to the pressure of the aneurism on a bronchial tube. She has received the same treatment as the other case; but takes of the potassium iodide gr. xx, as well as nitrite of amyl for the dyspnœa.—*Curtin.*

SOME DISEASES RECENTLY DESCRIBED.—*Disease of Morvan.*—This is a nervous disease that begins with numerous felons, producing deformities of the fingers. There are, at the time, trophic disturbances of the skin, muscles, bones and anomalies of sensibility. Gombault, at an autopsy, found diffused sclerosis of the spinal cord.

Syringomyelia.—This disease begins a progressive atrophy of muscles of the hands, gradually progressing to those of the arms and chest, sparing the face and lower extremities. There is abolitien of thermic sensibility of the skin and diminution of dolorific, the tactile sense remaining intact. It depends upon a neoplasm of the anterior portion of the spinal cord, especially of the cervical region.

Acromegalia.—This disease develops at any age. The principal symptom is a hypertrophy of the extremities, sometimes the fingers only being affected. This disease proceeds symmetrically. According to some authors, it is dependent upon an alteration of the thyroid gland and a persistence of the thymus.

—*Archivio de Ortopedia.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Dec. 7, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications to THE MEDICAL PRESS COMPANY, LIMITED, 1705 Arch Street, Philadelphia.

THE ABUSE OF CHARITY.

THIS time-worn subject is being vigorously handled just at present by our British brethren, and for the last few months it has furnished many columns of amusing and instructive reading-matter in the *British Medical Journal.* A series of resolutions, coupled with a scheme for the establishment of a Public Medical Service, was introduced by Dr. Rentoul, of Liverpool, before the Leeds meeting of the British Medical Association. The Council took the matter in hand, and is now pushing it forward in a manner that promises some sort of reformation in regard to the abuse of the medical charities. The various branches of the Association have been requested to discuss the matter, and both collectively and individually to express their opinions directly to the Council or through the columns of the Journal.

There is general agreement that a reform is absolutely necessary. The three principal methods of affording cheap medical attendance to the poor now in vogue are all condemned for various reasons. The out-patient departments of the great hospitals are of no real advantage either to the profession or to the laity. The former are degraded into using it as a means of self-advertisement, and the latter are educated by it into some of the worst habits of pauperism. The way that patients come and go in a dispensary service prevents all chance of that close observation and careful treatment which might render it of real service, either to themselves or for the further advancement of science. As for their educational advantages to the student, dispensaries are not as beneficial as the well-filled wards of a good hospital. The disadvantages of this system, both in depreciating the returns to the general practitioner and in favoring pauperism, are quite self evident. The provident and club systems, whereby any person, who so desires, can pay a small annual contribution and then receive at any time the treatment of the attending doctor, are accompanied with still greater defects. For as none of these latter charities are entirely self-supporting, the treating of patients who may be members of them, and at the same time fully able to pay for private attendance, is a gross injustice to the people who benevolently subscribe for their maintenance, thinking that they are thereby helping the poor and needy. There is nothing so mean as the robbing of the poor; and if there are people contemptible enough to crowd those who are in actual want out of the benefits of the medical charity, and of the needed attention of the attending physician, they should be prevented from so doing in some way by the medical profession itself.

It is for this reason that Dr. Rentoul has elaborated his scheme, to be known as the Public Medical Service. There are many details connected with it which render it in its present form more or less impracticable. Its principal object is to determine by a "wage limit" who should and who should not be eligible for out patient medical aid, and then to charge in accordance with a schedule of prices arranged in harmony with this "wage limit." So determined is the Council of the British Medical Association to attempt to right the evil, that they have published on a separate page of the last Journal the plan and resolutions of Dr. Rentoul, leaving a blank space for each member to fill in with his own comments, and then return the same so that they may act for the advantage of all.

The first rule suggests that when a man and wife make 25*s.* per week and over, or a single person 20*s.* per week and over, they shall be ineligible for out-patient treatment at the medical charities—except in cases of accident—and that those earning a similar rate of wages shall be ineligible for "home visits," that is visits paid by the staff of the medical charities, to sick persons at the patient's home. It is further suggested, that in order that those who shall be excluded from the out-patient department of the medical charities may have the means of obtaining immediate and efficient medical, surgical and dental treatment and also medicines, a Public Medical Service be formed, embracing those wage earners who are making under 45*s.* per week, per family, and single persons under 30*s.* per week. It is recommended that in connection with this service, a periodic payment be made by the members during health; that a sliding scale of payments be made to their medical practitioners; that the minimum medical fee paid by such sick clubs be 6*s.* per annum per member; that the person proposed for membership pay a fee of 3*s.* 6*d.* for the medical examinations (whether admitted to membership or not) to the practitioner who so examines; that the sum of 1*s.* be paid for each certificate to the practitioner by the person who obtains it, and that the sum of 8*d.* be paid for each prescription dispensed. A schedule of charges for the general run of surgical operations and obstetrical cases has also been elaborated. Of course such a scheme meets

with considerable opposition, chiefly from those personally interested in the existing systems. The general practitioner and suburban doctors generally favor it, while the consultants of the large cities are significantly reticent in regard to the expression of any opinion. The House of Lords has been appealed to praying for an enquiry into the management of the Metropolitan Medical Charities; and if they take action reform of some sort may possibly follow.

We shall watch with interest the outcome of all this, but without wishing to be pessimistic, we are more than doubtful of its ultimate success, because of the general apathy of the profession. It is singular how indifferent medical men are, when called upon to act collectively for the protection of their own interests. They talk about charity and the blessed art of healing, and yet they forget that the greatest charity begins at home. It is proverbial how unbusiness-like doctors are, yet, at the same time, the well-known fact is anything but complimentary that the average doctor's family rarely enjoys the luxuries of life, and not unfrequently wants for the actual necessities. There is a good deal of vapid sentimentalism talked about the medical art. Why should the practice of medicine be more of a charity than the keeping of a grocery store? Both cater to human wants and the feeding of a hungry man is as noble a charity as the administration to a sick man of a dose of medicine. Knowledge certainly has a marketable value, and if we remove the incentive which springs from the reward that belongs to knowledge and skill, the inevitable result will be, as can here and there be discerned even to-day, to keep out of the professions the brightest intellects. Unlimited means will never make a man as shrewd an observer and as close a student as if he were forced to cultivate his intellect in the hope of acquiring the rewards of superior knowledge. Any biography will afford instances of the truth of this.

But charity is not always the score upon which doctors excuse themselves for neglecting to demand the just remuneration for their services. We have known of instances where medical men enticed patients from their confreres by offering to treat them at their offices gratuitously; and it is well-known how the dispensaries are used to "feed" the office practice of specialists. Hospitals, colleges and dispensaries are considered by many as good advertisements. Some one has jocosely remarked that in college-crowded Chicago "professors" are so numerous that a common doctor is quite a rarity, which reminded the same individual of an incident in Boston a few years ago, when a professor requested his friend not to address him as such upon the street, lest he be mistaken for a boot-black. At one time to be connected with a hospital meant particular ability in some department of medicine. but things have changed with the rapid growth of these institutions in our midst. The temptation to start a dispensary or open a private sanitarium has become simply irresistible. In all professions the only legitimate advertisement is one's own ability, and rarely does an industrious man fail when he has that.

The whole question of medical reform, so far as the private practitioner is concerned, seems to us to depend solely upon the principle of supply and demand. A man who does not make a living and continually cries out against the charities, may be pretty sure that he himself is not quite up to the mark as to skill and tact. The dispensaries are abused, without doubt, but it is more than utopian to hope to suppress them or limit the attendance of the laity upon them. How is one to learn of a man's income, and so set the wage-limit? How is the matter to be equalized, even after one does learn it, since a wage earner's means is a relative factor according as he has a large family, is a bachelor or possesses a permanent or unsteady situation? It is rare that those who are at all able to pay care to be regarded as objects of charity, hence by admitting all applicants as charity patients to a hospital, we would rarely be obliged to turn away any because they were able to pay for treatment at home. Though we recognize the evils of our overgrown charities, and would like to see some reform introduced, by reason of which their benefits would fall to those who really deserve them, we cannot see any better plan for the present than that of simple competition. They cannot be regulated any more than ordinary trade, and for the state to manage them, would involve the passing of sumptuary laws.

A WARNING.

SURROUNDED as we are by all sorts of micro-organisms, we must be in a continual state of watchfulness to avoid every possible source of infection. Though we may be familiar with the causes of the infectious diseases, and up to a certain point know how to combat these causes, we are often so negligent as to fail to recognize them until they have exercised their baneful influence. In these days of antisepsis, one would almost imagine that there was not a ghost of a chance left for any pathological germs to enter the human system. Such is not the case, however. For it is not enough that antisepsis should be limited to the operating room only. When we remember what splendid opportunities are afforded for the transmission of these infectious diseases by the midwives, dentists, hair-dressers, and barbers who are ignorant of the nature of these diseases, and indifferent as to general cleanliness, we may well be surprised that so many of their customers escape contamination. It would be fortunate if all such occupations could be closely watched, and proper regulations enforced for the protection of the people; if antiseptics could be insisted upon or at least absolute cleanliness maintained. If in every case of infectious disease where trouble was positively found to have originated in this way, the midwife, dentist or barber could be made liable to fine and punishment, the

danger would undoubtedly be greatly diminished. The mere keeping of one's own shaving cup and toilet articles in these shops is not sufficient protection, for the hands and the finger nails are liable to carry the virus or germs from one individual to another. It is not a comforting thought that one's predecessor in the arm-chair may have been the victim of scabies, or that the barber's hands now rubbing our own head may have been scratching up nests of pediculi in the head of the man who has just gone out. It is not very solacing to imagine that one's dentist may be using an instrument which has just been employed in the mouth of a syphilitic. But since these occupations are indispensable to civilization and must needs be patronized, the only safe remedy would, of course, be strict supervision in regard to cleanliness, and so far as possible rigid maintenance of the best methods of antisepsis.

In 1864 and 1865 there was a kind of epidemic of syphilis in Paris, most of the cases of which were reported to the Société des Hopitaux, wherein the cause was clearly traced to the operations performed upon the nose and ears by a specialist, who did not trouble himself to thoroughly wash his instruments. Such negligence would of course not be tolerated at the present day; furthermore we should like to see such gross carelessness made a criminal offense.

It seems almost incredible, and yet it is a positive fact, that there are operators even to-day who disregard all the teachings of pathology and bacteriology, and either carelessly or wantonly use instruments and dressings that are not thoroughly antiseptisized. Lancereaux has lately reported to the French Academy of Medicine two well-marked cases of constitutional syphilis, in which the infection could be directly traced to the instruments used by a surgeon in his earlier operations. In the first case, a man of robust physique and fifty-three years of age, whose previous history had been above reproach, the catheterization of the Eustachian tube was the beginning of the trouble. In the second, a woman thirty-six years of age, it was unmistakably traced to the operations of a dentist upon the upper jaw. In both instances, not only did the initial lesions pass through the usual stage, but later on all the usual secondary symptoms made their appearance in the most pronounced manner. The careful investigation of these two cases placed the diagnosis and origin of the disease beyond a doubt.

The lesson to be drawn is obvious enough, but it cannot be too vigorously enforced. Whether antisepsis be admitted as a necessity or not by the surgeon, absolute cleanliness should invariably be. In fact a surgeon known to be careless and indifferent in his habits should no more be allowed to perform an operation than an inexperienced student should be allowed to administer powerful drugs. No instrument should be employed without being thoroughly cleaned and subjected to heat, or better still the carbolic acid solution. Whether the sublimate solution or any other antiseptic be employed in the washings and dressings, it should always be insisted upon.

If we fail to secure complete immunity from contamination in some of the humbler occupations of life, let us not have it said that medicine is in any way the cause of diseases which it is striving to cure.

Annotations.

A NEW REMEDY FOR DYSENTERY.

THE *Boletin de Medicina*, of Santiago de Chili, gives a notice of a new plant, which is said to be a wonderful remedy for dysentery and diarrhœa. The sketch was presented to the Chilian Medical Congress by Senores Daniel Carvallo and Emilio Eisene. The plant is named "*el bailahuen*," and its botanical title is "*haplopappus baila huen.*" It is a native of the Cordilleras of the Andes, between 20 and 30 degrees of south latitude.

The shoots of the bailahuen are soft, glutinous and smooth, and the virtue of the plant lies in all parts. It is prepared as a tincture, a fluid extract and as an alkaloid. Its therapeutic effects have been shown in a number of cases of dysentery, indigestion, diarrhœa, metritis and sexual impotence. It appears that this Chilian plant possesses valuable properties in dysentery, operating somewhat after the manner of ipecac without its nauseating qualities and with a more durable result. After its use there is no need for a purgative to restore the bowel action. In other diseases referred to beside dysentery and diarrhœa, experiments have shown it to be valueless.

CIVILIZATION *vs.* BARBARISM.

LANCEREAUX (*Revue de Therapeutique*) has opened a campaign against the outlying allies of the medical profession, the barbers, to compel them to keep their instruments in strictly absolute asepsis. Truly, it is not pleasant to reflect that the cushioned chair in which you rest has just been occupied by a sufferer from pediculi, the arms on which your hands rest just sustained those of a boy with scabies, the razor has shaved a hundred men, cutting through pimples and scraping off epidermis with possibilities of tinea, syphilis, tuberculosis, pemphigus, sycosis, etc., etc.; while the soap-cup and brush! Can those things *ever* be really clean?

AN EPIDEMIC OF ROSEOLA.

IT appears from an article in the *Revista Medica*, Chili, signed by Dr. Ugarte, that they have been having in the city of Santiago a very extended epidemic of roseola. In its different forms, benign or more intense, its infectious or infecto-contagious character was very evident.

The eruption began usually upon the forehead, spreading thence with great rapidity. The duration of the disease was from twenty-four hours to four or five days, and it presented two forms, one cold, the other hot. There seemed to be also an infection of the blood by toxic substances from the liver, and these entered the blood in sufficient quantities to provoke fever.

The treatment usually adopted was administration of large doses of calomel followed by a neutral salt. At the same time, the intestines were disinfected, and the functions of the skin carefully attended to. The mortality was exceedingly slight.

CIUDAD BOLIVAR MEDICO.

WE have received a number of a little medical magazine, bearing the above title, coming from a city six hundred miles up the great Orinoco river. It might be readily supposed that at this distance from the centers of civilization, a medical magazine would have hard work to exist; but those who think in this way, are unacquainted with the energy and scientific training of our Venezuelan brethren.

In this little town, so far inland, the medical fraternity is at once studious and well-posted in what is going on in the great world.

At the head of the profession is our old friend Dr. Doroteo de Armas, who is also rector of the University.

Among the notices in this journal we find that beriberi is making about the same ravages as in former years, and that it is found as difficult to cure as before; also a notice of a rare plant, the peculiarity of which is that its seeds are able to move and even to spring from the seed capsules of their own accord.

We welcome the new journal to our table, and hope to hear frequently from its talented contributors.

CATRAMINA.

CASATI states that *catramina*, isolated by Bertelli from the tar of *abies canadensis*, is endowed with a specific action against the bacillus tuberculosis. In gelatine cultures, catramina arrests the development of the bacillus and kills it. For this it requires three drops, to five grammes of culture fluid. The drug has been given to rabbits in considerable doses, for long periods, without injury to the health.—*Med. Zeit.*

[This would require a dose of six pounds to render aseptic the body of a man weighing one hundred and fifty pounds.]

THE report of the New York Analyst of Drugs shows that the chances for getting drugs of good quality on prescription is 43.8 per cent.; fair, 17.4; inferior, 26.; not as called for, 11.6; excessive strength, 1.2.

A PALATABLE LAXATIVE.—Make a strong concentrated infusion of senna leaves; strain this through a muslin cloth, and boil in the strained liquid as many *prunes* of good quality as can be well boiled in the quantity of infusion. Stew the prunes in the liquor thoroughly, in the same manner as if for the table, properly seasoning. When well cooked put in a glass jar, screw the top down tightly and set away in a cool place. Two or three or four of these prunes eaten during the day will overcome some of the severest cases of constipation. There is no suggestion whatever of the senna in the taste of the prunes, and the effect is most desirable. If taken at bed time, when a laxative is desired, the bowels will move nicely in the morning. They can be taken on the most sensitive stomach, and when other laxatives would produce undesirable results.—*Chi. Med. Times.*

Letters to the Editor.

CORRECTION.

YOUR reporter, in crediting me with "Fifty-three successive ovariotomies without a death," in the TIMES AND REGISTER for the 16th ult., misunderstood my statement, and I beg leave to correct his error.

What I said, in reply to a question by one of the spectators as to my results with laparotomy, was, "If this case recovers, as I see no reason to doubt at present (and as she did, without a drawback), it will be my fifty-third successive *ovariotomy*, with but one death, and that was an intraligamentous ovarian cyst, the very worst variety of such tumors for removal. That patient died of septic peritonitis."

I also added that the ovariotomies included many bad and difficult cases, such as ovarian abscesses, adherent dermoid and multilocular cysts, with purulent contents, and universally adherent pus-tubes, not more than two or three being uncomplicated cysts.

Since then I have done three more ovariotomies—one a very bad case of ovarian and tubal abscess, with universal adhesions, all of which have recovered, making thus *fifty-six successive cases of recovery from removal of diseased ovaries*, either tumors or adherent and inflamed, with but one death—the thirty-third in the series.

During this time I had two fatal hysterectomies for fibroids, one death (from heart-failure) after ventrofixation for prolapsus, and one from exhaustion after abdominal section for purulent peritonitis. But these operations should not, I think, be classed with ovariotomies proper.

PAUL F. MUNDÉ.

NEW YORK CITY.

MATERNAL IMPRESSIONS.

HAVING noticed considerable controversy *pro* and *con* in reference to maternal impressions, recently, in medical journals, we submit the following interesting item without comment: On Friday evening last there was born to the wife of Geo. W. Curtis, of Weston, a girl baby, who was eyeless. The unfortunate little being is not only sightless, but is disfigured by having not even the semblance of eyeballs, the orifice where the eyes should have been being but slightly marked. The child is lively and healthy, but the beauties of this world, or that portion of them that are conveyed to the mind through the retina of the eye, must forever remain a sealed book to her.

"Its parents are at a loss to account for its lamentable peculiarity, but it may be due to the following singular circumstance: Six months before the birth of the little one the mother became totally blind at sundown, but in the morning her sight was restored. Thinking the trouble was due to the affection known as 'wild hairs,' she removed her eyelashes, one at a time, to rid herself of the evil."—*Oregon Journal.*

Opponents of the theory of maternal impressions will please make a note of the above facts and explain upon what other hypothesis this wonderful freak of nature could have occurred.

A. L. SAYLOR, M.D.

HAINES, BAKER CO., OREGON.

Society Notes.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.

Second Annual Meeting held in Nashville, Tennessee, November 12, 13, and 14, 1889.

NOVEMBER 12.—FIRST DAY.—MORNING SESSION.

[Continued from page 740]

SECOND DAY—MORNING SESSION.

DR. GEO. J. ENGELMANN, of St. Louis, read a paper entitled

MENSTRUATION AND PREGNANCY AFTER REMOVAL OF BOTH OVARIES.

The following are the conclusions drawn from the history and microscopical examination of Dr. Engelmann's cases, which are corroborated by numerous cases of oöphorectomy and double ovariotomy now observed, whose histories have been recorded for a sufficient length of time after the operation:

1. That the continuance of menstruation after the removal of both ovaries is due to remnants of ovarian stroma left *in situ*.

2. That portions of the ovarian tissue, however small, which remain after the removal of the greater portion of the organ, whether or not the Fallopian tube be preserved, may retain their activity and continue the functions of the entire organ.

3. Even elongated pedicles may contain ovarian stroma in which the functional activity of the organ may be continued.

4. That remnants of ovarian stroma do not necessarily preserve their vitality and functional activity.

The deductions of practical value to the operator are even of greater importance, and they are these:

(*a*) For the successful performance of oöphorectomy, it is requisite that every particle of ovarian stroma shall be removed if the desired result is to be expected with certainty.

(*b*) If shrinkage of fibers, the limitation of hemorrhage or cessation of annoying symptoms is to be accomplished with the greatest certainty, both ovaries must be completely removed, and not even a particle of ovarian tissue left *in situ*.

(*c*) In the performance of double oöphorectomy in women not yet beyond the climacteric, and not suffering from utero-ovarian reflexes, such healthy ovarian tissue as may exist should be spared, in order that function activity may not be impaired.

DR. W. D. HAGGARD, of Louisville, said it is very rare for a woman to menstruate regularly after removal of both ovaries and both tubes. He believed that the hemorrhagic discharges from the uterus after oöphorectomy depended upon some other cause than that of menstruation. It may depend upon some trouble connected with the endometrium, as suggested by Dr. Engelmann, a polypoid growth, or a congested condition of the bloodvessels which supply the endometrium. In January last he removed both ovaries and both tubes in a woman, and it is barely possible bits of ovarian stroma were left behind, as three months later the patient continued to have hemorrhagic discharges which greatly annoyed her.

DR. A. W. JOHNSTONE, of Danville, Ky., held that the ovary has no more to do with menstruation than the clitoris has. To prove this he had left ovarian tissue behind, yet menstruation had ceased. Dr. Johnstone gave at length his reason for this theory.

DR. VIRGIL O. HARDON, of Atlanta, Ga., had operated on a patient about eighteen months since for a bleeding fibroid tumor, removing both ovaries, and in removing the second ovary he feared he had not removed all the ovarian tissue, as the precarious condition of the patient would not permit a continuance of the operation. The patient recovered from the operation, and has menstruated with unvarying regularity from that time to the present.

DR. RICHARD DOUGLASS, of Nashville, said that Battey's operation of itself does not control menstruation, whereas in Prof. Tait's operation, which consisted in the removal of both ovaries and both tubes, the gynæcologist embraces in his ligature the nerve which controls menstruation.

DR. A. V. L. BROCKAW, of St. Louis, warmly took exception to the remarks of Dr. Johnstone, who was inclined to give Tait the credit of first performing oöphorectomy. He said he admired Tait's skill as an operator, but as a man he did not, for with characteristic modesty he (Tait) adds his name to operations that do not rightfully belong to him—as, for instance, the flap splitting operation.

Dr. Brockaw's remarks were warmly applauded.

DR. W. H. WATHEN, of Louisville, said gynæcologists were more familiar with the laws that govern menstruation in many respects than they formerly were, but that we still require more scientific investigation, personal observation, and experience to convince us that any one cause controls menstruation.

DR. A. W. JOHNSTONE arose to defend an absent friend. The statement made by Dr. Brockaw that Tait was the originator of the flap splitting operation is not true. A full description of the method could be found in a recent issue of Mundé's journal. It is true, however, that Tait had used it without knowing it had been described some twenty years ago by a Dublin surgeon; but he has given him due credit for the operation.

The paper was further discussed by DRS. G. FRANK LYDSTON, of Chicago; JOHNSTONE; and discussion closed by DR. ENGELMANN.

Dr. Davis's paper, which will appear in this journal shortly, with illustrations, was followed by one entitled

INTESTINAL ANASTOMOTIC OPERATIONS WITH SEGMENTED RUBBER RINGS, WITH SOME PRACTICAL SUGGESTIONS AS TO THEIR USE IN OTHER SURGICAL PROCEDURES,

by A. V. L. BROCKAW, of St. Louis, Mo.

For many months the author has been experimenting with segmented rubber rings in all the anastomotic operations, and such operations as gastrostomy, cholecystotomy, duodeno-cholecystotomy, jejuno-cholecystotomy, and circular enterorrhaphy. The rings used by him are rapidly made—during an operation if necessary. All that is required is some rubber tubing or a soft ordinary rubber catheter, and some catgut. He prefers tubing one-sixteenth to one-eighth of an inch in diameter. A section of this,

of sufficient length to make a ring of the desired aperture, is cut into four to eight segments. Passing heavy strands of catgut through the lumen of these pieces, the ends are tied tightly enough to bring the ends of all segments together, forming an oval ring. To the catgut strands are tied from four to six silk apposition threads, twelve to fourteen inches long, and the attachment of needles to these threads renders the ring ready for use. Another method is to pass a heavy double strand of catgut continuously through the segments several times; approximate the ends of the segments, and push the ends of the catgut into the tubing. This ring will have a better surgical finish, and after the apposition threads are tied between the segments, the ring will maintain its perfect form until the catgut is absorbed. The rings were passed as early as the fifth day in one of his experiments. In forming an anastomosis, after ordinary No. 6 darning needles are attached to the apposition threads, compress the ring and pass it through the opening made in the lumen of the bowel, then pass the threads through the intestinal wall from within outward. Ascertaining that the ring rests well in place, proceed to the second in the same manner; appose, and after scarification of the marginal serous surfaces, as suggested by Senn, tie the apposition threads. When possible, it is well to utilize omental grafts, which add to the security. With two such rings circular enterorrhaphy may be performed, the rings corresponding in size to the lumen of the bowel, care being taken that they are not so large as to press too much upon the delicate mucosa or to overstretch the bowel, as a local gangrene might then follow. Introducing a ring at each end of the gut at the point of section, the threads are passed through the wall less than one-third of an inch from the divided margins. The distal end of the gut is invaginated and the proximal gut pushed into the distal, bringing the serous surfaces in contact. The threads are then tied, and a few Lembert sutures added, the entire operation requiring less than ten minutes. In one-half of his experiments with this operation the result was excellent. Of the 14 dogs operated on by this method, in 7 the results were all that could be desired; marked stenosis was found in several cases, and in all a ridge at the seat of the operation.

In a recent paper the essayist mentioned a new procedure of closing large wounds of the intestines, especially gunshot, where, by ordinary suturing, stenosis would result. This method applies to wounds of the surface of the intestine; those of the mesenteric portion usually require resection. By this simple method wounds the size of a half dollar may be closed in less than five minutes. The wound being trimmed and enlarged with scissors, a ring two-and-a-half inches in diameter, made of eight segments of tubing, with six apposition threads, two on each side, so arranged that when the apposition threads are tied the ring is held bent evenly on itself. Such a ring is introduced into the bowel, the end apposition threads passed, then the lateral, using a single catgut suture in drawing the wound margins together at the point of flexure in order to prevent eversion. A few Lembert sutures complete the operation. If two wounds are close together in the same loop, a lateral anastomosis might be formed, if possible. With more than two wounds close together, excision and lateral anastomosis will require less time than circular enterorrhaphy or the sewing up of several wounds. Other conditions, where the single ring may be used, are perforating ulcers, fistulas, etc. The great advantage of the segmented rubber rings over other devices used, is the simplicity of their construction and the rapidity with which any number may be made. The large aperture of segmented rings makes it possible to perform ileo-colostomy by the following method, which the author believes is original: The ileum being divided a short distance from the cæcum, the divided end of the distal bowel is invaginated into itself and secured by a continuous suture through the serous and muscular coats. Above the proximal end a clamp is placed, and a ring adjusted to the lumen; a slit is then made in the convex surface of the ascending colon, and a ring introduced. The bleeding checked, the proximal end of the divided ileum is inserted into this slit, the threads tied, and Lembert sutures added. This operation may be quickly performed, and is indicated in such cases as irreducible intususception of the ileum into the cæcum, and malignant diseases of the colon.

Appended is a series of operations, with the results:

Gastrostomy—2 experiments, 2 recoveries.

Gastro-jejunostomy—3 cases, 2 recoveries, 1 death from peritonitis. (Dog tore one suture eight days after operation.)

Jejuno-ileostomy—1 case, result perfect.

Ileo-ileostomy—2 cases, 1 death due to perforative peritonitis.

Ileo-colostomy—2 cases, 2 perfect results.

Colo-colostomy—3 cases, 1 death.

Ileo-rectostomy—2 cases, perfect results.

Circular enterorrhaphy—14 cases, 2 deaths.

Duodeno-cholecystotomy—3 cases, 2 deaths from peritonitis. (This operation is difficult to perform on a dog, for anatomical reasons.)

Partial duodenectomy—2 cases, 1 perfect result.

Partial jejunectomy—2 cases, 2 perfect results.

Partial ileo-ectomy—4 cases, 1 death.

Partial colectomy—2 cases, 2 perfect results.

Summary—Intestinal anastomotic operations, 14 cases, 3 deaths. Circular enterorrhaphy, 14 cases, 2 deaths.

The single ring, formed of eight segments of tubing, was used in closing wounds varying in size from a quarter to half a dollar, in 9 cases, with 1 death. The clamp devised by him, and used in the operations, is made of No. 12 copper wire, covered with unperforated rubber tubing of small size.

Discussion postponed till afternoon.

Afternoon Session.

The papers of Drs. Davis and Brockaw were discussed by Drs. W. O. Roberts, Virgil O. Hardon, B. E. Hadra, A. M. Owen, Hunter McGuire, W. W. Potter, R. S. Cunningham, G. Frank Lydston, Richard Douglas, Geo. J. Engelmann, W. E. B. Davis, and discussion closed by the essayists.

(To be continued.)

Camden Letter.

SINCE my last letter to the TIMES AND REGISTER, detailing the doings of the medical men of Camden, we have passed through the pleasurable excitement resulting from the meeting of two of our societies.

On Tuesday, November 12, the Forty-third Semi-annual Meeting of the Camden County Medical Society was held in this city, with the President, Dr. William A. Davis, in the chair, and the Secretary, Dr. E. L. B. Godfrey, present. There was a large attendance of physicians from all parts of the county, and also Prof. John V. Shoemaker, of your city.

The proceedings were of a very interesting and animated character, the attention of members being sustained nearly four hours by the reading and discussion of the important papers presented. Dr. H. A. M. Smith, of Gloucester City, Chairman of the Section on Practice of Medicine, introduced Dr. W. S. Jones, of Camden, who read a paper entitled, Reflex Diseases of the Upper Air Passages.

Dr. Dowling Benjamin, Chairman of the Section on Surgery, read a short paper on Trephining the Spinal Cord for Fractures, in the course of which he briefly described the operation performed at the Cooper Hospital, recently, for the relief of a man who had, by a fall, fractured the fourth cervical vertebra. This subject is of such great interest and importance that we hope the doctor will elaborate his paper and publish it. Dr. Benjamin also described the technique of an operation for the removal of an ovarian tumor with very extensive adhesions; and before resuming his seat he exhibited to the Society an ingenious apparatus, which he had devised, for the rapid rolling of the plaster of Paris bandage. Dr. O. B. Gross gave the history of a case in which a large bean was found in the left bronchus; and described a singular accident which resulted in rapid œdema of the glottis and death, before help could be obtained.

Dr. Daniel Strock, Chairman of the Section on Hygiene, read a lengthy paper entitled, The Camden City Water Supply, which was listened to with close attention, and thoroughly discussed. Dr. John R. Stevenson read a paper upon the Hygiene of Haddonfield.

In the Section on Obstetrics, of which Dr. Edwin Tomlinson, of Gloucester City, is Chairman, the only paper offered was by Dr. E. L. B. Godfrey, entitled, Puerperal Convulsions. This was an excellent presentation of the subject, and stimulated an animated discussion.

Dr. Joseph H. Wills, Chairman of the Section on Pathology, described the bacillus of typhoid fever, and exhibited a specimen with his microscope.

After the meeting the Society repaired to the dining-room and partook of an elaborate banquet, during which the following toasts were offered: Higher Medical Education, which was eloquently replied to by Prof. John V. Shoemaker; The Camden County Medical Society, responded to by Dr. H. Genet Taylor, ex-President of the Medical Society of New Jersey; The Camden Training School for Nurses, responded to by Dr. Daniel Strock; The Camden City Medical Society, to which its President, Dr. E. L. B. Godfrey, happily replied; Medical Co-Education, to which Dr. O. B. Gross fittingly answered.

On Thursday evening, the 14th instant, the Camden City Medical Society held its regular monthly meeting, with Dr. E. L. B. Godfrey, the President, in the chair. The subject of discussion for the evening was, the Treatment of Tuberculosis, which was participated in by Drs. H. Genet Taylor, D. Benjamin, W. H. Iszard, G. T. Robinson, A. M. Mecray, R. Casperson, E. P. Townsend, W. H. Ireland, and others. The discussion was impromptu, as the essayist appointed for the evening was not present, and it developed the fact that the Society was well informed upon all that pertains to the varied and latest treatment of this disease.

The Camden Training School for Nurses, the exercises connected with the opening of which I detailed in my last letter, is already upon a firm business foundation. The number of pupils enrolled has exceeded the most sanguine expectations of its promoters; and the best element of Camden's people attest their approval of, and sympathy with, the movement by crowding the lecture-room upon every occasion of lectures.

The Fifteenth Annual Meeting of the New Jersey Sanitary Association was held in the State House, at Trenton, on Friday and Saturday, November 22 and 23. Three of Camden's physicians enacted a more or less important part in the proceedings, which were of an unusually interesting character. The President, Dr. Dowling Benjamin, of this city, occupied the chair. At the Friday evening session he read his annual address, entitled, The Thermometry of Hygiene. This was an able and timely paper, and was received with great applause by the large audience of distinguished gentlemen present. Dr. E. L. B. Godfrey, of this city, in an interesting speech, opened the discussion on the subject of The Need of Medical Officers for School Districts; and Dr. Daniel Strock, also of Camden, discussed the Climatic Treatment of Gastro-intestinal Diseases in Children.

D. S.

CAMDEN, NOV. 20, 1889.

Book Reviews.

KRITIK DER VACCINATIONS STATISTIK, UND NEUE BEITRAGE ZUR FRAGE DES IMPFSCHUTZES. Von JOSEF KÖRÖSI. Berlin: Puttkammer u. Mühlbrecht, 1890.

The world owes much to the learned and industrious Director of the Budapesth Bureau of Statistics for the manner in which he has detected and demonstrated the astounding way in which the anti-vaccinationists had manipulated the official statistics of Austria in order to make them support their theories. It is sufficient to say that henceforth it will require more proof than the personal assertions of this party to win credence.

AN EXPERIMENTAL STUDY IN THE DOMAIN OF HYPNOTISM. By DR. R. VON KRAFFT-EBING, Professor of Psychiatria and Nervous Diseases in the Royal University of Graz, Austria. Translated from the German by Charles G. Chaddock, M.D., Assistant Physician, Northern Michigan Asylum. New York: G. P. Putnam's Sons, 1889.

Just at the present time, when hypnotism is being vigorously discussed on every hand, the appearance of the above translation is most appropriate. It is as unwise to deny the reality of hypnotism as it is to believe in its universal application to all persons alike, and for the relief of all sorts of troubles. But strange things are being developed nowadays in regard to mentalization, and as Arago said in 1844, "He who uses the word *impossible*, without the sphere of pure mathematics, is at least careless. As soon as one is concerned with the living organism, caution becomes a duty."

Krafft-Ebing has long been acknowledged an authority upon diseases of the mind, and his name is identified with the progress of knowledge in regard to the phenomena comprehended in the term "insanity." He began the study of the remarkable case which furnishes the subject matter of the present volume free from prejudice, and with a considerable degree of skepticism. The patient was the possessor of three distinctly separate states of consciousness, which had absolutely nothing in common save that they were observed in one and the same person. The experiments were all performed in a manner to positively exclude every chance of simulation. They were many times repeated before medical societies, during clinical lectures, and in the presence of medical men invited to test for themselves the reality of the results.

After a careful perusal of this report, one can acquiesce with the statement of the author that "the greatest skeptic with regard to hypnotism can have no reason to think of fraud in this case." Though such experiments as *suggestion mental*, the use of sealed vials containing various drugs, and clairvoyancy terminated negatively, yet the production of blisters and stigmata, the regulation of the bowels, and the modification of the sensory and motor apparatus by simple suggestion, were no less astonishing than real. The record of these experiments reads like the wildest fiction of the imagination. Yet all the phenomena observed were entirely within the sphere of physiology, and found their analogies in the various hysterical states.

We earnestly commend to the skeptic of hypnotism the careful study of this little book, which has already passed through two German editions. The profession is indebted to Dr. Chaddock for his able translation, as well as the happy thought of publishing so carefully a prepared monograph by a wellknown authority.

Pamphlets.

Eighth Annual Convention of Trustees and Superintendents of the Children's Homes in Ohio, held at Newark, September 17, 18, and 19, 1889. Pp. 64. Keating & Co., Cincinnati, 1889.

Sixteenth Annual Report of the Maternity Hospital, 734 South Tenth Street, Philadelphia, 1889. Press of Patterson & White.

The Medical Digest.

COFFEE is a good vehicle for antipyrin.

THE name of the Hôpital du Midi has been changed to the Hôpital Ricord, in honor of the great man whose twenty-nine years of service gave the hospital its celebrity.

ASSAKY recommends the bi-iodized salicylic acid (*l'acide salicylique bi iodé*), in the treatment of articular rheumatism. The daily dose is twenty-three to sixty grains, and from this he reports very remarkable analgesic and antithermic effects.—*Rev. de Thér.*

PAGLIANO denies that there is any connection between the condition of the heart in typhoid fever and the occurrence of pulmonary accidents, and attributes the latter simply to the advent of Eberth's bacillus, with sundry favoring conditions.—*Revue de Thér.*

THE cholera has subsided in Bagdad, and the latest advices from Persia are more favorable. At the outbreak of the pestilence, the Arabs encamped upon the Euphrates betook themselves to the heights and suffered no stranger to enter their camps, which remained free from the disease.

FOR AURAL FURUNCLE.—

℞.—Menthol . . . . . gr. xv.
Ol. amygdalæ dulcis . . . . . ʒv.
M. S.—Introduce twice daily on borated cotton.
—*Cholewa.*

CHAUVEL affirms that the tolerance of the tissues for leaden bullets is by no means as common as some claim, and is by no means an habitual fact. The immediate extraction of the bullet should not be made the rule, nor should it be neglected when extraction is easy and devoid of danger.—*Revue de Thér.*

MAUREL gives the designation of *hypo-hematosis* to that condition in which the proper balance is not found between the height, weight and thoracic capacity, insufficiency of the latter causing deficient respiratory power. This is to be remedied by respiratory gymnastics.—*Revue de Thérapeutique.*

THERMO-PALPATION. — Thermo-palpation hails from Hungary, where it has been employed for the last year or two in the wards of Prof. Ketli with, it is said, excellent results. It is performed simply by carrying the pulps, or sometimes the backs of the fingers, lightly over the surface of the chest, which is of course, uncovered, and noting the feeling of warmth imparted to the fingers. It will be found that where they pass over solid organs, such as the liver, the temperature is distinctly lower than when they pass over the lungs containing air. If the surface is palpated systematically for temperature, it will be found that the borders of the liver and heart can be accurately marked out. By means of specially constructed thermometers, it is stated that an exceedingly accurate mapping out can be accomplished, and small differences in the condition of the lungs themselves recognized.—*Hospital Gazette.*

An eminent microscopist finds that genuine honey can be readily distinguished from manufactured honey by the microscope, as the former has few or no sugar crystals.

Stoukowenkoff has utilized a new preparation of mercury, for hypodermic injection. His formula:

R.—Oxybenzoate of mercury . . . . . gr. ivss.
Distilled water . . . . . ʒ x.
Chloride of sodium . . . . . gr. ½.
Hydrochlorate of cocaine . . . . . gr. ij.—M.

—*Revue de Thérapeutique.*

Inebriate Asylums.—The following extract is from a recent lecture by Dr. Crothers on this topic:

The first inebriate asylum, at Binghamton, N. Y,, was projected in 1844, but was not opened for patients until 1864, twenty years later. This was owing to the intense and bitter opposition to the theory of disease and curability in special asylums. A good illustration of the historical fact, that every new truth in the progress of the world is greeted with storms of denial and fierce contradiction. The disease of inebriety, and its curability in asylums, was a great event that could not be suppressed by the change of Binghamton to an insane asylum, and today there are over a hundred asylums for inebriates in different parts of the world. Most of these asylums are founded on the fact, now well established, that inebriety is a disease of the brain and nervous system. The use of alcohol in many cases may be only a symptom, in other cases alcohol starts up a train of degeneration which has been inherited, and in all cases there is progressive dissolution of the brain and nervous system, that can easily be reached by medical treatment addressed to the entire system. The removal of alcohol is only one factor in the treatment, the removal of the causes will always be followed by the cessation of the desire for spirits. All treatment and remedies addressed to one state or condition of the body fails for the reason that inebriety is not a local desire, and does not come from the use of alcohol alone. Hence the true principles of treatment must include not only restraint, but limited freedom, together with all means known to science to build up and strengthen the entire system. In the largest and best asylums in this country and Europe all cases are treated as sick and diseased, the duration and degree of restraint is modified to meet the demands of each case, and the general treatment aims to remove the special and general causes which have brought on the disease.

It is a deplorable fact that all inebriate asylums are judged by the statements of incurables who have failed to be benefited by treatment. Judged from these criticisms no inebriate asylum could exist long. Those who are more or less cured in these asylums, disappear and never refer to them, or the benefits they have received. The criticisms of our work have been inspired in many cases by the incurables, while those who have been restored have been silent.

Chloroform and Locomotor Ataxy.—Dr. Thiem, having had to give a patient with slight signs of locomotor ataxy chloroform for the purpose of examining an abdominal tumor, was surprised to notice that as she was being helped from the room, while still somewhat under the influence of the chloroform, she walked with a typical ataxic gait, though this symptom was not ordinarily present. On watching other patients, who were not suffering from this affection, trying to walk while still partially under the influence of the chloroform, Dr. Thiem convinced himself that the peculiar gait only occurred in the subjects of ataxia; in whom the semi-narcotic state brings out the want of coördination in the movements of the legs. The explanation would appear to be that inasmuch as the peculiar gait is not due to any paralysis of the muscles, but only to the want of coördinating power, which is set in action by the control exerted by the muscular sense, and the sense of sight, when, as in the case of a half-chloroformed subject of locomotor ataxy, both the central coördinating apparatus and the peripheral regulating machinery are in a more or less inactive condition, there is a double reason for the existence of the well-known jerking and sliding movements of these patients. It would appear, then, that in doubtful cases of locomotor ataxy some assistance towards a correct diagnosis might sometimes be obtained by partially anæsthetising the patient, and then observing his gait as he walks across the room.—*London Lancet.*

The Physiological Action of Sand Baths.—Dr. N. V. Pariyski has added to the scanty literature of sand baths his observations made upon twenty-five patients in Eupatoria, on the shore of the Black Sea (Crimea, sixty miles W. N. W. of Sevastopol). The patients suffered with various rheumatic complaints. The baths are prepared as follows: At 10 A. M. small heaps of dry sand were made sufficient in number to cover one person. At 11 A. M. the temperature of the sand was about 38–39 R. A hollow was made in the heap, and the patient laid there and covered with the sand, beginning with the lower extremities. The patient remains in the bath without discomfort for nearly half an hour.

Five minutes after the entrance into the sand bath, the patient begins to perspire, and in twenty minutes the whole body is covered with a layer of wet sand half-an-inch thick. The patient is taken out of the bath, the wet sand rubbed off with the aid of dry sand, and he is then washed with warm water.

The following results as to the physiological action were obtained:

1. *Temperature* (in axilla) always rises.

2. *Pulse*, after the bath, was increased on the average by 8.6 beats in a minute.

3. *Respiration* increased, maximum eight in one minute.

4. Amount of exhaustion considerable. The average loss in weight was one pound, the variations being from one-sixth to three and one-half pounds.

—*Vratch.*

Medical News and Miscellany

CARROLLTON, Ill., has had a smallpox quarantine.

SOUTH AFRICA is overcrowded with members of the medical profession.

CAMDEN pays its doctors twenty-five cents for each case of contagious disease reported.

IT is said that an astonishing amount of Jamaica ginger is sold in Maine for drinking purposes.

THE pharmaceutical exhibit at the late Paris Exposition seems to have been practically a failure.

THE *Milwaukee Journal* says that dyspepsia and a broken heart exhibit a wonderful similarity in their surface indications.

COMPRESSED tablets of soda mint in bottles with metallic stoppers become impregnated with the copper in the stoppers, and are thus unsafe for use.

TYPHOID fever is raging to an alarming extent in St. Peter's Orphan Asylum, Newark. The fever is believed to have been caused by bad sewerage.

SOME of the employees of the Bank of Switzerland were lately poisoned by handling bank bills. The bills were colored with Schweinfurt green, an arsenical poison.

THIRTY-FIVE Pennsylvania Railroad conductors listened to a lecture by Dr. Dowling Benjamin in Cooper Hospital, Camden, on "Hemorrhages, Accidents and Emergencies."

A Bridgeboro, N. J., man is walking around with a china doll in his stomach. It is not explained why the toy was put in his mouth, but the swallowing was said to be accidental.

AN epidemic of diphtheria is reported to have broken out at Lancaster, Ohio. More than 100 cases are reported, and the public schools have been closed by order of the Board of Health.

SIXTY children at the Ohio Soldiers' and Sailors' Orphans' Home, at Xenia, Ohio, are in the hospital, suffering from scarlet rash and mild forms of scarlet fever. There are 900 children in the institution.

THE king of the Warramaugas, an Australian tribe, a lad of nineteen, died last month in the Adelaide Hospital. When he became king he refused his royal rank, and had for several years been acting as a guide.

PROF. DIXON states that consumption can be communicated by the use of family tooth brush trays in bath rooms, the brushes thus lying with their bristles in close proximity, affording a medium for the spread of the tubercle germs.

THE Lecture Association of the University of Pennsylvania announce that Miss Amelia B. Edwards has been engaged to deliver a series of six lectures on Egyptology; beginning upon December 4, and continuing on each Wednesday and Saturday. They will be given at Association Hall; the Wednesday lectures at 3.30 P.M., and those on Saturday at 2 P.M.

THE sight of Apollo in red velvet knee breeches will tickle the everlasting gods, says the *Canton News-Democrat*. The literary society of an Ohio Normal School have thus draped the mythical and muscular son of Jupiter and Latona.

DR. KARL KOLLER, of Vienna, who has the credit of discovering cocaine, says that he always administers that drug himself, never prescribing it for a patient, so that the latter cannot secure more of it by merely refilling the prescription.

A VEGETARIAN craze has struck Chicago, a new society having been started to promote this branch of gastronomic science. The movement started among the W. C. T. U., who claim that the eating of meats creates an appetite for strong drink.

SAPOLINI, of Naples, in the treatment of deafness in old age, mops the membrana tympani with a weak oleaginous solution of phosphorus, claiming that this diminishes the opacity of the membrane, increases the circulation, and improves the hearing.

DIPHTHERIA to an alarming extent prevails in Burlington, Iowa, and the country adjacent. There have been several deaths this week, and many children are down with the disease. Precautions are being taken to prevent the spread of the infection.

THE Powers College of Pharmacy, named in honor of the late Thomas H. Powers, and whose incorporators are Dr. Lemuel J. Deal, John E. Cook, Dr. William H. Pancoast, Dr. James Van Buskirk and Dr. Ernest F. Apeldown, has applied for a charter.

MRS. BARTLETT, of Chicago, has discovered a process for developing photographs without the aid of a dark room. She simply exposes the negative to the light for a few minutes, with a sheet of paper clapped on it. The pictures resemble fine etchings. Amateur photographers will appreciate this discovery.

DR. F. O. DONOHUE has been appointed a member of the Syracuse Board of Health by Mayor Kirk and also of the New York State Board by Governor Hill. The appointment has been received with approbation; the Syracuse journals referring to Dr. Donohue in very complimentary terms.

SECRETARY PROBST of the State Board of Health, visited the village of Deunquat, Ohio, and found the members of J. J. Smith's family stricken with smallpox. One little girl had died. Thirteen others have been exposed. The disease is supposed to have been communicated in rags purchased by Mr. Smith, who is a peddler in New Washington, where there were a few cases a year ago.

IT does not require the lively imagination of Jules Verne to conjecture that a time may come when the body will be rendered truly enlightened by means of the electric light. If the open hand, the fingers close together, be held between the eye and bright sunlight or one of Edison's electric lamps, the fingers will appear to be somewhat transparent. We need but wait till this light is many times multiplied in strength, and the body may be rendered so transparent that the functions of life can be studied and disease processes noted with ease.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from November 19, 1889, to November 30, 1889.

By direction of the Secretary of War, the extension of leave of absence on surgeon's certificate of disability granted Major Leonard Y. Fornig, Surgeon, in S. O. No. 241, October 16, 1889, from this office, is still further extended one month on surgeon's certificate of disability. Par. 3, S. O. 268, Hdqrs. of the Army, A. G. O., November 16, 1889,

MOSELEY, EDWARD B., Captain and Assistant-Surgeon, is relieved from duty at Whipple Barracks, Arizona, to take effect upon the expiration of his present leave of absence, and will report in person to the commanding officer, Fort Clark, Texas, for duty at that station, reporting by letter to the commanding general, Department of Texas. Par. 4, S. O. 268, A. G. O., November 16, 1889.

FISHER, WALTER W. R., Captain and Assistant-Surgeon, is relieved from duty at the Presidio of San Francisco, Cal., and will report in person to the commanding officer, Fort Assinniboine, Montana, for duty at that station, reporting by letter to the commanding general, Department of Dakota. Par. 4, S. O. 268, Hdqrs. of the Army, A. G. O., November 16, 1889.

The leave of absence on surgeon's certificate of disability granted Captain Rudolph G. Ebert, Assistant-Surgeon, in S. O. 109, May 11, 1889, from this office, is extended six months on surgeon's certificate of disability. Par. 13, S. O. 270, Hdqrs. of the Army, A. G. O., November 19, 1889.

By direction of the Secretary of War, the extension of leave of absence granted Captain Valery Havard, Assistant-Surgeon, in S. O. No. 240, Oct. 15, 1889, from this office, is further extended one month. Par. 1, S. O. 272, A. G. O., November 21, 1889.

BALL, R. F., First Lieutenant and Assistant-Surgeon, Fort Riley, Kans., will proceed to Fort Sill, I. T., and report to the commanding officer for temporary duty at that post. Par. 2, S. O. 173, Dept. Mo., Nov. 21, 1889.

By direction of the Secretary of War, Captain James E. Pilcher, Assistant-Surgeon, is relieved from duty at Fort Ward, N. Y. H., and will report in person to the commanding officer, Fort Clark, Texas, for duty at that station, reporting also by letter to the commanding general, Dept. of Texas. Par. 3, S. O. 276, A. G. O., November 26, 1889.

Leave of absence for fifteen days is granted Captain John J. Cochran, Assistant-Surgeon, to commence about December 1, 1889. Par. 3, S. O. 272, Div. Atlantic, Nov. 27, 1889.

Changes in the Medical Corps of the United States Navy for the week ending November 30, 1889.

GUNNELL, F. M., Medical Director. Placed on the Retired List, November 27, 1889.

GAINES, J. H., Surgeon. Ordered to duty at Army and Navy Hospital, Hot Springs, Ark.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Alcohol in puerperal fever, Martin. An. of Gyn., Nov., 1889.

Antiseptic midwifery, McRae. Atlanta Med. and Surg. Jour., Oct., Nov., 1889.

Artificial urinary canals, formation of, Wishard. Ind. Med. Jour., Nov., 1889.

Abdominal section, Hoffman. An. of Gyn., Oct., 1889.

An address delivered before the Northumberland and Durham Medical Society, Tait. Med. News, Nov. 9, 1889.

Beginners of Disease, Pope. Med. Press, Oct. 9, 1889.

Beiträge zur Aetiologie und Therapie der primären Pleuritis, Eugster. Deut. Arch., Oct., 1889.

Blut Körperchenzählungen und Hämoglobulin bestimmungen bei Kindern, Stierlen. *Ibid.*

Bakteriologisches über Otitis media, Levy u. Schrader. Arch. f. Exp. Path., Oct., 1889.

Blenorrhœa neonatorum, Williams. N. W. Lancet, Nov. 15, 1889.

Color blindness, Eldridge-Green. Med. Press, Oct. 23, 1889.

Concentrated solution of magnesium sulphate as an enema, Watkins. Md. Med. Jour., Nov. 9, 1889.

Constipation in childhood following diarrhœa, Vernon. Am. Pract. and News, Nov. 9, 1889.

Cartwright lecture, Billings. Med. News, Nov. 23, 1889.

Chronic endometritis and chronic vaginitis, Mundé. An. of Gyn., Nov., 1889.

Congenital dislocations of the hip, Evans. Med. News, Nov. 16, 1889.

Drei Fälle von Pericolitis, Windscheid. Deut. Arch., Oct., 1889.

Drink-craving, nature and management, Bird. Va. Med. Mo., Nov., 1889.

Diphtheria at high altitudes, Turner. Med. News, Nov. 9, 1889.

Die Krankheiten des weiblichen Körpers in ihren Wechselbeziehungen zu den Geschlechtsfunktionen, Müller. Deut. Med. Zeit., 31 Okt., 1889.

Der therapeutische Wert des Gurjenöls bei der Léprose, Foy. *Ibid.*, 28 Okt., 1889.

Dysentery, treatment of. N. C. Med. Jour., Oct., 1889.

Die Behandlung der häufigsten und wichtigsten Augenkrankheiten, Königstein. Intern. klin. Rundschau, 27 Okt., 1889.

Dental irritation, reflex effects of, Brubaker. Intern. Dent. Jour., Nov., 1889.

Die Durchleuchtung in der Laryngologie, Freudenthal. Med. Monatsch., Nov., 1889.

Die Behandlung des Trachoma, Fischer. *Ibid.*

Die Behandlung der Blatternkranken, Hebra. Intern. Klin. Rundschau, 10 Nov., 1889.

Einige Fälle von geheilter Reflexepilepsie der Nase, Schneider. Berl. Klin. Wochenschr., 28 Okt, 1889.

Etiology of diphtheria, Pruden. N. W. Lan., Nov. 15, 1889.

Estudio sobre las enfermedades carbunclosas; su pecuencia en Chili; medidas hygiénicás y preventivas que convendria adoptar y su mejutratamiento, Boletin de Medicina, Mayo y Juin de 1889.

Erysipelas, Cartledge. Am. Pract. and News, Nov. 9, 1889.

Fever in pulmonary consumption, the treatment of, Mays. Md. Med. Jour., Nov. 9, 1889.

Fibro-cystic tumor of uterus, Baldy. An. of Gyn., Oct., 1889.

Forceps, application, to transverse and oblique positions of head, Fry. Jour. Amer. Med. Ass'n, Nov. 9, 1889.

Grundzüge zu einer programmäisigen Behandlung der Diphtherie und des Kroups, Leonhardo. Deut. Med. Zeit., Nov., 1889.

Gunshot wounds, Manley. Med. News, Nov. 16. 1889.

Human throat, the, as a musical instrument, Calhoun. Atlanta Med. and Surg. Jour., Nov., 1889.

Hot injections in gonorrhœa and urethritis, Duke. Hosp. Gaz., Oct. 26, 1889.

Insanity, clinical observations on the scientific classification of the forms of, Jones. Va. Med. Monthly, Nov., 1889.
Insular sclerosis of brain, Lyman. Med. News, Nov. 16, 1889.
Inyecciones hipodérmicas de bioxido de mercurio en el tratamiento de la sifilis. Revista Méd., Agosto y Sept. 1889.
Klinische Bemerkungen über Leprose, Donnet. Deut. Med. Zeit., 28 Okt., 1889.
Laparotomy and supravaginal amputation of the uterus for rupture, a successful case of, Med. News, Nov. 9, 1889.
Littre. Hernia, two cases of, Penrose.
La Couveuse-Fuerst, Mansfield. Omaha Clinic, Oct., 1889.
Non-tubercular hæmoptysis of elderly life, address on. Med. Press, Oct. 23, 1889.
Osteo-sarcoma of the spine, Billings. N. A. Pract., Nov., 1889.
Obstetrics, lecture on the history of, Newman. *Ibid.*
Olive or cotton-seed oil in gallstone colic, a suggestion as to the action of, Stewart. Med. News, Nov. 23, 1889.
Purulent peritonitis, with perforation of the appendix vermiformis, Meigs. *Ibid.*
Perityphlitic abscess lacking the usual symptoms, Bellamy. N. Y. Med. Jour., Oct., 1889.
Porro operation, the, Price. An. of Gyn., Oct., 1889.
Perineum, an easy method of repairing, Da Costa. *Ibid.*
Pyrodin, oder Acothylphenylhydracin, Ziegler. Deut. Archiv, Oct., 1889.
Pharmakologische Untersuchungen über Lobelin der Lobelia inflata, Dreser. Arch. f. Exp. Path.
Rest and exercise in heart disease, Loomis. Med. News, Nov. 9, 1889.
Rabia, un case de, de siete meses y medio de incubacion, Hemaer. Cron. Méd. Quirúrgia de la Habana, Oct. de 1889.
Skull, injuries to the, with some observations on 118 cases, Manley. Brooklyn Med. Jour., Nov., 1889.
Silver images, the significance of the, in the inflamed cornea. Mennen. Brooklyn Med. Jour., Nov., 1889.
Skin, the hygiene of the, in health and disease, Shoemaker. Jour. Cutan. and Gen- Urin. Dis., Nov., 1889.
Severe, continuous cephalalgia as an early secondary in syphilis, Browning. Brooklyn Med. Jour., Nov., 1889.
Stone in the bladder, the choice of operation for, Cabot. Jour. Am. Med. Ass'n, Nov. 9, 1889.
Summer diarrhœa and dysentery in children, Guhman. Jour. Am. Med. Ass'n, Nov. 9, 1889.
Sulla posizione fatta ai medici comunaii dalla nuova legge sanitariâ, Ruata. La Salute Publica, 15 Ottobre, 1889.
Strangulated inguino scrotal hernia of huge proportions, Morton. Md. Med. Jour , Nov. 2, 1889.
Syphilis, the indications for and the duration of the treatment of. Jour. Am. Med. Ass'n, Nov. 23, 1889.
Syphilis, the positive diagnosis of, medico-legal testimony, Cutter. Jour. Am. M. A., Nov. 23, 1889.
Should children wear spectacles? Beebe. Med. Current, Sept., 1889.
Scirrhous carcinoma of the mammary gland, Groff. Coll. and Clin. Rec., Oct., 1889.
Simple anæmia, Loeb. Weekly Med. Review, Oct. 19, 1889.
Tuberculosis, contagiousness of, Porter. Weekly Med. Rev., Nov. 2, 1889.
Tubal pregnancy, report of a case of, probable diagnosis. Parvin. An. of Gyn., Nov., 1889.
Tubal pregnancy, report of case, Baldy. An. of Gyn., Nov., 1889.
Torticollis greatly improved by toxic doses of gelsemium after failure of myotomy, Williams. Med. News, Nov. 10, 1889.
The so-called third tonsil, White. Jour. Am. Med. Ass'n, Nov. 23, 1889.
Typhoid fever, a case of, with subnormal temperature and pulse, Wiltse. St. Louis Med. and Surg. Journ., Nov., 1889.
The white signal, Barclay. *Ibid.*
Ueber einige neuere Untersuchungsmethoden und ihre Bedeutung für den praktischen Arzt, Fischl. Prager Med. Woch., 30 Oct., 1889.

VICTORY AFTER VICTORY!!!

The highest award obtainable at Paris Exposition, 1889,

Which overshadows all Gold and Silver Medals,

IS THE

GRAND PRIZE **AWARDED TO NESTLÉ'S MILK FOOD**

AT PREVIOUS WORLD'S EXPOSITIONS, 26 GOLD MEDALS AND 13 DIPLOMAS OF HONOR HAVE BEEN AWARDED TO THIS CELEBRATED FOOD FOR INFANTS.

ON NO OTHER INFANTS' FOOD IN THE WORLD HAS SUCH DISTINCTION BEEN CONFERRED.

ROYAL COLLEGE OF PHYSICIANS OF ENGLAND 19 DEC 89 LIBRARY

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 588. NEW YORK AND PHILADELPHIA, DECEMBER 14, 1889. The Medical Register. Vol. VI, No. 154.

PAGE

CLINICAL LECTURES.

GRANULAR LIDS—ENUCLEATION OF BALL. By Peter D. Keyser, M.D. - - - - - - 769
PYO-NEPHROSIS — RUPTURE OF KIDNEY — CARCINOMA. By Charles McBurney, M.D. 771

ORIGINAL ARTICLES.

REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY. By William R. D Blackwood, M.D., Philadelphia - - - 773
FACIAL ERYSIPELAS COMPLICATING A VARICOSE ULCER OF THE FOOT. By W. A. N. Dorland, A.M., M.D. - - - - - - - - 775

HYDROTHERAPEUTICS.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY. By Simon Baruch, M.D. - - - - - - - - - - - - - - - 776

THE POLYCLINIC.

MONTEFIORE HOME, NEW YORK:
Suspension Treatment of Posterior-spinal Sclerosis. *K. B. P.* - - - - - - - - 779
MEDICO-CHIRURGICAL HOSPITAL:
Malarial Cachexia with Fever. *Woodbury*, 779
PHILADELPHIA HOSPITAL:
Congenital Syphilis. *Hirst* - - - - - - - 780
Infantile Mammary Abscess. *Hirst* - - 780
Pelvic Abscess. *Hirst* - - - - - - - - - 780
Dysentery. *Curtin* - - - - - - - - - - 780

PAGE

EDITORIAL.

THE HEALTH OF PHILADELPHIA - - - - 781
JOURNALISTIC VERACITY - - - - - - - 782
THE CODE OF ETHICS IN GERMANY - - - 783

ANNOTATIONS.

Women in Men's Dress - - - - - - - - - 783
Ainhum, A Brazilian Disease - - - - - - 784

LETTERS TO THE EDITOR.

Rupture of the Uterus During Labor. *Meredith* - - - - - - - - - - - - - - - 784

SOCIETY NOTES.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION - - - - - - - - 785
Open Abdominal Treatment. *Hadra* - 785
Twenty Consecutive Cases of Abdominal Section. *McMurtry* - - - - - - - - 785
Complications Occurring in the Clinical History of Ovarian Tumors. *Douglas* - 785
Tropho-neurosis as a Factor in the Phenomena of Syphilis. *Lydston* - - - - 785
Gunshot Fractures of the Femur. *Brownrigg* - - - - - - - - - - - - - - - 786
Treatment of Cystitis in Women *McGuire*, 786
Treatment of Contracted Bladder by Hot Water Dilatation. *Stone* - - - - - - 786
Remarks on Certain Obscure and Minor Forms of Pelvic Cellulitis Simulating Malarial Fever *Brown* - - - - - - - 787
Observations Based upon an Experience of Seventy-two Miscellaneous Abdominal Sections. *Johnson* - - - - - - - 787

PAGE

AMERICAN PUBLIC HEALTH ASSOCIATION - 787
Do the Sanitary Interests of the United States Demand the Annexation of Cuba? *Lee* - - - - - - - - - - - - - - 787
ST. CHARLES COUNTY (MISSOURI) MEDICAL ASSOCIATION - - - - - - - - - - - - 788
Ideal Surgeon. *Middlekamp* - - - - - 788
Ergot in Parturition. *Boltezer* - - - - 788

BOOK REVIEWS.

A Text-Book of Practical Medicine. *Loomis*, 788

PAMPHLETS - - - - - - - - - - - - 788

THE MEDICAL DIGEST.

Mercuric Chloride as an Antiseptic. *Scalgi*, 789
Hypnotic Eccentricities. *Tessié* - - - - - 789
Treatment of Iodism. *Roehmann and Malachowski* - - - - - - - - - - - - - - 789
Osseous Grafting *Poncet* - - - - - - - 789
Internal use of Turpentine in Diphtheria. *Peñalva* - - - - - - - - - - - - - - 789
An Epidemic of Phthisis. *Marfan* - - - - 789
Diphtheria *Henoch* - - - - - - - - - - 789

MEDICAL NEWS AND MISCELLANY, 790

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - - 791

MEDICAL INDEX - - - - - - - - - - 791

NOTES AND ITEMS - - - - - - - iv, xiv

Clinical Lectures.

GRANULAR LIDS—ENUCLEATION OF BALL.[1]

BY PETER D. KEYSER, M.D.,
Professor of Ophthalmology in the Medico-Chirurgical College, and Surgeon to the Wills Eye Hospital, Philadelphia.
(Reported for the TIMES AND REGISTER)

GENTLEMEN: Of all the affections of the conjunctiva, there is none so troublesome, as well as vexatious, to both physician and patient (and I might say the family and friends of the latter) as that form called granular lids—conjunctivitis granulosa. In speaking of this form of disease I do not mean catarrhal conjunctivitis, which patients frequently call "*granulated eyelids*," whether from their own idea of the trouble, or from information often expressed as being received from a physician, but that form which shows conclusively the well-known appearance of true follicular enlargements or excrescences on the conjunctiva.

In looking over the field in relation to this disease, there are generally three forms described in the text-books—the *papillary*, in which the papillæ of the conjunctiva only are greatly enlarged, which is an early stage of the inflammation; the *follicular*, in which the lymph follicles have become enlarged by the inflammatory action passing back into the deeper stroma of the tissues and affecting them; and the form called the *mixed*, in which both the papillary and follicular enlargements are clearly defined. The last form is found in almost all cases that have been of some duration under considerable inflammatory activity, and is really the form most generally seen.

The three cases I present to you to-day are typical ones of the three forms mentioned. You will see, when I turn these lids, that the papillæ of the conjunctiva are alone enlarged. They appear in little sharp-pointed projections. This second one, the conjunctiva looks as if covered with frog spawn—round yellowish-red follicles covering the whole surface. In the third case, on close examination there can be seen some follicles which have fine papillary prominences between them.

Conjunctivitis granulosa arises from many causes, among which may be named, first, contagion, then neglected or badly-treated catarrhal or simple conjunctivitis; and it is also a sequel at times from purulent conjunctivitis, due to careless treatment. The origin of the inflammation is claimed by many to be mycosis. But let it be from whatever origin, it is nevertheless a tedious disease, at times painful, and also dangerous to sight from extension of the inflammation to the cornea. The greatest percentage of blindness arises from this disease in most all countries, especially in sandy lands—as in Egypt, and the Western States of this country. I am also informed that it is very prevalent in China among the lower classes of people.

The treatment requires great judgment and patience on the part of the physician, and very much of the latter on the part of the patient. The case must be carefully watched, to notice changes and any complications. Remedies innumerable have, from time to time, been advocated and found by many excellent, while in other hands not so sucess-

[1] Delivered at the College, November 22, 1889.

ful. This may in part be accounted for by the lack of observation and discrimination in the form and character of the disease at the time of treatment. Astringents have been the main reliance, and sulphate of copper was the sovereign remedy for a long while, and of every eye, no matter what the form or grade of inflammation, the conjunctiva was touched with the crystal of *blue stone*. Then came the mitigated stick (1 part nitrate of silver to 2 or 3 parts nitrate of potash) as advocated by Von Graefe, in Berlin, while the Vienna school was brushing the conjunctiva with a solution of nitrate of silver, gr. x–℥j.

Then came other remedies, as tannin, hydrastis, yellow oxide of hydrargyrum, etc., all of which have their advocates and are excellent in some cases; but failing with all these brought out operative treatment; the cutting out the fold of the conjunctiva above the tarsal part, as well as shaving off the granulations; then was introduced the inoculation of pus from a case of purulent conjunctivitis neonatorum, so as to set up a severe inflammation to effect the absorption of the granulations on its recession. The pus instillation in the eye being considered too dangerous for the cornea, the Jequirity treatment was recommended by De Wecker, of Paris, and I must say has given some brilliant results in my hands. This treatment consists in the instillation of a 2 per cent. aqueous solution of Jequirity beans three or four times daily in the eyes, for one or two days. It creates a very painful and severe inflammation, which soon passes away under simple treatment of cold water cloths applied over the eye, and a collyrium of 10 grs. boric acid to ℥j aqua destillata.

Lately the use of bichloride of mercury, in solution 1-500, instilled in the eye two to three times daily, and a stronger (1-200) solution brushed over the conjunctiva once or twice a week, has come into favorable notice.

Taking all the remedies recommended, every one has a certain amount of virtue, and if applied when the conjunctiva is in just the condition for its use, there will be an improvement. But unfortunately, this improvement does not always continue, and relapses occur. I have found, after years of experience, that every remedy—if continued too long—loses its virtue, and before the reaction takes place should be discontinued, at least for a while, and another used. In this way many very obstinate cases may be cured.

The bichloride of mercury solution 1-1000 has worked wonders in some chronic forms when there was great inflammation; while those of 1-500 irritated too much.

There is one stage or change in the conjunctiva that has given more trouble to cure than any, but which fortunately, is not very frequent in its appearance, and over which nothing has acted successfully in my hands until lately. This form is that in which the inflammation in the eye has, as a general thing, passed all—or nearly all—away, there remaining a slight irritation and weeping, and at times a thin, gelatinous discharge, but seldom any gluing of the lids. On turning the upper lid, isolated or small collections of yellowish-white, round nodules are seen scattered over the tarsal part of the conjunctiva, while the fold is perfectly free and smooth. These granulations are prominent, and have a hard, cartilaginous feeling on passing the finger, especially the nail, over them.

None of the well-known remedies appear to have any effect in reducing them. Cauterizing or cutting them off does not remove them, and often leaves the conjunctiva worse, in so far that cicatrization and scars may be left, which are irritating to the cornea. Even the instillation of the powder or a solution of the Jequirity bean has not been successful in causing their absorption. But lately the idea suggested itself to me to try to rasp them off by the use of pumice stone. So this summer I took a well-marked case, of eight years standing, in a lad twelve years old, a son of an officer of the regular army, who had been through the usual routine in several cities of the West and East, and in the army posts without success, and determined to try it. Every day for a few days, I turned the upper lid and rubbed well over the tops of the hard cartilaginous granulations with a flat piece of pumice stone. This caused considerable pain during the rubbing, and created quite a congestion of the tissue with slight hemorrhage. After the daily rasping for the few days, it was made three times the next week, then twice a week, with the most wonderful results. In six weeks' time the granulations were completely rasped down, and the whole conjunctiva was smooth and in a healthy condition. After every rasping the conjunctiva was inflamed and sore for ten to twelve hours, but passed away on the application of hot water cloths. The eyes were kept clean all the time by the use of a collyrium of boric acid, gr. x–℥j, and the lids were anointed with an ointment of yellow oxide of mercury, gr. ½, in lanoline ʒj. The case has kept well ever since, and the patient is in as good condition as can be. I would therefore recommend to you this treatment if any such cases should come under your notice.

This other case comes before us with the history that ten days ago, while striking a hammer on a cold chisel to force up a hoop on a barrel, something flew into his right eye and it has been blind ever since, as well as somewhat inflamed, although the inflammation has been kept subdued by constant applications of cold water cloths. Upon examining the eye, a horizontal incision is seen, a little back of the inner line of the cornea, extending across the sclerotica and through the ciliary body. The anterior chamber is free, but the vitreous chamber is completely filled with blood, so that no illumination of the fundus can be made. This great hemorrhage in the ball shows clearly that the ciliary process has been lacerated. Being a very vascular part of the eye it bleeds very readily on injury.

The patient thinks that there is nothing in the eye, but the character of the incision, with the great hemorrhage in the ball, proves distinctly to my mind that a splinter of steel has gone through into the vitreous body. This kind of an injury is of frequent occurrence among machinists, and others who drive a hammer on a chisel or rivet—such as boiler makers.

In cases of this kind it is impossible to see where the foreign body is in the eye for its removal by a magnet. Pieces of steel or iron often pass through the cornea and sclerotica without causing the least hemorrhage. In such cases it is not so difficult to see them with the ophthalmoscope and remove them by the electro magnet. But in this case the hemorrhage is so thick that it is impossible to attempt to look for it, and therefore the safest and best treatment is to enucleate the eyeball, to remove any danger of sympathetic ophthalmia in the other.

The enucleation of an eyeball is not a difficult operation if you know thoroughly the anatomy of the parts and have some dexterity in the handling of delicate instruments, and, like most everything else, it is quite easy when you know how to do it. It is a painful as well as delicate operation, and before the introduction of cocaine as a local anæsthetic, it was necessary to thoroughly etherize the patient; but now, under the use of 4 to 6 per cent. solution of cocaine, local anæsthesia can be acquired that will permit in most cases, most of the operation to be performed; and then, under very little ether, the completion can be very quickly and readily carried out.

Having instilled the cocaine solution several times into the eye, the speculum is introduced to widely separate the lids, then, with the forceps and scissors, the bulbar conjunctiva is separated around close to the cornea, then each rectus muscle can be taken up either by the forceps (as you see I do it) or the strabismus hook, and the attachment at the sclerotic cut loose by the same scissors in your hand. After separating all the recti, then pass the hook under the two oblique muscles and loosen them. Now that all the muscular attachments are free, the only thing really holding the ball in place is the optic nerve. Before cutting through it and the ciliary nerves and vessels which pass into the eye near the optic nerve, the patient should be given some ether to breathe. As soon as the first stage of action of the ether is noticed—that is, the quiet stage, or a short loss of consciousness, before that of excitement comes on—the ball should be rolled to one side by either the forceps or a hook, the scissors passed in back of the ball, blades opened, and with one cut (if possible) the optic and ciliary nerves severed. The ball can then be lifted out and any minor adhesions cut loose.

Considerable hemorrhage takes place, but can generally be readily controlled by pressure and applications of hot water. Formerly cold water—and even ice—was used, but since the discovery of the styptic action of hot water, it is found to be preferable and acts more effectively.

In some cases the conjunctiva may be brought together by sutures, but really it is unnecessary, as the whole thing heals up without any, or very little after-inflammatory action. After the hemorrhage has been stopped, apply a firm compress bandage over the eye, to prevent any secondary bleeding taking place.

Having removed the ball, we will now cut it through in half, to see if a foreign body is contained therein. You see how the posterior part, or vitreous chamber, is filled with coagulated blood. Now, throwing this out and feeling carefully, I come across a hard sharp substance which, you see, I present to you as a small, triangular, wedge-shaped piece of steel.

RUPTURE OF THE KIDNEY—CARCINOMA—PYO-NEPHROSIS.[1]

By CHARLES McBURNEY, M.D.,

Robert A. Sands, Acting House Surgeon.

(Reported by Dr. K. B. Page, M.D.)

GENTLEMEN:—The first case I shall operate on to-day is one of tumor of the kidney.

Of the exact nature of the tumor we are uncertain. By exploration with a hollow needle I have found pus, and this in connection with the other symptoms, has led me to form the opinion that this is a case of pyo-nephrosis, abscess of the kidney.

The man gives the following history: Aged thirty-nine, married, a rubber-hose maker, has complained for one and a half years of constant pain in right side of abdomen, has had nausea and vomiting, and at times slight jaundice; weight averages about one hundred and seventy-eight pounds, bowels are costive, there is no ascites; examination of urine reveals no albumen, sugar or casts, sp. gr. 10–20, acid.

In the month of February, of this year, a distinguished consultant of this city saw the case and made the diagnosis of tumor of the kidney, probably carcinoma.

Another well-known gentleman diagnosed the case as distension of the gall bladder with occlusion of the cystic duct, and ascribed the jaundice to this. These opinions are mentioned to illustrate the difficulties of diagnosis in the early stages of pyo-nephrosis.

The patient was brought to me by Dr. W. B. Clark, of this city, for treatment.

On admission, a somewhat nodular tumor could be made out by palpation, occupying nearly the whole right abdominal half, extending inwards to the umbilicus and downwards to the iliac crest.

The examination of urine was practically negative, but a trace of albumen and only one cast were found.

Revising the history and notes of examination we find we have the history of a growth in the right loin, in the location of the kidney. The urinary symptoms are negative, probably because the kidney tissue is totally destroyed, and the ureter occluded so that none of the contents of the tumor can get into the bladder. The man has lost, then gained, flesh, at various times, and his general appearance makes it extremely doubtful that he has carcinoma of *any* organ.

With a sterilized exploring needle I puncture the tumor from behind—as you see I obtain pus. Making an incision in the loin, down to the tumor, and protecting the edges of the fresh wound with sponges, I incise it, giving vent to pus. Introducing my finger into the cavity, I find that while of considerable size, it does not constitute the whole tumor, therefore, it is multilocular. Incising the second compartment, I give exit to pus in large quantities. This loculus is five or six times the size of the first.

[1] Delivered in the Roosevelt Hospital, New York.

We will thoroughly irrigate these cavities with Thiersch's solution, insert drainage tubes into either cavity, sew them in place for safety, and sew the edges of the operation wound together around them.

A permanent fistula will probably result with the continuance of a persistent discharge, and in some weeks, when the sac is thoroughly contracted, I will do a second operation for removal of the sac.

I do not consider it advisable to do a nephrectomy in this case, as the large size of the tumor would render this dangerous; but the operation I have indicated is practically without danger.

This operation makes it clear then that there was no neoplasm of the kidney; it was a case of abscess of the kidney. In my examination of the interior of the sacs, I did not find a calculus nor any of the amorphous material, so that it is impossible to state the origin of the pyo-nephrosis, whether calculus, blood-clot, or other body.

The second operation is also one for a lesion of the kidney; it is a case of

TRAUMATIC RUPTURE OF THE KIDNEY.

This woman, aged twenty-seven, M. III para, was brought to the hospital in the ambulance at 10 A.M., October 28, with the history of a fall out of the third story window, a height of from forty to fifty feet. She was in a state of most profound shock—temperature 97° F., pulse 106, respiration 28, and very shallow; vomited blood. It was only by the skill and assiduous devotion of the house staff that she rallied; her condition was then too critical to admit of examination. The next day she had improved a trifle. On careful examination we could find no broken bones as results of this great fall, but the abdomen was tender and swollen, and she had the appearance of a patient who had a severe internal injury, so that rupture of the intestines was suspected. After three days she began to improve slowly, and there was still no clear evidence to indicate the particular organ injured. At the commencement of this month she began to vomit and have some fever. A tumor was then noticed to be forming in the loin, which was opened on the 6th inst. by Dr. Hartley. Her condition was still so dangerous that ether could not be used, so the operation was made under cocaine anæsthesia. The incision of the tumor gave exit to a large quantity of pus, which our house surgeon describes in terms more forcible than elegant, yet strictly appropriate, as "highly stinking ammoniacal pus." The cavity was drained.

As she has had stools, per rectum, rupture of the intestine may be excluded, and, taking the symptoms into consideration, I believe we have a clear case of rupture of the kidney. I believe that at first the rupture was situate in the cortical region, that the opening into the pelvis and extravasation of urine was secondary. There is a large sac in the right loin, and you see the drainage tube of the first operation. The patient's condition has heretofore been such as absolutely prohibited a thorough examination of the abscess cavity, but I shall now make an oblique incision in the loin at the lower part of the sac, examine thoroughly, and determine the exact condition of the kidney. The patient's condition is too poor to do a nephrectomy, so that, as in the previous case, I shall thoroughly drain and await further improvement of her condition for the second operation, if one is called for.

The cavity which I have opened by this incision is of great size, my finger passing downward to the iliac fossæ. Passing my finger over the surface of the kidney, I find it smooth, save at the lower part, where I feel a rough cleft, covered with granulations. I cannot positively state where the rupture is, but this is probably the point. A drainage tube will be sewed in, and the cavity packed with gauze.

HEREDITARY CARCINOMA.

My third case gives a very interesting history, illustrating the influence of heredity in the occurrence of carcinoma:

This woman's father died of epithelioma of the lip. An aunt on the paternal side had cancer of the womb; another aunt had recurrent tumor of the breast. Her mother, shortly before death, had a growing tumor in the right iliac region, and a sister is thought to have had cancer of the stomach. A very remarkable history.

The patient before us, aged thirty-nine, III para, noticed for the first time two years ago, a tumor the size of a hickory nut in the right breast. The growth increased slowly until four months ago, then grew more rapidly; but its greatest increase has been in the past two months. There have been severe shooting pains in the breast.

The tumor is now about two inches in diameter; painful on pressure. The nipple and skin over the growth are not adherent, and part of the breast is apparently healthy. Slightly enlarged glands can be felt in the axilla. The case is undoubtedly one of scirrhous disease of the breast, and is now in favorable condition for operation.

I shall make an incision starting in the axilla, extending inward towards the median line, encircling the breast, and returning to the axilla. The growth has not infiltrated the sublying muscles, so that we easily dissect it off with the sheath of the muscle.

Having done this, and cleaned out the axilla we unite the wound by continuous suture, introducing catgut drains. The whole wound will be united; but we will make another opening in the skin of the axilla to insert a rubber drainage tube. At the expiration of three or four days this will be removed. As this operation has been practically aseptic, we should have immediate union.

ANTIPYRIN IN LABOR.—Antipyrin for labor pains was administered by Lelligman in Winckel's clinic, with noteworthy effect in fourteen cases. The pains were not only relieved, but the intervals became longer and the patient more calm. In some cases labor was interrupted, in one it became more energetic. One to ten hypodermic syringefuls of 50 per cent. solution, about 7½ grs. or 30 grains per enema, was used, beginning with the latter. The effect lasts two hours.

—*Munich. Med. Woch.*

Original Articles.

REVIEW OF PROGRESS IN MEDICAL AND SURGICAL ELECTRICITY.

By WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

ELECTROLYSIS IN ANGIOMA OR NÆVI.

DR. MARSHALL, of Nottingham, calls attention in Braithwaite to electricity in nævi, and urges its use to prevent scarring. He prefers the positive pole as leaving little, if any, of the brown discoloration due to the negative. Low currents are employed—thirty milliamperes.

Dr. Duncan, of Edinburg, relates nine cases of angioma of unusual interest treated by galvanism successfully. Three operations sufficed to cure a nævus the size and shape of a Jaffa orange, situated behind the ear of a puny child, three months old.

Another involving the foot completely through from dorsum to sole, including the fourth metatarsal bone, in a child eight months old, was almost entirely removed by six applications.

A cavernous angioma at the bend of the elbow, in a lady nineteen years old, which had sloughed and threatened sepsis, was cured by electrolysis in a year, the applications being infrequent. A pulsating aneurism followed a wound by an umbrella rib in the eyelid. Protrusion of the eye and diplopia ensued. Thirty milliamperes for seventeen minutes, four times at intervals of a week, removed the difficulty. Another instance of exophthalmus, due to injury, was similarly cured. Two cases of cirsoid aneurism of the scalp were also reported as removed by electrolysis.

Both gentlemen refer to the difficulty of insulating the needles. My own plan is to coat them with a thin layer of the ordinary liquid rubber-cement used for repairing tubing on bulbs. Dip the needle in, let it drain, dry it without artificial heat, suspending it point downward. When required for use scrape off the quarter inch nearest the point, rub till it shines, and you have everything lovely. I use the same plan for bougies and urethral electrodes generally, but the coating should be thicker. Rotate the needles before withdrawal, and if the negative be used for desirable purposes, reverse the current for a moment, when loosening will occur.

Electricity in Uterine Fibroids.—Lucas-Championniere is of the opinion (London *Med. Recorder*) that fibroids near the menopause are the only ones requiring electrolysis. He believes that "decongestion," rather than actual shrinking of tissue elements proper is attained, and he urges frequent changes of polarity, with not over sixty milliamperes for ten minutes. Doubtless his results are as he says, but if he will try the effect of putting in more coulombs, in the same time, he will get the positive reduction of the tumor aside from exsanguination. The fundamental idea is galvano-caustic electrolysis from the negative alone.

Faradism in Enuresis.—Guyon has long ago employed electricity in this complaint in young boys, and Janvier in girls also, but it has not been tried in cases after puberty, except to a limited extent. Bransford Lewis recently used it in the case of a girl fifteen years old, in whom the nocturnal discharge ceased after the first treatment. One pole was applied in the urethra, the other on the thigh. Eleven *séances* were held to clinch matters.

Large Fibroid Polypus.—Dr. A. L. Smith (in the London *Med. Recorder*) describes a pear shaped tumor four inches in length, attached by a broad pedicle to the uterus, which Brosseau deemed not removable by section, owing to the exhaustion of the woman by hemorrhage. The large size of the pedicle was another disadvantage to a cutting operation. She was successfully treated by Dr. Lapthorn Smith by galvano-puncture in eight sittings. Fifty milliamperes were used at each application. The mass shrank to nothing.

Electricity in Pelvic Pain.—The successful employment of galvanism, thus, in the relief of pelvic pain must be based upon: 1st, the varying effects of the poles from a slight irritant to a violent acid alkaline caustic; 2d, the effect of inter-polar electrolysis, which promotes rapid absorption; and 3d, its general trophic effect, with general improvement of nutrition.

Electricity, unlike all other applications upon which the gynæcologist has learned to depend, with varying success, has something more than a surface effect. The amount of electricity that passes through a hyperplastic ovary, is the same that traverses the electrodes between which it lies. If the remedy is of value at all, that ovary must get the benefit of its effect just as certainly as though the sponges of the electrodes were in actual contact with it. With electricity we have a remedy, then, with which we can make local application to the most deeply situated organs.

1. Do not advise the removal of an ovary for persistent pain, until galvanism has been systematically and thoroughly applied, if any of the following conditions are suspected as a cause: (*a*) chronic ovaritis, either with or without hypertrophy; (*b*) where inflammatory deposits, either with or without adhesions, surround one or both organs; (*c*) ovarian neuralgia; (*d*) all pain coincident with menstruation; (*e*) in all cases of ovarian pain not known to be the result of active, acute inflammation, septic or specific inflammation, and cystic tumors.

2. Galvanism is a sure remedy for all pain resulting from tubal diseases, except when septic or specific inflammation is the cause, or the presence of pus is demonstrated.

3. Galvanism is positively indicated in dysmenorrhœa or other pelvic pain, when a result of chronic metritis; a result of hyperplastic enlargement of the uterus; or a result of fibrous or other non-malignant growths of the uterus.

4. Galvanism is emphatically indicated in pelvic pain when a result of old pelvic exudates of all kinds, provided acute inflammatory action is absent and the presence of pus is not suspected or demonstrated.

5. Galvanism is indicated in the pelvic pains arising from reflex disturbances or hystero-neuroses the condition well defined by Engelmann as "a phenomenon which stimulates a morbid condition in an organ that is anatomically in a healthy state."

6. Galvanism is indicated in dysmenorrhœa, when the result of cervical lacerations with unyielding cicatrized plugs; when the result of cervical endometritis or uterine vegetation.—*Martin, N. A. Pract.*

Faradism in Dilatation of the Stomach.—Baraduc holds that only functional cases dependent on atony of the solar plexus are suitable for electrical treatment. One pole is applied over the epigastrium, and the other passed through an œsophageal tube, the stomach being previously dilated somewhat with water. The rheophore is a short copper stem, and it is held *inside* the tube, near its distal extremity. Relief is rapid. Contraction is assured by quantity currents—relief of pain by tension.

Dujardin-Beaumetz, Bardet and Erb, recommend external applications, but these are not nearly so efficacious as the direct method.

Electricity in Intestinal Obstruction.—Dr. Lavat advocates the use of galvanic electrization in all cases of intestinal obstruction, and reports six successes from it. Sometimes more than one application is necessary to bring about a movement.

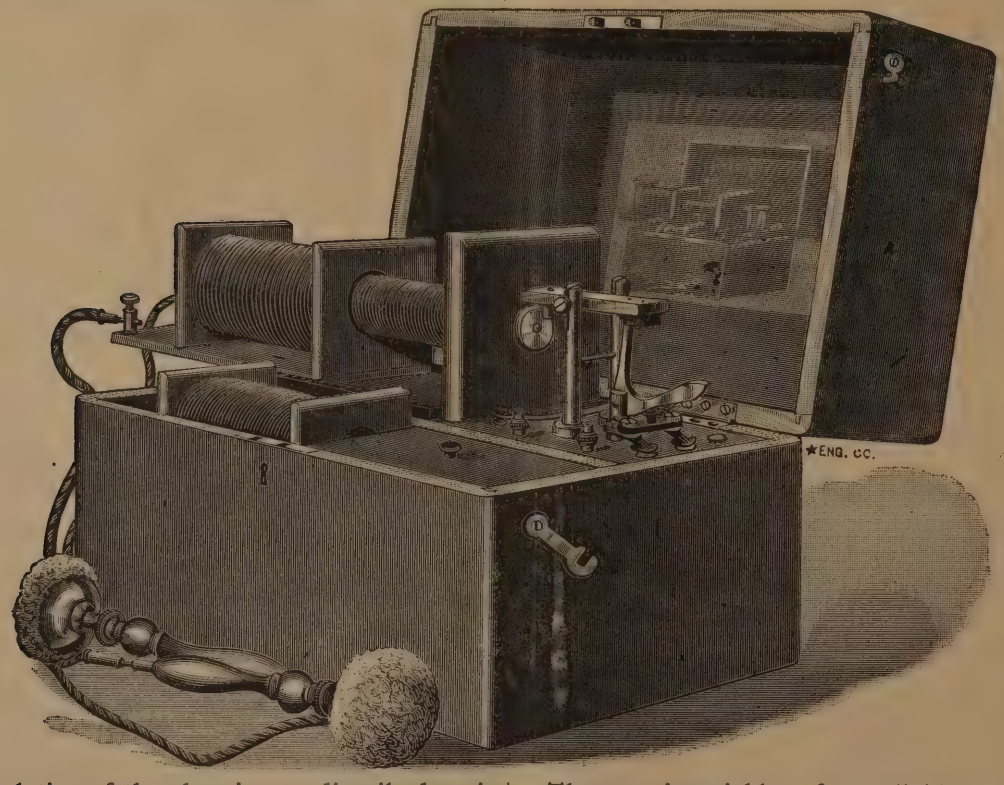
Electrical Stimulation in Apnœa during Anæsthesia.—Drs. Hare and Martin advocate the use of the electric brush to the epigastrium in this condition, the other pole being applied to the base of the rib, not on the pneumogastric in the neck. Rapidly interrupted currents are used. They claim danger as existing when stimulation of the phrenic as ordinarily done is tried, because of the closeness of the cardiac inhibitory nerves to the latter. In noticing direct stimulation of the heart by œsophageal electrodes some time ago in one of these reviews, I called attention to this danger. There is, however, little risk in using Faradism in the ordinary way, and it is equally serviceable as galvanism in all the instances, such as failing respiration from opium poisoning, and the like.

Electrolysis in Surgery.—Newman, of New York, recently adverted to the principles which should govern this matter, before the Ontario Medical Association in Toronto, Canada. The successful method involves the following:

1. Using the correct strength of the electric current.
2. Applying the respective poles in the right place.
3. Selecting the size, shape and material of the electrode.
4. Regulating the *duration* and intervals of seances.

He goes on to state that for the purpose of electrolysis a galvanic current only can be used, and that the negative pole should be selected for the immediate destruction of tumors and strictures, its action more closely approximating that of a caustic alkali, and leaving a cicatrix which is soft and not retractile.

His paper concludes with a review of the practical uses to which electricity has been put in the different branches of surgery. Aneurism, varicocele, hernia, hydrocele, hemorrhoids, tumors of various kinds, malignant and benignant, goitre, enlargement of glands, strictures of the œsophagus, rectum and urethra, atresia vaginæ, opacities of the cornea, extra-uterine pregnancy, endometritis and the various uterine displacements, are but a few of the many affections which he mentions as having been successfully treated by electricity.



The use invariably of a reliable galvanometer should have been demonstrated, for in ordinary practice too many physicians rely upon the feelings of either the patients or themselves as to the power employed. I have known five milliamperes to be used in an attempt to check uterine hemorrhage from papilloma when from seventy-five to one hundred and fifty were indicated. You can't *feel* low currents by the hands.

NEW OR IMPROVED APPARATUS.

New Faradic Machine.—Messrs. Stevens & Son of the Toronto Galvanic Works (Canada) have devised a battery comprising differential coils from which a number of varying currents are obtainable. The apparatus is powerful and compact; it is thoroughly well made, and reliable, besides being economical in operation, and cheap in first cost. The rheotome is novel and effective, and the different currents are smooth yet strong. The curious notions held by many physicians that variable secondaries are of no practical use is dispelled by experiment with a machine built as this is, were the employment of converters in electric lighting not sufficient proof of the transforming of high pressure (voltage) currents with small quantity (amperage) into large quantity currents under light pressure, and *vice-versa*. The cut (see page 774) shows the appearance of the machine, and further information can be had from the makers on request.

An Abdominal Clay Electrode.—Dr. Frank R. Glasgow has devised an electrode which is a shallow round vessel made of leather. The bottom is a round piece of leather of moderate thickness; the sides are formed of a strip of one to two inches in width. A round hole is cut in the bottom in order to allow the connection for the wire of the leaden or copper plate to protrude. The plate fits loosely in the bottom; the top edge of the sides of the cup are turned over and sewed, so as to form a rim.

The cup is filled with soft, moist clay, and on the surface extending over the leather is laid one thickness of blotting paper. This keeps all fine particles of clay from sifting through. Over the whole and extending down the sides is drawn a piece of cotton cloth, which is held fast by a rubber band sprung over it. A little warm water is poured over the surface and the electrode is ready for use.

After using this on one patient, the cloth can be rinsed out and replaced; the clay and filter paper remain *in situ*. This clay will remain moist indefinitely if a piece of rubber cloth is placed over the top. The electrode can be warmed by laying it in hot water or placing it over boiling water. The electrode is not very pliable and is heavy—both good qualities in the great majority of cases. The distance the current has to pass is equal in all parts of the electrode, and even if this were not strictly true, the resistance is so little that it is practically so.

Protection from Strong Currents.—As the low pressure circuits of the incandescent lighting systems are being employed by many neurologists in our large cities, a method of avoiding accidental crosses is valuable in saving office apparatus, and the National Electric Protective Company of New York has devised an instrument for this purpose.

The protector is a small instrument (6 x 2½ inches), with a single electro-magnet wound with coarse wire to a very low resistance (about one-tenth of an ohm), and is placed in the circuit of the telephone or any electric system. It remains quiescent until the wire or circuit becomes abnormally charged by atmospheric, electric light or other strong current, when the magnet attracts the armature, and automatically grounds or shunts the excess as long as the excessive current remains. When the excessive current ceases or is removed, the protector readjusts itself automatically and restores the circuit to its normal condition.

FACIAL ERYSIPELAS COMPLICATING A VARICOSE ULCER OF THE FOOT.

By W. A. N. DORLAND, A.M., M.D.,
Chief of Gynæcological Clinic, Medico-Chirurgical College, Philadelphia.

THE case of which the following are the notes was one of such great interest to the writer that it has seemed well to him to present, in the present form, the two or three points which were deemed worthy of special notice, in the hope that further suggestions might be elicited upon the subject.

About the middle of October he was called upon to attend a stout, robust woman, fifty-two years of age, who was suffering from a large ulcer, involving the whole dorsum of the right foot, and extending to about two inches above the ankle joint. The woman stated that it had commenced with the bursting of a dilated vein at a spot just below the external malleolus, from which initial point it had rapidly spread, until it had reached the dimensions it then had. Upon examination, numerous varicose veins of considerable size were found extending up the limb to the knee. The ulcer was healthy in appearance, and presented no edge of induration. Attempts at strapping proving painful, a simple dressing of iodoform was made, followed by the tight application of a roller bandage. Under this treatment granulation progressed rapidly, until the morning of Monday, the 4th of November, when he was hastily summoned, and found the patient laboring under considerable fever, which was subsequent to a chill. The whole surface of the ulcer, which till then had been discharging freely, was dry, glazed, hot, and painful, and strongly erysipelatous in appearance, while under the left eye was a suspicious looking, dark-red spot. Upon investigation, it was found that the patient had left her room on the previous day, and had remained down stairs for three hours, in attendance upon her household duties. She was in great distress about her present condition, fearing the onset of an attack of erysipelas. She stated that one paternal aunt had suffered with erysipelas, that her sister had died of the meningeal form, that another sister had had a severe attack of the disease, from which she had recovered, while she herself had passed through two previous attacks—the first appearing in her leg, and the last a slight attack in her face.

Incision of the erysipelatous patch in her limb not being permitted, much relief was afforded by the application of cloths wrung out of hot water. The spot under the eye rapidly assumed an erysipelatous character, and invaded the surrounding surface, closing both eyes, and involving most of the forehead—stopping, however, at the border of the hair. She was placed upon full doses of quinine, together with thirty drops of the tincture of the chloride of iron, every two hours, and upon tablespoonful doses of Wyeth's preparation of beef, wine, and iron after

meals. Her diet consisted of chicken broth, milk toast, and buttermilk. Under this plan of treatment her condition rapidly improved, and by the evening of Friday, the 8th, the swelling had almost entirely disappeared, while there remained but a small area of redness where the disease had first appeared.

The intense itching of the face during convalescence was relieved by bathing the spot in warm water three or four times daily, following each lotion by an inunction of vaseline. In the meanwhile, the ulcer in the foot had healed entirely under rest and the simple application of powdered oxide of zinc. The patient is now about and enjoying her usual state of health.

There are three facts in the history of this case which seem to be possessed of special interest. The first of these was the occurrence of the sudden metastasis to the face; the second, the presence of a marked hereditary feature; the third, the portion of the face first involved in the erysipelatous process; and to these might be added a fourth, namely, the prompt response of the disease to treatment.

Passing over the first of these points as being but an interesting phenomenon, the occurrence of which has been frequently noted in this affection, earnest attention would be called to a consideration of the second point, namely, the hereditary feature of the case. After an extended review of the literature of erysipelas, nothing whatever has been found referring to heredity as taking any part in the disease; and yet the history of our case points strongly to the existence of such a factor. The fact that her aunt had been afflicted with the disease, that one sister died of the meningeal form, that another sister suffered from a severe attack of facial erysipelas, and that the patient herself has had three attacks—two involving the face—is proof positive that some special predisposition (might we call it the erysipelatous diathesis?) existed in the family. At any rate, the matter is worthy of further investigation.

In a pamphlet published in 1858, Dr. Bird[1] records that in forty-nine cases of facial erysipelas occurring in females, in ten only, or but $19\frac{6}{10}$ per cent., did the disease begin upon the left side of the face, by far the larger proportion occurring upon the opposite side. A somewhat larger proportion existed in a series of twenty-seven cases occurring in males, when in ten, or $29\frac{4}{10}$ per cent. of the cases, the disease began upon the left side. This adds somewhat to the interest of the case in question, the process here commencing under the left eye.

When we consider that in five days the disease had run its course to complete recovery in our present patient, further comment is unnecessary as regards the last point of interest mentioned.

1521 S. 13TH STREET.

TOBACCO AGAIN.—It is said that ten out of twenty candidates at West Point were recently rejected on account of tobacco heart brought on by cigarette smoking.—*Medical Compend.*

[1] On the "Nature, Causes, Statistics, and Treatment of Erysipelas." By Peter Hinckes Bird, 1858.

Hydrotherapeutics.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.[1]

By SIMON BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

[Continued from page 755.]

WHAT is the aggregate result of the effects referred to—the effect upon the cardiac action, the vascular tension, the quality of the blood and its distribution, the effect upon heat production and elimination, and upon the nervous system? Surely an agency which is capable of impressing such modifications upon vital processes as physiological experiment has exactly demonstrated with regard to hydrotherapy, must exercise a paramount influence upon nutrition, tissue changes, the secretions, and excretions, those processes which depend upon the circulation and innervation, and heat production and elimination for their execution.

As has been well said nine years ago by Dr. Mary Putnam Jacobi (p. 59), in the only scientific work on hydrotherapy produced in this country: "The increased production of heat, determined by stimulation of the heat regulating apparatus, irrespective of the amount of heat abstracted by the cold, involves functional activity: 1. In the sensitive afferent nerves. 2. In one or more parts of the nerve centers. 3. In centrifugal nerve fibers of some kind terminating in muscles. 4. In the muscles where are performed the chemical processes involved in the production of the excess of heat. Thus the organism is induced to perform a definite and not inconsiderable amount of work. On this account its nervo-muscular tissues—or a large portion of them—are brought into a condition favorable to nutritive assimilation. But this is not all. When the reaction,—after the cold pack—is normal, the column of blood which sets inward towards the chylopoietic organs very soon turns outward again, accelerating the entire circulation of these organs in the same direction. As a most important result, more nutriment is carried into the general circulation, and with the abatement of the gastric-intestinal hyperæmia, the appetite revives." Dr. Jacobi goes on to explain the effect of a prolonged wet pack in a manner at once so original and acute that I take the liberty of quoting from her book in extenso.

"Sleepiness during the pack," she says, "nearly always occurs in successful cases, and we have found the greatest amount of benefit to accrue when the patient was able to sleep for half an hour after the completion of the pack and massage. If during the first period of the pack we may assume, for reasons already stated, that blood circulates in increased volume and under increased pressure through the nerve centers, and that in consequence the acid fatigue products, which had been maintaining a permanent excitement of nerve elements, could be completely removed, the immediately subsequent

[1] Read before the New York Academy of Medicine, November 7, 1889.

diminution of blood supply, effected during the second part of the pack, cannot fail to be a great advantage. For it lowers the functional activity of the nerve tissues, that has been unduly prolonged, and brings them therefore into the condition which is a necessary preliminary to the beginning of nutritive assimilation. The diminution of the blood supply is not sufficient to interfere with this latter process, for it is not below the point which exists in sleep, the physiological period for nutritive assimilation in nervo-muscular tissues. Accepting Ranke's law for these tissues, "that they are only nourished when fatigued," *i. e.*, relaxed, we may see further—in the muscular relaxation induced by the warm moisture of the pack, a condition most favorable for the nutrition of muscles."

I feel a pride in laying before you these valuable deductions of our distinguished fellow, because Winternitz, who is most ingenious in explaining hydrotherapeutic procedures on a physiological basis, said in his great work: "The metabolic changes in heat abstraction and heat supply are in many directions still enveloped in a thick mantle of obscurity. It would be most desirable to fill up without delay these gaps in our science." This Dr. Putnam Jacobi has done to a great extent.

Investigation made upon the healthy and diseased subject enables us to ascertain the effects of *thermic influences upon the formation of carbonic acid* and the decomposition of albumen, which affords a clue to the changes impressed by them upon tissue metamorphosis. Liebermeister has proved beyond a doubt, that the excretion and production of carbonic acid are increased by cold bathing, the sitz bath, or even uncovering the body in cold air. In a bath of 64.4 the excretion of carbonic acid increases three-fold, and continues for some time. Roehrig and Znutz have shown by experiments on rabbits, that there is also a corresponding increase of the consumption of oxygen in the cold.

These investigations have been confirmed by Finkler on guinea pigs, Duke Carl Theodore on the cat, and by Carl Voit on man. Dujardin-Beaumetz quotes Quinquaud's well conceived and rigorously executed experiments, showing that more oxygen is taken up and CO_2 expelled under cold. He says that they decide the question from henceforth, and we are now warranted in affirming as a physical law, that under the influence of cold the regular consumption is energized and augmented; on condition always, that the refrigeration shall not exceed certain limits and cause depression of the rectal temperature below 30° C. (86° F.) (Leichtendeon-Balneathera.)

But if the cold baths are of long duration and abstract much heat from the interior, we have a diminution in the production of carbonic acid and of the consumption of oxygen.

Carl Voit has proved that to the effect of the cold bath upon certain peripheral nerves, is due the increased decomposition of non-nitrogenous matter in the animal economy. Pflueger, Roehrig, Znutz and Samuel agree with Voit's conclusions, that this increased change takes place in the muscles.

With regard to the decomposition of albumen, however, as demonstrated by the excretion of urea, Liebermeister affirms that it is not altered by the cold bath, unless the body temperature is greatly depressed. For Liebermeister has shown that the cold bath produces no change in the excretion of urea, unless it lowers the temperature considerably, when decomposition of albumen and fat takes place, as is shown by Carl Voit in the hibernating marmot. Senator's experiments on dogs also showed no change in urea excretion from low external temperature. The hot and vapor baths, on the contrary, which *increase* the temperature of the body, produce an increase of urea, as shown by Bartels, Paunyn and Schleich, and more recently by Godlewsky (Volk. Vort. 332, page 309).

The latter has shown conclusively a decided acceleration of oxidation of nitrogenized substances (nutrient and tissue albumen) which lasts several days beyond the bath, as well as an increased consumption of fat.

Thus we see that the prolonged wet pack of Putnam Jacobi approximates nearly the vapor bath of Bartels, Schleich and Godlewsky, and forms, as is well recognized in hydrotherapy, an intermediary method, capable of almost exact graduation. This is another illustration of the flexibility of hydriatic procedure, and the modifications we also may impress upon tissue metabolism by strictly following the guidance of physiological experiment.

SECRETION.—The effect of hydriatic procedures upon the secretions has been carefully studied in certain directions, since Winternitz said in 1880: "As far as I know, the influence of external thermal applications upon the secretion of urine has not been sufficiently investigated, especially as regards qualitative alteration which the urine undergoes in thermal operations; concerning the question we nowhere find precise answers."

In the same year one answer to the question was furnished in the little book of Dr. Mary Putnam Jacobi, on the "Wet Pack and Massage," which I have quoted already. Her observations made on healthy women, demonstrated that the wet pack is capable of increasing the water in the urine, and also the urea percentage, and in smaller proportions, its extractive and inorganic salts. During the hours following the pack, a movement of compensation occurred, in virtue of which the elimination of both the fluids and solids of the urine fell as much below the average, as it had risen before.

CLINICAL EVIDENCE. — Having in the imperfect manner, for which the time at my disposal is responsible, presented the historical and physiological grounds upon which I base my plea for the practical utilization of hydrotherapy, I proceed to discuss a few clinical points, which may succeed in winning you over to the acceptance of the views advocated.

Unfortunately *experience* has been so often invoked by the empirics upon the subject that the profession has looked askance upon this argument. I propose to limit the clinical demonstration to evidence derived from trustworthy sources, and from my own limited field of observation. I agree with the latest German authority on therapeutics, F. A. Hoffman, who says he does not deal with the disease, but with

the sick man, and who divides therapeutic methods into the direct, which acts by removing the cause, and the indirect, which, by influencing the circulation and nutrition of one or other organ, or the general tissue changes, seeks to remove disease or make it recede. But I would add a third method, viz.: that by which we may so impress the various functions of the body, chiefly through the innervation which governs them all, as to enhance the resisting power of the patient, and thus enable him to escape the dangers, which are known to be lethal. All these methods I propose to demonstrate, may be exemplified to a certain extent in the proper application of hydrotherapy. *Far be it from me*, however, to claim this as a universal remedy, which shall enable us to dispense with drugs. I stand second to no one in high appreciation of the medicinal agents, which the practice and custom of many years have established as reliable and especially of those more modern products of the pharmacist, whose effects have been demonstrated with so much precision. I claim for hydrotherapy only the position of a valuable but an indispensable auxiliary to other treatment.

As I define it, and as I would ask you to conceive it: *Hydrotherapy is the utilization of water at any temperature and in any form* (from ice to vapor), internally or externally, for the treatment of disease. I do not say the cure of disease. By this definition we emancipate it from hydropathy, or cold water cure, and place it clinically in the front rank of therapeutic measures.

We will now proceed to illustrate the three therapeutic methods I have mentioned by clinical evidence, and I propose in this paper to hold my personal experience, as far as possible, in the background, unless I can verify it by reports from other sources, in order to diminish the possible tendency to an over-zealous advocacy of hydrotherapy.

The removal of the cause of disease is not often within the province of physicians, since etiological factors are exceedingly difficult to discover. The modern discovery of the microbic origin of many diseases will, if verified by clinical experience, present a large field for therapeutic labor in this direction. Thus far less has been accomplished in this line than we wish and hope. In the gastric and intestinal diseases of infancy, however, we seem to be on the threshold of its fulfilment. Clinical study has demonstrated that many of these affections are due to the toxic products derived from the micro-organisms which have found their way into the alimentary canal, chiefly through milk food in the summer. To remove these, and to reinstate the gastro-intestinal function, water has been used with great success.

I will not here enter into details upon this subject, which I have fully discussed in the Pediatric Section of the Academy in a paper entitled "The Treatment of Summer Diarrhœa of Infants." I have there gone over the entire ground carefully, and I am glad to note that the same field has since that time been successively tilled by others.

Intestinal irrigation, carefully and thoroughly done with a large Nélaton catheter, with the patient on the abdomen, and by means of a fountain syringe holding not less than a quart of warm water, has proved the most efficient method of treating several types of summer diarrhœa, even after they had assumed a threatening phase. The literature of this subject is abundant. Dr. Seibert, of this city, has published important results from stomach irrigation alone, and Drs. Ebstein, Baginsky and others have established the purely hydriatic treatment as the most effective.

Another hydriatic method, which acts by removing the cause of disturbance, is the sipping of hot water an hour before meals, in dyspepsia. The hot water craze, which now has taken a firm hold upon the lay public, is but the legitimate outcome of a valuable therapeutic application of water, whose simplicity commends it at once to the judgment of the intelligent physician. Brought into prominence by Dr. Salisbury, who committed the error of most enthusiasts of regarding it as a panacea for most diseases, it has now been adopted by the profession as a most valuable agent in many gastric troubles. By removing the products of fermentation, by cleansing the mucous membrane of mucus, it restores tone and vigor to the gastric lining, and enables the natural forces to come into play. It is important to observe strict compliance with the rule laid down by the originator, viz: that the water should be sipped as hot as possible, and that an hour should elapse before a meal is taken. Examples of failures due to neglect of this rule are numerous in the experience of all medical men.

The second method of treatment referred to, viz., that which acts by affecting nutrition and tissue change, presents a broad field for the employment of hydrotherapy in its various modifications. To this category belong neurasthenia and other nervous diseases, rheumatism, gout, anæmia and chlorosis, obesity, scrofula, etc. For practical purposes in hydriatic management, I divide neurasthenia into two types: the erethic and the true asthenic. The former is characterized by an instability of the nerve forces, the latter by their enfeeblement. The former is most properly treated by soothing hydriatic measures, such as cool ablutions or prolonged wet packs, followed by the half-bath of 65° to 70° F. once or twice daily. The asthenic form, on the contrary, requires the stimulus from active reaction produced by the impingement of a mass of cold water for a brief period, and the effect is greatly enhanced by general faradization. Between these two extreme types there are intermediate forms, to which the flexible procedures of hydrotherapy adapt themselves admirably.

In no question of therapeutics is a judicious regard for the condition of the patient and the type of disease so important as in the selection of the proper method, temperature, length of time and frequency of repetition.

Mrs. D., aged thirty-three, came to me from Brooklyn; claims to be miserable, nervous and dyspeptic for years; has three children, youngest six years old, and was six months pregnant when she consulted me. I will not bore you with her catalogue of symptoms except to say that pulse was irregular, manner exceedingly agitated, eyes restive; she had no hope of recovery, having been under medical treatment constantly. Severe attacks of palpitation and fright

disturb her sleep. She claims to be unable to digest anything, because all food distends her stomach and produces violent eructations without relief. A full meal of mixed food (some of which she had not tasted for years) was ordered, and four hours later her stomach was washed out. Neither food nor mucus was found. Diagnosis: erethic type of gastric neurasthenia. Ordered aloes and mast. pill at bedtime; constant current (sixteen cells) to epigastrium by negative pole, positive in back; hot water an hour before breakfast; cold ablutions every morning while standing in fifteen inches of hot water, followed by friction. She was entirely restored in one month.

Miss W., daughter of an Ohio physician, aged twenty-three, anæmic, came to me May 15, 1889; ill three years. At first suffered fainting fits at menstrual period; afterwards violent pain in right hand, traversing body and concentrating in epigastrium, for which her father administered morphine for a month. Now her stomach became irritable, and has continued so until the present time. She vomited and spat up her food, more frequently solids. Sea baths did not improve her. She studied hard and got worse. Fall, 1888, lived on milk and farinaceous mush. She had now the stomach washed out regularly. She became emaciated; took peptonized milk for a month, vomited it; tried meat with same effect. Last fall lived on grapes, which agreed with her. Had tonics, pepsin, and all possible medication her father and brother could muster. She was sent to me by Dr. Bosworth after being in the city three weeks without improvement. Vomits every day. Diagnosis: gastric neurasthenia of the pure type. Stomach was washed once a week to remove fermenting material and mucus; general faradization daily; also the wet sheet. She received a brisk rubbing over the dripping sheet (water 60° F.) every morning.

47 E. 60TH STREET, NEW YORK.

The Polyclinic.

MONTEFIORE HOME, NEW YORK.

Leo Ettinger, Resident Physician.

SUSPENSION TREATMENT OF POSTERIOR-SPINAL SCLEROSIS.

IN the early part of this year, when the reported success of Charcot with suspension in locomotor ataxia attracted attention, this method was introduced into the Home by the chief of staff, Dr. Baruch. As the home is intended solely for the treatment of incurable cases, the ataxic patients submitted to the suspension were in the last stages of the disease, and its value was submitted to the severest tests. Eight cases have been treated in the manner to be described. The apparatus used was that of Sayre; the neck and axillary bands were thoroughly padded with cotton batting. The patient was elevated to a height of two or three feet above the floor.

Suspension at beginning of treatment was for about thirty seconds, gradually increased.

The maximum period of suspension was seven minutes. The average was about three minutes.

The symptoms during suspension were slight, and in many cases there were none at all.

The symptoms in one case were very marked, vertigo, feeble heart, pallor, vomiting and faintness, compelling cessation of treatment.

The results of the treatment were marked in the majority of cases, as evidenced by relief of pains and incoördinate movements, disappearance of the sensation of constriction around the waist, and nutrition was improved. The following cases were systematically treated by suspension, and their prominent symptoms are briefly given with result of treatment:

CASE I.—Very marked case, incoördinate movements very severe, could not stand at all, severe pains and constriction around waist. Was suspended daily. Pains relieved, waist constriction totally gone, can stand for a few minutes to be dressed, incoördinate movements much less marked.

CASE II.—Very bad case, had no pain, but restless incoördinate movements, had a sense of restless nervousness. Movements have been less restless, and nervousness relieved by suspension.

CASE III.—Female, severe pains, could only walk when supported on both sides, incoördinate movements, paræsthesia, band constriction of waist.

Suspended an average of five minutes with relief; pain, paræsthesia, general nutrition improved. Can walk around ward by supporting herself against wall.

CASE IV.—Suspension cured bad symptoms noted above, treatment stopped.

CASE V.—Nutrition improved by suspension, but no other effects, bears it well.

CASE VI.—No ataxia, but very severe pains, materially relieved by suspension.

CASE VII.—Amaurosis marked symptom, no changes produced by suspension.

CASE VIII.—Same as case VII. —K. B. P.

MEDICO-CHIRURGICAL HOSPITAL.

MALARIAL CACHEXIA WITH FEVER.

MR. ——, age thirty-one, and a sailor by occupation, came into the hospital suffering with syphilitic rupia on the leg. This had nearly healed, but on October 16, 1889, in the middle of the day his temperature was found to be 102.5°; the same evening 103°; next morning 100.5°; evening 102.5°. This morning it is 101°. There is no intermission in the fever so far. An inflammation of the lungs or pleura might cause this, but it is not the cause here. On the other hand, among the continued fevers we have two that are prominent, typhoid and remittent. There are also simple continued fevers common in children, due to exertion, digestive disturbances. In diseases of zymotic character, the local lesions may be so slight as not to attract attention. Tonsillitis causes it. I do not find any evidence of organic inflammation or joint affection. It is not local or rheumatic. It may be malaria or typhoid then. The history is in favor of malaria, as fifteen years ago he had it severely, and has been subject to it at times since, and this is the time of the year that it usually asserts itself. I saw a case of obscure malaria at a health resort in the mountains. The boy took a fever that increased each day, and chills soon developed. There

was no malaria at his home, but I found that in going to the resort the train was delayed all night by the bank of a stream, and doubtless here is where the disease was contracted.

Now in addition to the fever in the patient before us there is marked jaundice. Conjunctiva is stained with bile, and the surface of the body is markedly discolored. About two years ago the jaundice first appeared. He gives the ordinary history of catarrh of the bile ducts. At present the stools show no deficiency of bile, but the urine is full of it, indicating an excess of it in the blood. I can not learn that it has been worse since he came into the hospital. The fever has nothing to do with the jaundice. There are several points that suggest typhoid—the dull look; the poor appetite; the coated tongue, and the tumid abdomen, which is not distinctly tympanitic, however. There are two fluid stools a day, that may be due to a dose of salts. There is no tenderness or gurgling. The spleen was enormously enlarged. There is no epistaxis, cough or delirium. I think then we may safely call this a malarial form of continued fever. He has been given quinine hydrochloras gr. xx every day since the onset, and as a result of this there is now a decided shrinkage of the spleen, and the fever is decreasing each day. Give in fever a light nutritive diet without meat. Bathe the skin each day. I might have given this man antipyrine, but I do not see any reason for deserting an old and tried remedy for a new and untried one. We know more about quinine and its action than of the newer remedies and I do not know of anything that will do as much good. This man's syphilitic history has no bearing on the present condition.—*Woodbury.*

PHILADELPHIA HOSPITAL.

CONGENITAL SYPHILIS.

THIS baby developed coryza, or snuffles, one week after birth, and after this there appeared an eruption and desquamation, which has a peculiar metallic appearance, and is confined to the upper extremities. The clinical history reveals congenital syphilis. Children suffering from this affection are usually born dead, or die in thirty-six hours after birth, from pneumonia or other lung trouble. The child may be born apparently healthy, but will develop the eruption in one to three weeks. After careful study, it is shown that the administration of calomel, gr. $\frac{1}{16}$–$\frac{1}{12}$, with a little soda twice a day, will do much more to remove the eruption than any other remedy you can employ. If this should irritate the stomach, use inunctions. Keep the child under constant treatment for three years, and alternate the mercury with iodide of potassium. Give a good diet, with careful treatment, and in the majority of cases you can free the child from the hereditary taint. Another point: a syphilitic baby can never infect its mother by nursing at the breast.—*Hirst.*

INFANTILE MAMMARY ABSCESS.

Here is a baby that presents an enlargement of the breast with a tendency to secrete milk. For a time we feared an abscess, but I think the danger is now past. About four days after birth appears an enlargement of the child's breasts, with a secretion of milk, irrespective of the sex. Occasionally this functional activity of the child's breasts becomes enormously increased, and in some cases mammary abscess results. In the first stage of the trouble use lead water and laudanum, as it is almost a specific, and in most cases it will abort an apparent abscess. If it continues to advance, use a poultice, open upon the first indication of pus, and treat accordingly.—*Hirst.*

PELVIC ABSCESS.

This woman the mother of several children, has been in ill health for some time, with a tendency to metrorrhagia and pain in the left iliac region. The pain is increased by motion, and relieved somewhat by lying on the back. These symptoms indicate some old pelvic inflammation which has left cicatricial bands or pockets of pus in the pelvic region. The uterus is normal in size and position, but behind it there is a fluctuating tumor the size of an egg which is sensitive. I also find surrounding œdema. This is a pelvic abscess. With such a history we must look for some specific cause. It may be of septic origin following labor; but in this case we obtain a clear history that before the birth of her last child she had a discharge from the vagina which was evidently gonorrhœal. In patients of her class the only cure is the removal of the diseased structures by laparotomy.

—*Hirst.*

DYSENTERY.

The patient, a Hungarian, walked here from the coal regions three months ago, and while on his way was taken ill with dysenteric symptoms, and passed frothy blood of a light scarlet hue. On admission he had pain in the back and lower part of the abdomen, with tenesmus. One week ago his right parotid gland became swollen, and was so much distended that he could scarcely open his mouth. This is the end of his course of dysentery. The parotitis is due to a change in the blood which occurs in typhus, typhoid, pneumonia, and other diseases of like character. It comes on when the patient is much run down. If it occurs in a man who is very weak from prolonged illness it is very serious, but in this case it is not. Before the swelling passes off there will be an abscess in this case; but there are many cases in which the swelling subsides in a couple of weeks. In an epidemic of cerebro-spinal meningitis some time ago, I had seven cases of parotitis, and in one the whole gland sloughed away. This patient has a slight elevation of temperature. In the first place he was given thymol, gr. v, every hour, with lead, opium, bismuth, pepsin and quinine. The gland was painted with iodine. In the treatment of dysentery you will find that that class do well under the saline treatment where there is a mild inflammation; but where the case is severe you must take a more defined course of treatment. Poultice the gland to bring the abscess to a head and then open it antiseptically.

—*Curtin.*

Two drops of creosote made from beech tar, given with a little water, is a specific for hiccough arising from drunkenness.—*Ind. Pharm.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Dec. 14, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

THE HEALTH OF PHILADELPHIA.

THE relative danger of death from the diseases most prevalent in Philadelphia may be judged from the following extracts, from the weekly report of interments:

Pulmonary consumption	53.
Inflammation of the lungs	33.
Heart disease	26.
Diphtheria	16.
Cancer	16.
Inflammation of the brain	14.
Croup	13.
Old age	13.
Convulsions	12.
Apoplexy	11.
Inanition	10.
Inflammation of kidneys	10.
Scarlatina	9.
Casualties	8.
Marasmus	8.
Typhoid fever	7.

Diphtheria and croup are on the increase, and the fact that they grow more prevalent at the same time is another proof of their common origin. The occurrence of sixteen deaths from cancer is probably due to the fact that at this season many such patients come to the city for treatment. In our news notes it will be seen that diphtheria continues to be reported in many places through the country. The continued rains have occasioned an unusual prevalence of catarrhal affections, which do not appear upon the mortality tables. It would be gratifying to those interested in medical climatology, were physicians to report all the cases they were called upon to attend, whether fatal or not.

Public attention is still occupied with the prevalence of typhoid fever, to an extent out of all proportion to the importance of the disease at present. If the attention given to the subject of the transmission of typhoid fever by drinking water were transferred to that of the transmission of tuberculosis by food products, much good would result.

We have already shown that the small number of typhoid cases is inconsistent with the theory of infection through the water-supply; and the continued decrease shows that this conclusion is correct, as the water-supply is unchanged. It is probable that the improvement is due to the attention of physicians generally being directed to the management of individual cases. It is in the power of every physician who attends a case of typhoid fever to absolutely prevent it from becoming a source of further infection, and this is an individual responsibility which cannot be shifted to the shoulders of the municipality; not even if the physician is not a "believer in bugs." The world still waits for the final extinction of smallpox, until the last man shall have been convinced of the efficacy of vaccination. With typhoid, there is less excuse for unbelievers, as the measures required to prevent infection are not in any way harmful to the patient. An ideal hygiene of the patient, his sickroom and attendants, with the destruction by fire of all excreta and contaminated articles, is not difficult, unduly expensive, or in way objectionable; and whether the physician in attendance believes in the infection or not, the evidence is strong enough to warrant him in keeping on the safe side by employing the proper precautions.

This individual duty the TIMES AND REGISTER has persistently held up to the physicians of Philadelphia, and we fully believe that to the recognition of this obligation is due the gratifying decline in the number of typhoid cases. Not that the danger has been at any time very great, for a study of the records of the Health Office shows conclusively that the ratio of deaths to the population in this city is declining as the city grows larger. In fact, there are sufficient grounds for the belief that the persistent agitation of this subject is not solely due to solicitude for the public welfare; and that the efforts of certain persons to discredit the Schuylkill water and impose upon it a condemnation, which is at variance with the evidence in the case, are probably due to their willingness to become the builders of a mighty aqueduct, reaching from the Delaware above Trenton to this city. The fact that the water of the Delaware above Trenton contains more organic matter than that of the Schuylkill at Philadelphia is studiously ignored; this being a most effectual method in dealing with awkward facts. And yet before spending the huge sum of thirty or more millions of dollars, these lovers of the public weal might well bestow a little consideration upon such an important matter. We are not prepared to say that thirty millions is too large a sum to be expended in securing a supply of pure water for this great city; but it is assuredly too much to invest in that which is worse than what we have now. The great increase in taxation thus necessitated, an increase which would be felt by every one, rich and poor alike, who would be required to pay higher taxes or rents, would be but poorly compensated by the increase of wisdom coming from such

dearly-purchased experience. It is a matter of satisfaction to note that the we have in Mayor Fitler an executive, and in the *Public Ledger* a representative journal, which refuse to be led away by popular clamor, and persist in guarding the public interests. Too frequently it occurs that the direct monetary interests of the few have advocates in plenty, while those of the vast majority, whose interest is but small or indirect in the case of each individual, though infinitely greater in the whole, fail for lack of representation. The difference in the men who take the one side or the other is simply that between the politician and the statesman.

With much regret we note that several Philadelphia physicians, whose professional and moral standing lifts them above the suspicion of interested motives, should have chosen this inauspicious time to make public a manifesto directed against our water supply. After keeping silent while typhoid fever was prevalent, why advert to it now, when the disease is declining? The terms in which their communication were couched, were so extravagant as to bring ridicule upon the profession of which these gentlemen are distinguished members, in the eyes of all persons who are conversant with the facts of the case. If one may read between the lines, this communication was gotten up by some person who is interested in the aqueduct scheme, or who desires to make political capital out of the Mayor's opposition thereto; and the signatures of these eminent men were adroitly secured by appealing to their interest in the public health. It could not have resulted from a mature study of the case—its causes, etc.—for such a diagnosis could not have led to the letter to the Board of Health. As the signers are among the busiest of our city doctors, it seems unlikely that any one of them took the time to study the subject before affixing their names to that singular document—which the impartial critic must pronounce ill-timed, unnecessary, and calculated to do much harm to the business interests of the city—by creating the impression that the disease in question is much more prevalent than is really the case.

JOURNALISTIC VERACITY.

AN honest writer in one of the foreign journals begins his article with these words: "It is with the most profound consternation that I have to report these five cases of death, due, without any doubt, to the treatment employed by me." We congratulate the journal in which this article appears for having the support of so straightforward a contributor, and we congratulate the latter upon the possession of so true a spirit for scientific inquiry and investigation. It is unfortunate that five deaths should have occurred, even though science may have been advanced a degree by the same; but it is a noble disposition in a man who, having been unfortunate in losing his own cases, is independent enough to hold forth his own mistakes as a lesson to his professional brethren. Such a mind is of the true scientific cast, and its possessor is bound to adorn his profession if he be industrious and is wise enough to learn of his own errors as well as indicate them to others.

One of our contemporaries comments upon this honest admission by saying that "not many would have the courage to do so in such a blunt fashion." Just here is one of the darkest spots on medical literature as a representation of scientific thought and inquiry. Our medical journals are filled with articles and notes reporting wonderful cures and unvarying successes. Scarcely a new drug is thrown upon the market before the columns of the periodicals are filled with the marvellous results of its administration. At rare intervals someone will be courageous enough to relate a misfortune arising from its use; but it is amusing to note how such misfortunes are always patched up with explanations and extenuations to relieve the doctor of all blame. The organ of a school, clique, or single individual rarely contains anything of a detrimental character concerning those whom it represents. This, of course, deprives the said journal of all value, and lies pretty close upon the borderland of quackery. At all events, it is not as it should be when the journal is posing as the unbiased organ of science. We have knowledge of papers being declined by certain journals, though containing matter of the highest scientific merit, simply because the authors were not of the same "set" as the editor and his friends; and we have seen articles not worth the ink they were printed with inserted in those same journals, simply because they advertised some one or more members of the "set." Favoritism is an outrage upon science, and every man who is interested in the good of his profession at large should exert all his influence to crush it out of existence and protect his calling from such a stigma.

So long ago as the sixteenth century Bouchet lamentably asked: "Is it not strange that doctors lie so often, and that it is allowable for the profession to lie?" In no occupation in life is secrecy granted to so great an extent as in that of medicine; and yet in none, perhaps by reason of the great issues involved, ought it to be less so. The preacher, the lawyer, the actor, the mechanic must always display their work before the public, or at least their confréres; but a physician may sit and watch in secret over a dying patient, and when he emerges from the sick room none can tell whether his treatment were not the result of the grossest ignorance. A certificate of death is given to the family, and the doctor goes to his society to report or not, as he pleases, the case patched up and explained according as his own sweet will dictates. Let anyone compare the statements which he hears, when in conversation with general practitioners, in regard to the results of their treatment, and see if they harmonize with the almost

universal good fortune which one reads of in the society reports and columns of the journals.

Are we too cynical, and too harsh upon our own beloved profession? We hope not, for we are speaking in all sincerity and with a desire to see medicine advanced to a still higher degree of success. We desire to see medical journalism the true exponent of scientific thought and investigation, which it can only become by the strictest adherence to unbiased truth, by the report of failures as well as of successes. Often we learn more from the former than the latter, and a contributor who selfishly withholds his errors merely to enhance his own credit, is not a true lover of his art and science; nay, more, he is robbing his fellow-practitioners—and mankind at large—of that knowledge which would prevent them from falling into the same errors. Let us not be slow in honoring scientific integrity, independence, and love of truth for its own sake, and there is no question but that, in a short time, all the isms of quackery will be made to disappear, and true medicine will achieve even grander results than it has in the past.

THE CODE OF ETHICS IN GERMANY.

OUR Teutonic confrères have long maintained—and with justice, too—that they do not require a code for their guidance, because the ranks of the profession are recruited from educated men, whose chief aim in life is scientific advancement. It seems, however, that the strife for pelf has invaded those ranks, and that now it becomes necessary to formulate rules for the government of medical bodies. We find an excellent reproduction of the American Code of Ethics in the District Association of the City of Dresden.

How familiar the following headings read:

I. Duties of physicians towards each other, and towards the profession in general.

II. Of consultations.

III. Duties towards patients of another physician.

The following, however, is an innovation of the American Code:

IV. Committee of Honor.

§ 19.—For the decision of disputes between members, and for the maintenance of the rules, a Court of Honor is instituted. This Committee consists of seven members. 1. The President or Vice-President. 2. Four members, chosen annually for the purpose, with substitutes. 3. Two confidential friends, selected respectively by the disputants. The rules of the Committee are admirably adapted for the settlement of all disputes between members, with the right of appeal from the decision to the Minister of the Interior, after the Society has voted upon the report of the Committee of Honor.

We regard such a committee as a valuable innovation, which would certainly tend to diminish public discussions of grievances, and thus prevent the lowering of respect for our calling, which such disputes invariably bring in their train. A recent glaring illustration was furnished by the scandalous acrimonious newspaper contention between two eminent members of our profession, which was witnessed with pain and humiliation by every physician who has the good name of his profession at heart.

Annotations.

WOMEN IN MEN'S DRESS.

"WHETHER[1] as the world grows wiser, women will eventually adopt men's dress, or wear it and womanly attire interchangeably, according to the occasion, is a question. Those who are ready to cry 'Impossible,' should study the masculine dress of men only a century ago. After centuries of brilliant dressing among those whose income allowed of it, the sterner sex has turned to attire of simple cut and sober colors. That there is a tendency among women to assume male attire, as more convenient or as a disguise, the many newspaper accounts of women discovered in coat and trousers, which in some instances they had worn for years without betraying their sex, sufficiently evinces.

"Several distinguished women have dressed as men. Rosa Bonheur, the painter, works in full male attire and resumes her petticoats in the evening. Louisa Lawson, the sculptress, finds it convenient to wear trousers and coat when at work. Sara Bernhardt, in her studio, assumes a black velvet suit of clothes, in which she is conscious that she looks very charming. Mme. Dieulafoy, the French explorer and scientist, who has done so much to increase our knowledge of Persian archæology, also looks much more coquettish and winsome in the costume she adopted while journeying in strange lands, than in the skirts which she wears in Paris. Indeed, even in Paris, her only return to feminine costume is in the substitution of skirts for trousers. The coat and vest, the shirt, collars, and cuffs are retained. When travelling she disguises herself in a loose and long paletot. But one sees the woman in the feet and ankles, the hands and wrists, the pretty throat, and the small ears. Her light brown hair is cut close."

Now that woman has entered the labor field to battle in the struggle for daily bread, the question of the most suitable dress for her working hours deserves some attention. We call ourselves a practical nation, and affirm that this age is distinguished above all that have preceded it for its materialistic, utilitarian tendencies. Yet every accident in which a woman's long skirts cause her to be whirled into death by catching in the machinery, is an evidence that if our claims be true, we have advanced but a lamentably short distance in the study of the fitness of things. The long skirt is of the drawing-room, where woman is a thing of grace and beauty; where she receives the respectful homage of the coarser sex. But in the factory, she is but a worker, like the man; and her dress should assuredly be that which is best

[1] New York *Evening Telegram.*

suited to her occupation. In the streets, too, there are many occasions when convenience, health, and security would be enhanced by the adoption of male attire. The failure of the "Bloomer" movement was due to the mistaken idea of its originators, who endeavored to render the costume popular, or fashionable, by putting it upon the market when there was no necessity for it. Should such a movement be started now, beginning where the need is most obvious, in the factories, it might have a better chance of success.

AINHUM, A BRAZILIAN DISEASE.

AINHUM was first systematically described by a Brazilian surgeon as attacking colored races in Brazil. The merit of its actual discovery, as Dr. Radcliffe Crocker and others have pointed out, is due to Dr. Clarke, who described the disease before the Epidemiological Society in 1860, as a dry gangrene of the little toe among the natives of the Gold Coast. Dr. Da Silva, Lima, however, described ainhum as a disorder long known as existing among Africans and Creoles in South America, first writing about it in the *Gazeta Medica de Bahia* in 1867. Ainhum consists in hypertrophy and degenerative changes in the little toe, a constriction forming and slowly becoming deeper until the digit is amputated, spontaneously or otherwise. The disease is often symmetrical, and may last for years. It is now known that the fourth, or even the great toe, may be affected, and Egles describes a case where a finger was attacked. It is frequent near Bahia, and also occurs in the Southern States of America, the West Indies, the West Coast of Africa, India (where Hindoos are also liable to the disease), Réunion, and Nossi-bé. M. Cogues has described a case of ainhum, which occurred in Madagascar, in the March number of the *Archives de Médecine Navale*. The pathology of ainhum is obscure, and although spontaneous amputation of digits is a feature in some forms of leprosy, it is by no means certain that the two diseases are closely allied.

British Medical Journal.

Letters to the Editor.

RUPTURE OF THE UTERUS DURING LABOR.

ON Friday morning, November 22, 1889, I was called, about 9 A. M., to see Mrs. B. G., in labor with her seventh child. Oldest child was eleven, youngest two years. Mrs. G.'s weight was nearly three hundred pounds. I attended her in previous confinements; the labors were always natural and not very tedious.

On first examination, about 9.30 A. M., I found the os slightly dilated and pains not severe. About 12 M. the patient went to bed, the pains having become more severe and the os well dilated, with the vertex presenting to the left. About 12.30 the membranes ruptured, the head engaged in the superior strait. At 2.45 rotation had taken place, the head entering the inferior strait.

At this time, as the pains were growing weaker, I gave her one teaspoonful fl. ex. ergot, which had no effect on the pains. In about fifteen minutes Mrs. G. turned from the right to the left side, and immediately back again, when she complained of violent pains in the epigastric region, and stated that all the labor pains had ceased. On making an examination I found that the head had receded, could not be felt at all, and that there was considerable hemorrhage. At once I concluded there was a rupture of the uterus. I sent for Dr. Jos. Thomas, in consultation. On his arrival, we decided to turn and deliver, if possible. On introducing my hand I grasped a foot without any difficulty, and delivered the mother of a child and placenta. I felt convinced that the child must have been in the abdominal cavity, as there was no resistance in turning from contraction of the uterus. It was a very large child, weighing about twelve pounds. There was scarcely any hemorrhage after the delivery. As Mrs. G. was still complaining of severe pain in the epigastrium, I gave her one-half grain morphine, which was repeated about midnight, when the pain ceased, and she rested comfortably until morning, when I relieved the bladder by catheter, and gave a vaginal injection of sulphocarbolate of zinc. The pain came on again and I gave her morphine, which was then repeated at intervals until the end.

During all this time the pulse was good. Saturday night I used the catheter again, after which she passed urine voluntarily. Sunday morning she had some fever and thirst; the temperature was 101; the pulse quick; the breathing labored. From this time on she grew gradually weaker, and the pain continued until death came to her relief, on Monday at 6 P. M.

There are several remarkable features in connection with this case beside its rare occurrence. There was no vomiting, nor any sudden shock or sign of collapse; the hemorrhage was slight; neither did the patient have the slightest indication of chill at any time. After death there was an enormous discharge of blood from the vagina. On Tuesday afternoon Dr. Thomas and I made an examination, and found every evidence of peritoneal inflammation. The abdomen contained much coagulated blood and serum. The uterus and vagina were found to be lacerated in the posterior median portion to the extent of about six inches. The uterus was healthy, as well as the walls of the vagina. As to the cause of the accident, I feel confident that it was the turning in bed, in conjunction with her great weight and the large size of the child. As the ergot did not increase the severity of the pains, I feel satisfied that it could not have had anything to do with the accident.

W. H. MEREDITH.

QUAKERTOWN, PA.

HEROIC treatment of retention of a decomposing placenta after a four months' abortion, is reported by Roosenburg, who extirpated the uterus per vaginam, after failure to remove the stinking mass.

—*Int. Klin. Rundschau.*

Society Notes.

THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION.

Second Annual Meeting held in Nashville, Tennessee, November 12, 13, and 14, 1889.

NOVEMBER 12.—FIRST DAY.—MORNING SESSION.

[Concluded from page 762]

DR. B. E. HADRA, of Galveston, Tennessee, read a paper entitled

THE OPEN ABDOMINAL TREATMENT,

in which he said that abdominal surgery, notwithstanding its immense progress, has not as yet given even a moderate degree of satisfaction in acute, diffuse, septic peritonitis. Chronic infectious processes offer much better prospects for surgical interference, such as tuberculosis, actinomycosis, and the recently described microbic peritonitis of as yet unknown origin.

The points making the diffuse septic peritonitis are:

1. The extensive area of peritoneal surface, with its enormous power of resorption of the poisonous fluid.

2. The active secretion into the sac, thereby furnishing cultivating fluids for the germs.

3. The ready absorption by the lymphatics of the diaphragm.

4. General distribution of the poison by intestinal peristalsis.

5. The infection of the intestinal walls from without, and the additional infection of the peritoneal cavity by transudation and immigration of germs from the inside of the bowels.

6. Distention of the bowels increasing the pressure and resorption.

7. The impeding effect of this latter condition upon respiration, defecation and secretion of urine, leading to systemic poisoning by retained products of oxidization.

8. In perforative cases the contamination by fæcal matter; in stab and gunshot wounds by other impurities, bile, urine, etc., and, above all, contaminated blood.

The indications for treatment—besides supporting the patient's strength, relieving suffering, giving proper action to the bowels, kidneys (in short, besides the general medical treatment, are:

1. To remove the obnoxious material—germs, fæcal matter and urine.

2 To prevent its new formation or a repetition of its entrance. The sac should be kept dry, to deprive the germ of its soil. The breaks have to be mended so that the channels of contamination may not lead to the outside.

3. To prevent the bowels from distributing the poison throughout the whole cavity.

4. To counteract pressure and suction, in order to prevent resorption of the poison.

5. To prevent infection of the peritoneum and the bowel.

6. To relieve pressure in order to avoid disintegration and paralysis of the different structures.

7. To free respiration, defecation, and urination, with tympanites, as developed.

DR. L. S. MCMURTRY, of Danville, Kentucky, read a paper on

TWENTY CONSECUTIVE CASES OF ABDOMINAL SECTION.

The series of cases comprised the first twenty abdominal sections performed by him, and illustrated a variety of pathological conditions and diverse complications. All these cases were in private practice, and, with two exceptions, all the operations were done at the homes of the patients. Two cases were treated as private patients in a well appointed hospital. In many cases operative treatment was only accepted after all ordinary and so-called conservative measures had been exhausted; and in several cases the operation was only accepted when the patient's condition was regarded as hopeless by physician and family. In no case, however, desperate or complicated, was an operation refused.

Dr. McMurtry said thorough work, irrigation, and drainage, all conjoined, give the only basis of success in the cases reported. In a number of his cases he had operated in the midst of active peritonitis, with vomiting and tympanites. In this condition of affairs he had witnessed the most gratifying results from persistent and oft-repeated exhibition of calomel, dropping two or three grains on the tongue every hour until the bowels were freely moved. Increasing experience has impressed him more and more with the difficulties of abdominal work, and makes him less confident of meeting often with simple cases.

He closed his paper with a plea for earlier interference in abdominal diseases. When operations are done in good time, before emaciation and exhaustion come, and before repeated attacks of peritonitis have complicated the comparatively easy task for the surgeon, then will the surgeon's results excel even the brilliant records of the present time.

DR. RICHARD DOUGLAS, of Nashville, read a paper entitled

COMPLICATIONS OCCURRING IN THE CLINICAL HISTORY OF OVARIAN TUMORS.

The papers of Drs. Hadra, McMurtry, and Douglas were discussed at length by Drs. Potter, Roberts, Stone, Wathen, Engelmann, Hardon, Haggard, Lydston, Cunningham, Brownrigg, W. E. B. Davis, and discussion closed by the essayists.

EVENING SESSION.

DR. G. FRANK LYDSTON, of Chicago, Illinois, read a paper on

TROPHO-NEUROSIS AS A FACTOR IN THE PHENOMENA OF SYPHILIS,

in which he called attention to the relation of disturbances of the trophic function of the sympathetic nervous system, which the author claimed were the essence of all the phenomena of syphilis. He said: "The relations of certain syphilitic phenomena to organic or functional disturbances of the nervous system, and particularly the sympathetic system, are

manifested here and there along the whole line of morbid phenomena developed in the course of the disease. Syphilitic fever is undoubtedly dependent upon the action of a special poison upon the sympathetic nervous system. From what we know of the trophic functions of the sympathetic, we are justified in inferring that the majority of fevers are dependent upon the action of a specific poison upon the sypathetic ganglia. The syphilitic poison may produce disturbances of the sympathetic with perversion of tissue metabolism and excessive production of heat. The inconstancy of the syphilitic fever is explicable upon the ground of idiosyncrasy. The syphilitic roseola has been demonstrated to be an exception to the rule that syphilitic lesions are due to a collection of proliferating cells. It is due to vaso-motor disturbance, with resulting dilatation of capillaries. This nervous disturbance is dependent upon the impression of the syphilis poison upon the sympathetic ganglia. The accumulation of cells in the more pronounced lesions of syphilis is simply an exaggeration of the normal process of tissue building. As is well known such tissue building is presided over by the filaments of the sympathetic nerves."

The symmetry of the peripheral phenomena of syphilis is suggestive of some causal condition affecting the central nervous system. As an illustration of the manner in which a nerve lesion could produce disturbed nutrition the author mentioned herpes zoster. Some of the lesions of syphilis which are difficult of explanation upon mechanical grounds, *i. e.*, upon the theory of localized cell accumulation, are readily explicable by central or local nervous disturbance. For example, the alopecia of syphilis is similar to that which occurs in other diseases, as a consequence of local and general malnutrition, incidental to disturbed nervous supply—as, for instances, alopecia areata, the alopecia produced by fevers, and the alopecia produced by neuralgic affections of the head. That the nutrition of the hair is profoundly affected by nervous disturbances is shown by the result of fright in producing blanching of the hair.

One of the principal arguments in favor of the theory that tropho-neurosis is the foundation of syphilitic processes, is the peculiar action of the disease when it attacks certain parts, syphilis seemingly possessing the power of dissecting out definite portions of osseous tissue (apparently by cutting off their nutritive supply) in a manner as cleanly as it can be done by the knife. Thus the speaker has in his possession specimens of the intermaxillary bone, portions of the alveolar process of the maxilla, the palatal and nasal processes of the superior maxilla, the malar and ossa nasi, which became necrosed and were removed from cases of late syphilis. These fragments present as natural a conformation as in their healthy condition. The ordinary explanation of destruction by pressure of syphilitic exudate will not suffice in these cases. If they be observed carefully it will be found that the first symptoms experienced by the patient are like those due to the presence of a foreign body, *i. e.*, dead bone in the tissues. If pressure were the cause of the necrosis the death of the bone would be preceded by more or less painful swelling and inflammation.

He claimed that all of the pathological processes incidental to syphilis are due to disturbances of nutrition produced by the impression of the syphilitic poison upon the sympathetic nervous system, and that it is immaterial to the cogency of this theory whether the poison of syphilis be a microbe, bacillus, degraded cell or chemical poison. If any attempt has been made to show that tropho-neurosis is the basis of all syphilitic phenomena, the author is not aware of it.

Third day—Morning Session.

Dr. John Brownrigg, of Columbus, Miss., read a paper on

Gunshot fractures of the femur,

in which he discussed the class of cases requiring amputation, and those in which a more conservative course should be pursued. He exhibited several appliances devised by himself.

Dr. Hunter McGuire, of Richmond, Va., read a paper on the

Treatment of cystitis in women,

which was followed by a paper on the

Treatment of contracted bladder by hot water dilatation,

by Dr. I. S. Stone, of Lincoln, Va.

During the past few years certain protracted cases of cystitis, occurring chiefly in women, have been observed by Dr. Stone, which have resisted all known forms of medical treatment and necessitated some surgical or mechanical measure of relief.

He describes the manner of dilatation as follows: "The patient is given morphine sulphate, gr. ¼, atropine sul., gr. $\frac{1}{100}$ hypodermically. She is placed on her back on a table for convenience, although it would answer to arrange the bed with the patient thereon to suit the operator. A soft catheter is at once inserted into the bladder, and, after the urine has escaped, hot water (temperature 110°) is thrown into the bladder until the patient will no longer bear it. This is allowed to escape and is measured, giving the full size of the bladder in its present condition. As the morphine gradually becomes absorbed, the patient will bear still further distention, each time perhaps one drachm may be added to the capacity of the bladder. I prefer using a rubber-ball syringe holding two to four ounces. The pressure of the hand is safer than that of the tube or funnel, or any instrumental gauge, as the patient generally is unable to resist the tendency to strain, owing to tenesmus produced by the expansion. As each *séance* should continue thirty to sixty minutes, the bladder may be filled and emptied many times, and at first the operator must be well satisfied if the gain is only one or two drachms in a bladder whose capacity is perhaps only two ounces. As the patient becomes fully under the influence of the morphine, the water may be increased in temperature to 120° or 125° F. The very best effect follows its use when it is at this temperature."

These papers were discussed by Drs. Lydston, Davis, Engelman, Roberts, Brokaw, Hadra, and closed by essayists.

Dr. Bedford Brown, of Alexandria, Va., read a paper entitled

REMARKS ON CERTAIN OBSCURE AND MINOR FORMS OF PELVIC CELLULITIS SIMULATING MALARIAL FEVER.

By referring to his note-book he found some twelve cases of pelvic cellulitis, some of a grave and others of a minor form, but all so very obscure in their manifestation of the presence of local lesion as to be well calculated to mislead and to cause a mistaken or false diagnosis to be made of malarial fever. There was nothing in these cases to call the attention to the pelvic organs. He has, in a number of instances, seen those cases run their course from beginning to end without manifesting the first symptoms of local disease in the pelvis, so that the resemblance to malarial fever was very nearly complete.

Dr. Joseph Taber Johnson, of Washington, D. C., presented a paper entitled,

OBSERVATIONS BASED UPON AN EXPERIENCE OF SEVENTY-TWO MISCELLANEOUS ABDOMINAL SECTIONS.

Of this number, 29 were for the removal of ovarian tumors, varying in size from one to sixty-four pounds; 26 recoveries, and 3 deaths; 29 cases of removal of the uterine appendages, with 27 recoveries and 2 deaths; 7 supra-vaginal hysterectomies for large uterine fibroids, with 3 recoveries and 4 deaths; 1 Cæsarean section, death on the tenth day; 1 cyst of the kidney, weighing seventy-four pounds, died of exhaustion; 1 fatal case of extra-uterine pregnancy, operated on six weeks after rupture, general peritonitis, with pulse 150, temperature 103, for the week previous; 1 fatal case of general abdominal cancer, 3 exploratory incisions, all recovered. Total, 72 laparotomies, with 59 recoveries and 13 deaths.

Of the 58 ovarian operations, the first 3 deaths were the second and third and fifth of his series. In the last 52 ovarian operations there have been only 2 deaths—one of these was from tetanus, occurring on the fifteenth day after operation, when everything indicated a perfect recovery. The other was an insane patient, who had been four years in an insane asylum on account of nymphomania. She could not be entirely controlled, and her efforts to get out of bed set up inflammation about the abdominal sutures, causing an abscess, which burst internally and caused death.

Dr. Johnson emphasized the statement that experience in operating was nowhere so valuable as in the abdominal cavity; that the "unexpected" was so often found, that many cases would be lost if the operator was not prepared for, and equal to, the emergencies as they "unexpectedly" arose.

The following papers were read by title:

1. Puerperal Eclampsia, by John Herbert Claiborne, Petersburg, Va.

2. Laparotomy in Intestinal Obstruction, by Cornelius Kollock, A.M., M.D., Cheraw, S. C.

3. The Causes of Frequent Failure of Relief of Reflex Symptoms After Trachelorrhaphy, by W. F. Hyer, M.D., Meridian, Miss.

The following officers were elected: President, Dr. Geo. J. Engelmann, of St. Louis, Mo.; First Vice-President, Dr. B. E. Hadra, of Galveston, Tenn.; Second Vice President, Dr. Duncan Eve, of Nashville, Tenn.; Secretary, Dr. W. E. B. Davis, of Birmingham, Ala.; Treasurer, Dr. Hardin P. Cochrane, of Birmingham, Ala.

On motion, the Association adjourned to meet in Atlanta, Ga., second Tuesday in November, 1890.

AMERICAN PUBLIC HEALTH ASSOCIATION.

Dr. BENJAMIN LEE, Secretary of the State Board of Health, drew the following conclusions at the end of a recent paper, read by himself, upon the question,

DO THE SANITARY INTERESTS OF THE UNITED STATES DEMAND THE ANNEXATION OF CUBA?

1. The exigencies of traffic and travel render rapid and constant communication between the United States and Havana a necessity.

2. Havana is one of the most notorious breeding places of yellow fever, and is never free from its presence.

3. The only means by which the germs of this disease can be eradicated are a proper system of sewerage and drainage, which shall deliver the filth of the city at a distant point into the waters of the ocean, and the removal of all the feculent soil.

4. There is no hope that the Spanish Government will ever undertake a work of this magnitude for a dependency.

5. The introduction of yellow fever into the United States through both legitimate and illegal channels of trade must be of frequent occurrence, so long as this condition of things continues.

6. A single wide-spread epidemic of yellow fever would cost the United States more in money—to say nothing of the grief and misery it would entail—than the purchase money of Cuba.

7. The precautions against the spread of small pox in Cuba are entirely inadequate, and are rendered ineffective by reason of the superstition of a large proportion of the inhabitants. Hence, epidemics of that loathsome disease are of frequent occurrence.

8. Leprosy prevails in Havana and the Island of Cuba to a serious and constantly increasing extent.

9. Leprosy is absolutely unrestricted in this island. While there is an immense and admirably-administered Leper Hospital in Havana, its inmates go and come among the residents of the city and country at will, until locomotion is rendered impossible by mutilation.

10. The ravages of the disease are confined to no class or race.

11. Leprosy has already obtained a foothold in the United States, in the ports nearest to, and in most constant communication with, the Island of Cuba.

12. Leprosy has but one history—that of constant progression—unless it is checked by isolation of the most absolute and unrelenting character.

13 No center of leprosy has ever originated in the United States. The importation of the first case of a series can always be distinctly traced.

In view of the truth of the above theses, I feel myself warranted in proposing the following resolutions for the consideration of the A. P. H. Association :

Resolved, That in view of the constant menace to the health of the United States from the unintermitted presence of the three most serious known contagions in the Island of Cuba, a condition which must continue so long as this island is a mere dependence of a country three thousand miles distant, this Association respectfully urges upon his Excellency, the President of the United States, the expediency of opening negotiations with the Spanish Government, with a view to an amicable transfer of the said island to the Government of the United States.

Resolved, That in the meantime, this Association, recognizing the admirable precautions taken by the United States Marine Hospital Service, and by the State Board of Health of Florida, to prevent the introduction of yellow fever into this country, respectfully request Supervising Surgeon General Hamilton, of the United States Marine Hospital Service, the Honorable the State Board of Health of Florida, and all Quarantine Commissioners of ports having intercourse with Cuban ports, to exercise the same vigilance with regard to leprôsy that is already observed in the case of yellow fever during what is known as Quarantine Season.

Resolved, That the Secretary be instructed to transmit copies of the above resolutions to the several officials therein indicated.

The second resolution was passed, and the said officials notified of its contents.

1532 PINE ST., PHILA.

ST. CHARLES COUNTY (MISSOURI) MEDICAL ASSOCIATION.

THE St. Charles County Medical Association held its quarterly convention Tuesday, November 19, at Warrenton, in the hall of the Germania Literary Society. After the usual preliminaries, Dr. Koch, President of the Central Wesleyan College, was introduced, and called upon to address the Convention. He responded with a few appropriate remarks, extending a hearty welcome to the Association. Dr. Middlekamp, after a few words of wel come, dwelt to some extent on the wonderful advances made in medicine and surgery. Dr. Vinke, in behalf of the Association, expressed thanks for the kind reception, and in the course of his remarks became quite complimentary to Dr. Middlekamp. Several physicians of this and adjoining counties were, on motion, elected honorary members of the Association.

In the afternoon session DR. MIDDLEKAMP read a paper on the

IDEAL SURGEON.

The subject was so thoroughly treated that, it seemed, no one had the heart to open a general discussion. Several interesting cases were reported, after which DR. BOLTEZER read a paper on

ERGOT IN PARTURITION.

A general and lively discussion took place, during which many and various views were expressed on the subject.

It being impossible to induce the Association to stay for an evening session, it was decided to have the next convention to take place at St. Charles, Mo. House adjourned.

On invitation from Prof. Frick, the Association amused themselves by examining specimens in the college museum until train time.

J. H. Stumburg, St. Charles ; T. J. Evans, Wentzville ; J. D. Evans, High Hill ; C. M. Johnson, St. Charles ; S. J. Burch, Rhineland, were appointed to read essays at the next meeting.

Book Reviews.

A TEXT-BOOK OF PRACTICAL MEDICINE. By ALFRED L. LOOMIS, M.D., LL.D. Eighth Edition. New York : Wm. Wood & Co., Publishers. With 215 Illustrations ; pp. 1149.

"The work has been thoroughly revised and largely rewritten. About fifty pages have been added. Many important changes and additions will be noticed. Among these are brief descriptions of the more frequent pathological processes and a detailed statement of the methods employed in bacteriological study, with an enumeration of the distinguishing characteristics of those micro-organisms which at the present time are regarded as pathogenic. Several additions have been made to the list of diseases considered. A lithographic plate has been introduced into the portion treating of bacteriology, which subject has been carefully discussed and brought up to the present date."

It is to be regretted that the results of bacteriological study do not appear also in the parts relating to treatment. In somer espects the book resembles Flint's work, in the poverty of the therapeusis, as well as in the excellent description of the symptoms. In pneumonia, for instance, the author has found nothing better than opium ; in acute tuberculosis he has nothing else to suggest.

Pamphlets.

Cases of Ocular Paralysis, by Alvin A. Hubbell, M.D., Professor of Diseases of the Eye, Ear and Throat in the Medical Department of Niagara University, Buffalo, N. Y. Reprint from *Buffalo Medical and Surgical Journal*, September, 1889.

Pennsylvania State College Agricultural Experiment Station. *Bulletin*, No. 8, July, 1889.

Proceedings and Addresses at a Sanitary Convention held at Tecumseh, Mich., June 6 and 7, 1889. Supplement to the Report of the Michigan State Board of Health for the year 1889. No. 302. Darius D. Thorp, Lansing, 1889.

Proceedings and Addresses at a Sanitary Convention held at Otsego, Mich., May 2 and 3, 1889. Supplement to the Report of the Michigan State Board of Health for the year 1889. No. 298. Darius D. Thorp, Lansing, 1889.

EUCALYPTUS leaves reduced to coarse powder, like smoking tobacco, and smoked in a common clay pipe, the smoke being drawn into the lungs and expelled through the nose, have marked curative effects in nasal and bronchial catarrh.—*Ind. Pharm.*

PROF. SCHRIMMER advises (*Wien. Med. Woch.*. No. 8, 1889) injections of the salicylate in both acute and chronic gonorrhœa.

℞.—Salicylate of mercury . . . . . gr. $\frac{1}{6}$.
Distilled water . . . . . ℥iii.—M.
Sig.—Inject three times a day.

The Medical Digest.

Dr. Scalgi, of Rome, recommends for antisepsis, very weak solutions of mercuric chloride at a temperature of 40 or 50 degrees C. as being more active than ordinary solutions now used in surgery.

These, according to the Annales d'Orthopedie, produce at the surface of the wound, a coagulation with union by first intention. The strength employed is one to 10,000 or 20,000.

Hypnotic Eccentricities. — Tessié communicated the following to the Congress for Forensic Medicine: He hypnotised the patient and suggested to him, "The right ring finger represents lasciviousness, the left the opposite." On being aroused, he grasped the right finger, producing an erotic condition. While he was preparing to pollute himself, Tessié grasped the left finger, when patient desisted, and the combat between the contending emotions was depicted in his face. When both fingers were grasped, the patient became perplexed. The most incredible point of the communication is the statement that an extreme erotic condition, with consequent indulgences, was aroused a day later by the accidental pressure of the right finger by a friend.

—*Int. Klin. Rundschau.*

Treatment of Iodism.—The origin and treatment of iodism is the subject of an essay by Roehmann and Malachowski, who regard the manifestations of intense irritation of the mucous membrane, which so frequently follow the administration of small as well as large doses of iodine, due to free iodine in the system. It is necessary for this development that nitrites should circulate in the organism and that the reaction of the respective mucous membrane should not be alkaline. Hence, the authors' attempt by administering 150 to 180 grs. bicarbonate of soda in two doses daily, to render the mucous membrane alkaline. By this treatment, pursued since 1887, they have succeeded not only in ameliorating the most intense iodic irritations, but in removing the milder ones entirely.

—*Therap. Monatsh.*, 1889.

In the *Annales d'Orthopedie et de Chirurgie*, Naples, Italy, Poncet of Lyons speaks very favorably of osseous grafting, which he has studied with special care. His first case was a boy who had lost his right tibia from osteo-periostitis, into the place of which he transplanted pieces of bone taken from other animals. Astraight well-formed bone was the result, although shorter than the sound one.

With years, the shortness became apparent, because, while the left tibia grew in length, the other remained stationary, the cartilage of the epiphysis, to which bone growth is due in a longitudinal direction, being destroyed.

He advises also replantation in large losses of bony substance, as, for example, after extraction of large sequestra. Here the grafting must be done with small pieces of bones of cancellous structure only, using, at the same time all antiseptic precautions.

Internal Use of Turpentine in Diphtheria. —Dr. Peñalva, of South America, had good results from this treatment. In five pronounced cases of severe type, improvement began on the second day. He uses it in mucilage with syrup tolu. Dr. Lewantaner, of Constantinople, who has for two years advocated large doses of turpentine in croup, has recently published two cases which apparently were only to be saved by tracheotomy, but which yielded to one teaspoonful of pure turpentine. This produced severe cough, by which croupous membranes were excreted. The dose may be repeated once or twice, and followed by a mixture of smaller quantities.

—*Deut. Med. Zeit.*

An Epidemic of Phthisis is reported by Marfan, who observed fourteen deaths from among twenty-two employes in an office during five years. The cases are traced to one employe who, at forty years, died of phthisis, after twenty-four years' employment. He coughed and expectorated a great deal for three years. The office occupied by these men only admitted 10 cubic meters air for each individual; ventilation and light were bad. The floor was uneven, full of crevices and cracks, and was not kept clean. *All employees spat upon the floor.* The author has no doubt that tuber bacilli were present in the dust arising from sweeping done in the presence of the employes. He was prevented from demonstrating this fact, because the place had been thoroughly swept when he called. The predisposing element of poverty (the small incomes), and inhygienic dwellings, doubtless played an important *rôle.*—*W. Med. Presse.*

Prof. Henoch on Diphtheria reports on one hundred and ninety-two cases. In many cases it is possible to distinguish diphtheria from angina lacunaris only after prolonged observation. The diagnosis is clear only when all or several cardinal symptoms are present. Bilateral deposit, involvement of the soft palate, vulva, etc.—albuminuria, nasal infection. Enlarged glands and fever are present in angina, also. In 110 out of 152 cases, the pharynx alone was affected; in 82 cases the larynx was involved; of the latter, 12 were not operated on on account of sepsis and collapse, or severe lung complications. Intubation was not used; 9 of 70 tracheotomies were saved. More than half the children suffered from tuberculosis and rachitis, and under two and a half years. Croup is to be distinguished from diphtheria. Out of 36 cases of croup, 24 per cent. were saved by tracheotomy; of the 110 pharyngeal cases, 32 died. Fever proves nothing. One septic case, with many petechiæ, was free from fever till it died. Deposits on the hard palate, cheeks, tongue, and lips, are bad omens. Deposit on the nose he does not regard as so serious. Uræmia is very sure. Nephritis occurs usually from the third to the fifth day, with casts, epithelial, but few red blood globules (as in scarlatina).

Croupy cough and stridor do not indicate operation of therapeutics. He can say but little. He has tried all the new remedies; in the severe cases all failed.

—*Int. Klin. Rundschau.*

Medical News and Miscellany

FRANCE has a sleeping girl.

BLOCKLEY gas pipes are on a strike.

Russia's Czar now takes chloral as a nerve bracer.

DIPHTHERIA is epidemic in portions of Lancaster County.

"ESCULENT REPOSITORY" is the sign of a grocer in this city.

DR. DERCUM has recovered from an attack of typhoid fever.

DR. W. F. DECKER was attacked and beaten by an insane patient.

DR. WILLIAM ATLEE, of Lancaster, died of typhoid fever in Washington, D. C.

THE will of William A. M. Fuller bequeaths $1,000 to the Episcopal Hospital.

CORN canned by the salicylic acid process poisoned a child in Chester County.

DR. J. P. HOFFA, of Montour County, has been in Philadelphia for a short visit.

THE death of fourteen infants in London last week were attributed to "overlaying."

AS a cure for insomnia a Brooklyn clergyman exerts will-power with unfailing success.

DR. S. T. MAYER has resigned his place as vaccine physician in the Twenty-ninth Ward.

THE Chinese eat pumpkin seeds between the courses at dinner as an appetizer and digester.

A POOL of water in a lot up town has flooded out twenty-three houses and caused sickness in the neighborhood.

THE Russian epidemic of influenza that affects St. Petersburg from Czar to peasant, is said to be rapidly spreading.

NEAR-SIGHTEDNESS affects France as well as Germany; 46 per cent. of the French college seniors having myopic vision.

THE Norwegians are the longest lived people in the world, there being a very slight mortality among children in that microbe-free land.

A BOSTON doctor has been arrested for failing to report a case of small-pox in a crowded tenement house, until over a week had elapsed.

DR. A. E. ROUSSEL has been appointed Demonstrator of Physical Diagnosis at the Medico-Chirurgical College, in place of Dr. Aulde, resigned.

A STUDENT in the Maryland College of Pharmacy possesses a wonderful magnetic power which enables him to lift heavy objects with the tips of his fingers.

THE *Sanitary News* warns persons who bite off the ends of silk thread, of the danger of lead poisoning, as the silk is soaked in acetate of lead to increase the weight.

HABITUAL drunkards in Norway and Sweden are put in jail and fed entirely on bread steeped in wine, till they become sickened and are glad to live as total abstainers.

BY a gift of $5,000 to the Presbyterian Hospital. Mrs. E. P. Baugh and son (Chauncey Baugh) have endowed a free bed in that institution in memory of the late Mr. Baugh.

DR. MORITZ HAY, of Vienna, has been awarded a gold medal in the Section of Public Health, and a silver medal in that of Medicine, at the Paris Exhibition, for his specimens of vaccine.

A BOSTON man fell over the stair railing in Odd Fellows Hall and swallowed his tongue, which the shock forced down his throat. He was an odd fellow indeed, to be so scared by the goat.

DR. GORTER is said to have received $17,000 in settlement of his bill for attending Robert Garrett on his trip around the world.

It is expensive to be a millionaire.

REV. MR. SWINDELLS becoming wearied at the delay in completion of the Methodist Hospital, has tendered his resignation as superintendent of that institution and will return to the pulpit.

THE danger of overhead wires for electric lights has again been demonstrated by the death of a New York clerk, who came in contact with a wire which supplied electricity to a lamp in front of his store.

A SUBURBAN storekeeper who hung out a sign that a boy was wanted, was surprised by a literal interpretation on his return after a temporary absence, when a foundling lay on his counter and his sign had been removed.

THE British ship Germanic from Cebu, Philippine Islands, which has just arrived at the breakwater, having had a case of the Asiatic cholera last July, will be disinfected and fumigated before she is allowed to approach the city.

DR. MCCOOK, of this city, is one of the judges to award three prizes offered by R. H. Lamborn for the best three essays "based on original observations and experiments on the destruction of mosquitoes and flies by other insects."

DR. APOSTOLI, in giving the results of his treatment with electricity in gynæcological cases, shows that in many instances extreme sensitiveness from pain can be relieved by a few minutes' application of the inducted current.

A CINCINNATI lady is applying for a divorce on the grounds that her husband, a drunkard, after threatening her life, in order to torture her, compelled her to sleep beside a skeleton that he had brought home from the medical college in which he was employed.

OPERATING tables in France are so constructed that the lower end can be elevated at a moment's notice, and thus when there is danger of heart failure, the patient can be held head downward till restored.

The Daggett table has this mechanism most ingeniously applied.

This week has witnessed the great festival held in behalf of the Medico-Chirurgical Hospital. The Academy of Music has been nightly crowded to the doors, and thousands of persons have been delighted by the novel and beautiful spectacles provided by the Managers. The Medico-Chirurgical entertainments have become recognized as a feature of the winter, having now been held for five successive seasons, with constantly increasing magnitude, until they have now the credit of holding the greatest fair which has been seen in Philadelphia since the Sanitary Fairs during the war. Whether they can outdo their present exploit seems doubtful. We understand that the hospital has cleared a very large sum.

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers Serving in the Medical Department, United States Army, from November 26, 1889, to December 2, 1889.

Ball, R. R., First Lieutenant and Assistant-Surgeon, Fort Riley, Kans., will proceed to Fort Sill, I. T., and report to the commanding officer for temporary duty at that post. Par. 2, S. O. 173, Dept. Mo., Nov. 21, 1889.

By direction of the Secretary of War, Captain James E. Pilcher, Assistant-Surgeon, is relieved from duty at Fort Ward, N. Y. H., and will report in person to the commanding officer, Fort Clark, Texas, for duty at that station, reporting also by letter to the commanding general, Dept. of Texas. Par. 3, S. O. 276, A. G. O., November 26, 1889.

Leave of absence for fifteen days is granted Captain John J. Cochran, Assistant-Surgeon, to commence about December 1, 1889. Par. 3, S. O. 272, Div. Atlantic, Nov. 27, 1889.

Changes in the Medical Corps of the United States Navy for the week ending December 7, 1889.

Neilson, J. K., Assistant-Surgeon. Detached from the U.S.S. "New Hampshire," and ordered to the U.S.S. "Portsmouth."

Beyer, H. G., Passed Assistant-Surgeon. Detached from the U.S.S. "Portsmouth," and placed on waiting orders.

Siegfried, C. A., Surgeon. Detached from the naval station, New London, Conn., and ordered to the "New Hampshire."

Hall, John H., Passed Assistant-Surgeon. Ordered to the naval station, New London, Conn.

Kite, I. W., Assistant-Surgeon. Detached from the Naval Hospital, Philadelphia, Pa., and ordered to the Naval Hospital, Pensacola, Fla.

Ross, J. W., Surgeon. Detached from the Naval Hospital, Penspcola, Fla., and placed on waiting orders.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

A new antiseptic dressing by Sir Joseph Lister, Bart., F.R.S., London. N. Y. Med. Rec., Nov. 23, 1889.

A new antiseptic, Lister. Brit. Med. Jour., Nov. 9, 1889.

Amputation at hip joint, Myles. Br. Med. Jour., Nov. 9, 1889.

Abdominal and other capital operations performed during pregnancy, Robson. Brit. Med. Jour., Nov. 9, 1889.

Accidents d'Intoxication par la viande, observés en Camp d'Avar en Mai, 1889. Arch. de Med. et de Pharm. Mil., Nov., 1889.

Abscess of the liver, treatment, Harley. Brit. Med. Jour, Nov. 23, 1889.

Apparent physical paradox involved in the re-expansion of a collapsed lung while a free opening remains in the pleural sac, O'Dwyer. Arch. of Ped., Nov., 1889.

Basis for sanity and insanity and classification of the insane. Buttolph. Alien. and Neurol., Oct., 1889.

Cancer and Cancerous diseases, Marshall. Brit. Med. Jour., Nov. 23, 1889.

Contribution to the study of the summer diarrhœa of infancy, Jeffries. Arch. of Ped., Nov., 1889.

Case of tetanus, Hamer. Med. Bul., Nov., 1889.

Case of ptomaine poisoning, Marsh. N. Y. Med. Jour., Nov. 9, 1889.

Double empyema, Huber. Arch. of Ped., Nov., 1889.

Discussion on surgical treatment of typhlitis, Treves. Brit. Med. Jour., Nov. 9, 1889.

De l'Evolution variable de la Tuberculose experimentale, Daremburg. Bul. de l'Acad. de Med., Oct. 29, 1889.

De l'Ulceration vaccinale, moyen de Reconnaitre si elle est de Nature syphilitique. Jour. d'Hyg., Nov. 7, 1889.

Du Rheumatisme des Muscles de l'Oeil, Wright. La France Med., Oct. 31, 1889.

De la Goutte, Greffier. La France Med., Nov. 7, 1889.

Eleven cases of intubation in young children, Staveley. London Lancet, Nov. 9, 1889.

Essai critique et clinique sur le Traitement des Lesions traumatiques du Crane, Forgues. Arch. de Med. et de Pharm. Mil., Nov., 1889.

Études sur les Maladies des Ganglions lymphatiques (suite) B. Adenitis tuberculeuses, Dandois. Rev. Med., Sept., 1889.

Fractured patella, treatment by extra-articular suture, Myles. Dublin Jour., Nov., 1889.

Fractures of the base of the skull, Dennis. N. Y. Med. Rec., Nov. 23, 1889.

Five reasons for failure in treating chronic rhinitis, Rumbold. N. Y. Med. Rec., Nov. 23, 1889.

Formation of scar-tissue, Sherrington and Ballance. Jour. of Phys., Oct., 1889.

General subcutaneous emphysema, Earle. Arch. of Ped., Nov., 1889.

Hoang-nan in skin diseases, Shoemaker. Med. Bul., Nov., 1889.

Influence of the nervous system on renal functions, Spallitta, Alien. and Neurol., Oct., 1889.

Inflammation of the breast and its treatment by elastic pressure, Horne. Dublin Jour., Nov., 1889.

Improved apparatus for the therapeutic use of compressed and rarefied air, with remarks on the home treatment of pulmonary affections, Solis-Cohen. N. Y. Med. Jour., Nov. 23, 1889.

Intestinal superdigestion, Christopher. N. Y. Med. Jour., Nov. 9, 1889.

Janiceps asymmetros, Caille. Arch. of Ped., Nov., 1889.

Le Choléra en Cochinchine de 1863 à 1870, d'après la Statistique médicale publicé à Saigon, Calmette. Arch. de Med. et de Pharm. Mil., Nov., 1889.
Le Coeur sénile, Romme. La Trib. Med., Nov. 7, 1889.
Les Sels de Cuivre dans le Reverdissage des Conserves alimentaires, Joltrain. Jour. d'Hyg., Nov. 7, 1889.
La Fièvre Dengue. Jour. d'Hyg., Nov. 7, 1889.
Le Diabète et la Glycosurie, Greffier. La France Med. Nov. 5, 1889.
La Leucémie aignë, Leucémie pendant la grossesse, Jumon. La France Med., Nov. 9, 1889.
Les nouveaux Hypnotiques, Egasse. Bul. Gen. de Therap., Nov. 15, 1889.
La Pharmacie et la Chimie à l'Exposition universelle de 1889. Nicot. Bul. Gen. de Therap., Nov. 15, 1889.
La Maladie de Friedrich, Ladame. Rev. Med., Nov. 20, 1889.
L'Information des Cas de Maladies transmissibles et les Declarations de Dèces, Schmid. Rev. Med., Nov. 20, 1889.
La Céphalotribe bigame, Lebon. Rev. Med., Sept., 1889.
Laryngeal fatigue, Barton. Med. Bul., Nov. 2, 1889.
Medico-legal problems of inebriety, illustrated by the Swift case, Crothers. Alien. and Neurol., Oct., 1889.
Method of local medication in perforative otorrhœa, Sheild. Pract., Nov., 1889.
Membranous croup, tracheotomy, recovery, Caillé. Arch. of Ped, Nov., 1889.
Noisy respiration in children, Dillon-Brown. Arch. of Ped., Nov., 1889.
Over-strain and under-power of brain, Hughes. Alien. and Neurol., Oct., 1889.
On the treatment of acute intestinal obstruction due to collections within the lumen of the bowel, Stoker. Dublin Jour., Nov., 1889.
Observations on the urine in pernicious anæmia, Hunter. Pract., Nov., 1889.
Osteo-arthritis as an immediate sequel of rheumatic pyrexia, Spender. London Lancet, Nov. 9, 1889.
On the symptom of pain in slow intrapericardial hæmorrhage, Naismith. London Lancet, Nov. 9, 1889.
On the effect upon the human body of a diet consisting entirely of lean meat and water, Herschell. London Lancet, Nov. 9. 1889.
On the histology of the mucous salivary glands, and on the behavior of their mucous constituents, Langley. Jour. of Phys., Oct, 1889.
On the stimulation effects in a polarized nerve during and after the flow of the polarizing current, Stewart. Jour. of Phys., Oct., 1889.
Obsèques de M. Ricord. Bul. de l'Acad. de Med., Oct. 29, 1889.
Pleurisie purulente pneumonique, Vomiques, Poncton, Guerison, Brunon. La Normandie Med., Nov. 1, 1889.
Principles of the mechanical treatment of hip-joint disease, Shaffer. N. Y. Med. Jour., Nov. 23, 1889.
Pathology and treatment of intrapelvic inflammations, McMurtry. N. Y. Med. Rec., Nov. 9, 1889.
Paraffine method as used by Prof. Gaule, Zurich, Ross. Can. Pract., Nov. 1, 1889.
Relations of pediatrics to general medicine, V. Jacobi. Arch. of Ped., Nov., 1889.
Remarks on institutions for the insane, with special reference to the most natural and satisfactory methods of serving food to their inmates, Buttolph. Alien. and Neurol., Oct., 1889.
Relation of arterial hypoplasia to cardiac disease, Handford. Pract., Nov., 1889.
Russian researches in therapeutics, Maxwell. Prac., Nov. 1889.
Recherches experimentales sur l'Intoxication saturnine (suite et fin), Prevost et Binet. Rev. Med., Nov. 20, 1889.
Spinal concussion, Clevenger. Alien. and Neurol., Oct., 1889.
Sarcoma of the dura mater, ligature of the longitudinal sinus, Kammerer. N. Y. Med. Rec., Nov. 23, 1889.
Thrombosis of the vertebral artery pressing on glosso-pharyngeal nerve; unilateral loss of taste at back of tongue, Pope. Brit. Med. Jour., Nov. 23, 1889.

SHARP & DOHME,
Baltimore, Md.,

MANUFACTURERS OF RELIABLE

STANDARD MEDICINAL FLUID, SOLID AND POWDERED EXTRACTS, ELIXIRS,

AND

SOLUBLE HYPODERMIC TABLETS,

GRANULAR EFFERVESCENT SALTS, COMPRESSED TABLETS AND LOZENGES,
TABLET TRITURATES, ELIXIRS, SYRUPS, WINE, SACCH. PEPSIN, U. S. P.

SOLUBLE GELATINE-COATED PILLS

AND

SOLUBLE SUGAR-COATED PILLS.

Comprising all the officinal and other well-known favorite formulæ. Unexcelled in point of efficacy, solubility, uniformity, and beauty of finish.

Physicians will find our **PIL: LAPACTICÆ (S. & D.'S),** recently introduced by us

COMPOSITION: { Aloin . . . . . ¼ gr. Ext. Bellad . . . . . ⅛ gr.
{ Strychnine . . . . . 1-60 gr. Ipecac . . . . . 1-16 gr.

an elegant and most efficient combination for the relief of Habitual Constipation, Atonic Dyspepsia, Biliary Engorgement, and many gastric disorders.

☞Samples furnished upon application.

Catalogues, giving composition, doses, etc., of all our preparations, mailed to physicians when requested.

(Please mention the Times and Register.)

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 589. NEW YORK AND PHILADELPHIA, DECEMBER 21, 1889. The Medical Register. Vol. VI, No. 155.

PAGE

CLINICAL LECTURES.

CHRONIC LEAD POISONING. By William F. Waugh, M.D. - - - - - - - - - 799

ORIGINAL ARTICLES.

A RATIONAL TREATMENT FOR DIPHTHERIA. By A. E. Hoadley, M.D. - - - - - - - 800

SURGICAL SHOCK — ITS PATHOLOGY AND TREATMENT. By Henry Jarrett, M.D. - 806

HYDROTHERAPEUTICS.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY. By Simon Baruch, M.D. - - - - - - - - - - - - - - - 807

THE POLYCLINIC.

PHILADELPHIA HOSPITAL:
Hæmophilia. *Davis* - - - - - - - - 810

EDITORIAL.

THE REMEDY FOR THE MYCOTIC SUMMER DIARRHŒA OF INFANTS - - - - - - - 811

THE STAFF AT BLOCKLEY - - - - - - - 811

ANNOTATIONS.

Olive Oil for Gallstones - - - - - - - - 812

PAGE

LETTERS TO THE EDITOR.

Inquiry. *J. M. A.* - - - - - - - - - - 813

SOCIETY NOTES.

MCDOWELL MEDICAL SOCIETY - - - - - 813

Antiseptic Surgery. *Vance* - - - - - - 813

Management of Fevers. *Love* - - - - - 814

Trephining, With Reports of Cases. *Pendleton* - - - - - - - - - - - - - 814

The Relations of Mothers in Nursing Their Children. *Luckett* - - - - - - - - - 815

Treatment of Gonorrhœa by the Ointment Method. *Lewis* - - - - - - - - - - 815

Phlyctenular or Scrofulous Ophthalmia. *Cheatham* - - - - - - - - - - - - 815

Hygienic Management of the New Born. *Thompson* - - - - - - - - - - - - 816

Evolution of the Local Venereal Diseases. *Lydston* - - - - - - - - - - - - 816

BOOK REVIEWS.

A Treatise on Diseases of the Nose and Throat. *Bosworth* - - - - - - - - - 816

Essentials of Pathology and Morbid Anatomy. *Semple* - - - - - - - - - - - 817

PAMPHLETS - - - - - - - - - - 817

PAGE

THE MEDICAL DIGEST.

Impaction of Fæces. *Medical World* - - - 817

Quinsy. *Medical Record* - - - - - - - - 817

Gelsemium for Cold in the Head. *Medical Compend* - - - - - - - - - - - - - 817

The Smoke of Hyoscyamus Niger in Toothache. *Lancet* - - - - - - - - - - - 817

Rhamnus Catharticus as a Remedy for Toothache. *Gretschinsky* - - - - - - - 817

Iodine Internally for Warts. *Imossi* - - - 817

Toxic Properties of Boric Acid. *Plant* - - 817

Diphtheria. *Rennert* - - - - - - - - - - 818

Sulfonal—The Other Side. *Knoblauch* - - 818

Iodoform as a Cure for Chronic Cystitis. *Frey* 818

Ringworm of the Body. *Medical Chips* - - 818

Gonorrhœa. *Neisser* - - - - - - - - - - 818

The Treatment of Constipation in Patients Suffering from Uterine Troubles. *L'Union Médicale du Canada* - - - - - - - - - - 818

Treatment of Ozæna. *Moure* - - - - - - - 819

MEDICAL NEWS AND MISCELLANY, 819

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - - 821

MEDICAL INDEX - - - - - - - - - - 822

NOTES AND ITEMS - - - - - - iv, xiv

Clinical Lectures.

CHRONIC LEAD POISONING.[1]

BY WILLIAM F. WAUGH, M.D.,

Professor of Principles and Practice of Medicine and of Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

THIS patient comes before us suffering from lead-poisoning. He is thirty-six years of age; has followed the occupation of painting for eighteen years. Ten years ago he experienced the first symptoms of poisoning in an attack of what is known as painters', or lead, colic. He had, therefore, followed his business eight years before suffering any evil effects from it, in which respect he was more fortunate than the majority of those engaged in this business, since, they generally experience lead colic long before that. Had now our patient abstained from dirty habits while engaged in his business, he would have averted what befell him four years later, paralysis of the extensor muscles of the forearm, for which he to-day presents himself here for treatment. Observe the pendant position of the hand; known as wrist-drop.

The dirty habits I referred to as being conducive to lead poisoning, are tobacco chewing and lunch eating with unwashed hands. These men, while engaged at their work, will take their tobacco with their hands all besmeared with paint. Necessarily, a plug, repeatedly handled in this wise through the day, becomes coated with more or less paint. Then, again, they stroke their moustaches with paint smeared fingers during and after eating, and when they go to their homes a mere washing of the hands suffices them. They never think of using a nail brush to remove from under the nails the paint lodged there. All these unclean habits are means of conveying lead mechanically to the mouth, and thence it gets into the system. We find, upon inquiry, our patient to be deficient in these details of cleanliness, and that he is also a tobacco chewer. Hence we say it is his own fault, and not his trade's, that he is now a sufferer from plumbism.

Looking into his mouth, I observe a blue line along the edges of the gums, immediately adjoining the teeth. It is called the lead line, and is produced by a deposition of lead in the tissues of that part. The line is largely determined by the amount of tartar present, as the decomposing matters mingled with it evolve hydrogen sulphide, which is supposed to react upon the lead, precipitating the sulphide of lead. The line is pathognomonic of the impregnation of the system with lead.

Now, what as to the treatment? The addition of a few drops of sulphuric acid to his drinking water is a good preventive measure, since the lead which may yet incidentally get into his mouth and be swallowed with the saliva, will thus be converted into insoluble sulphate of lead, which, it is believed, will do him no harm. It is not advisable, however, to continue the use of sulphuric acid too long. Though it stimulates at first, its continued use gives rise to debility. Absolute cleanliness is the best preventive treatment you can recommend, providing your patient cannot conveniently change his occupation.

As to the curative treatment of this affection, you must understand the pathological conditions involved

[1] Abstract of a clinical lecture delivered at the Medico-Chirurgical College.

before you can treat it scientifically. The muscular layer of the intestines is in a state of paralysis, as well as the extensor muscles of the forearm; both parts being affected through the nervous system, which has been pathologically impressed by the lead deposited in the tissues. In the intestines, however, there is not only a disturbance of the motor nerves—hypercinesis—interfering with regular peristalsis, but also an affection of the sensory nerves—hyperæsthesia. The paralysis of the muscular coat gives rise to much constipation, the fæcal matter and its gaseous emanations act as irritants in the contracted intestine, which, owing to this hyperæsthetic condition, become the seat of more excruciating pain than they are in an ordinary colic. It is important to remember this pathology, because it explains an apparent therapeutic inconsistency in the treatment of this disease. Now, alum is given, and you ask, why give alum, which is an astringent and induces constipation, of which the patient complains? That's homœopathy, you say. Not so. It is true that alum is an astringent, but we give it because it relieves the paralysis of the muscular coat of the intestines, and, in thus restoring their normal function, makes possible regular evacuations. The lead is deposited in the tissues, being absorbed along the course of the alimentary tract or through the lungs in a finely divided state. The rationale of the treatment then is to redissolve it, loosen it up and get it out of the system through the emunctories. To this end we give five grs. of the iodide of potassium four times a day, increasing the dose each day, to the verge of toleration. We give the iodide of potassium to get iodine into the system; but if given too long, the base, potassium, interferes with digestion. Should we have evidence of this in our patient, we will substitute hydriodic acid, a recently introduced but excellent form for administering iodine. When the destructive action of the iodine has reached that degree at which counter-action is indicated, we shall prescribe some constructive remedy; none better than cod-liver oil, when given for a long time in tablespoonful doses three times a day, To the paralyzed extensors we will apply faradization. The disease is an absolutely preventable one among painters if they take the necessary preventive measures.

To Administer Guaiac.—Place three teaspoonfuls of granulated sugar in a cup, add one teaspoonful of ammoniated tincture of guaiac; mix, and add a tablespoonful of water, mixing again. This makes an agreeable dose, which can be taken by a child.

—*Med. World.*

Poisoning by Bonbon Wrappers (Dr. Van Hamel Roos).—Several children at Hillegom became suddenly sick (vomiting, diarrhœa) after having eaten bonbons. A careful search proved that the paper covering the candies had been the cause of the accident.

The sugar, in melting, had become mixed with the coloring matter (arsenite of copper). The paper contained twenty per cent.—*Journal d'Hygiene.*

Original Articles.

A RATIONAL TREATMENT FOR DIPHTHERIA.[1]

By A. E. HOADLEY, M.D.,
Professor of Orthopedics, College of Physicians and Surgeons, Chicago; Professor of Surgery in Chicago Polyclinic, etc.

THE plan of treatment to which I wish to call attention, has in my hands for years been uniformly successful, and in every instance, where thoroughly practised, perfectly satisfactory in its results. Where failure has been recorded, it has been no fault of the plan of treatment, but of some detail of its administration. I have come to regard it after years of experience as infallible. Here let me state that in speaking of the treatment of diphtheria, I have no reference whatever to the complications and sequelæ, and when I say diphtheria I refer to the white pellicle or substance that grows in the throat upon the surface of the mucous membrane. I mean that and nothing more. In advocating a treatment for this condition, the plan and the remedies and general condition of the patient are comprehended. No one remedy is advocated to the exclusion of any others that may have equal merit. The treatment is based on scientific principles, as far as science can at present apply to diphtheria. Such remedies are used that will by their known therapeutic effects meet the required indications. If the method of its use be correct as to time, quantity, concentration, and combination, there can be no doubt about the results.

You may say that if I can do this for diphtheria, I must have settled the very vexed and much discussed question of its etiology. To which I make answer that I have settled that question to my own satisfaction, but can only offer you circumstantial evidence in proof of the correctness of my views—namely, that when I apply treatment in accordance with these views, it is reliable. It has occasionally happened that I thought I had applied the treatment and found later, perhaps too late, that I had not, or that it was deficient in some detail; some circumstance over which I had at the time no control, had rendered the treatment futile. Such accidents as faulty judgment, negligence, forgetfulness, misunderstanding, inability to carry out the details of the treatment from any cause whatever, are no faults of the plan of treatment, if for such reasons it fails. It is simply this, the treatment that might have been successful was not applied. Therefore, with implicit confidence in the plan of treatment, a confidence born of years of experience, in any given case, it is only necessary to see that it is instituted in a manner that no detail shall be omitted or misunderstood, to be sure that success will be the inevitable result.

---

[1] This paper was read before the Chicago Medical Society under the title of "An Infallible Treatment for Diphtheria." The title was about the only part of the paper that received attention. Its condemnation was unqualified and vigorous, and almost universal. It was very apparent that the Society was not willing to distinguish between diphtheria and the complications and sequelæ, for which reason it was thought best to change.—Author.

In regard to the etiology of diphtheria: From the literature on the subject, from my own observations, verified by the uniform success of my plan of treatment, I conclude, that diphtheria is in all cases primarily local, and for obvious reasons in the great majority of cases it commences in the throat. It consists invariably of mixed micro-organisms; but there is no specific organism; and there is no organism that can constantly be found in diphtheria, except the same can be found normally in the mouth. That diphtheria does exist in infinite varieties, determined by the combinations of the organisms composing it; that the combination of organisms determines the amount and quantity of the alkaloidal poisons produced; that some of the organisms necessary to the formation of diphtheria, exist normally in the mouth and are harmless. That these organisms can be transmitted by contact from patient to patient, as mixed organisms, and as such propagate or form new combinations, more or less virulent. That single varieties of organisms may gain access to a patient's throat and there form combinations of varying qualities; that these organisms may exist in the throat for some time, even days, in quantities sufficient to produce constitutional symptoms, without being visible even upon the surface of the tonsil, and certainly so if they occupy the follicles, which is common. That the constitutional symptoms are due to the absorption of ptomaines that have been elaborated in the diphtheritic mass; that the subsequent changes in the blood and tissues, especially the nervous system, are due to the more or less direct effect of the ptomaines; that the ptomaines are given off from the free surface of the diphtheritic patch, and find their way into the system by way of the alimentary canal and lungs in far greater abundance than those absorbed at the seat of the diphtheria; that the quality and quantity of the ptomaines vary greatly, according to the particular (unclassified) quality of diphtheria present. That the infectiousness of diphtheria is in proportion to the energy and toxic power of the ptomaines, although the ptomaines themselves do not transmit the disease. That this disease has no period of incubation or latent stage; that one attack of the disease gives no immunity. That abscesses, as a complication, alwas depend upon the absorption of pus microbes. Diphtheria does not predispose to suppuration.

Of the foregoing propositions, some are already accepted by the profession, and others are not and possibly never will be, or, should they all be accepted, they may not be capable of demonstration to the extent herein indicated. Be that as it may, it is upon these principles that the treatment is founded; although, as a matter of fact, the treatment was adopted years ago, and has, so to speak, founded the principles which have recently taken definite shape in my own mind. The harmony of these principles with the treatment that was adopted so many years ago, convinces me that they are in the main correct.

Twelve or thirteen years ago I became thoroughly disgusted with the then standard gargle for all cases of sore throat, viz.: *the chlorate of potash solution, with tincture of iron.* I could never prescribe it without trouble. The patients would either refuse to use it, or, what amounted to the same thing, would use it but two or three times a day. Then the serious effects upon the teeth and so forth, and I decided to adopt some other formula to take its place, and after some study and research, I decided upon the following, and declared that I would never use the iron and potash gargle again. The formula as adopted at that time, and which I have never found necessary to change, except in minor respects, is as follows:

℞.—Potassii chlorat . . . . . ʒ j.
Tr. myrrhæ . . . . . ʒ iij.
Acid carbolici . . . . . gtt. iv.
Mel. despumat . . . . . ʒ iv.
Aquæ . . . . . ad. q. s. ʒ iv.
M.—Ft. mistura.
S. Fifteen drops every half hour.

The first dose or two of this medicine is quite bitter, but very soon the slight amount of carbolic acid present paralyzes the sense of taste, and it is no longer objectionable. The myrrh is the antiseptic and disinfectant; it is soothing, stimulant, slightly astringent, and tonic to the mucous membrane, and it can be used freely in the nasal passages, in the throat, and can be inhaled into the lungs every fifteen minutes for days with perfect safety. Aside from its recognized medical properties, it has unquestionably the power to completely suspend the elaboration of ptomaines in a diphtheritic mass; and here let me say, that I have no doubt but that there are a great many other remedies that can do the same thing, but myrrh has stood the test for many years, and given perfect satisfaction, I want no better, and, therefore, I want no other. The only mission of carbolic acid is to relieve pain and soreness, which it does admirably in the throat, if this weak solution is given as often as once in thirty minutes, but not otherwise. When there is a desire to dissolve diphtheritic membrane, or if the mixture smarts unpleasantly in the mouth or throat, then the solution of chlorate of potash should be changed for lime water. This more readily dissolves the membrane, and is also painless after the potash has become irritative. In place of the honey I have often used glycerine, and many times druggists have used molasses and syrup for me as a substitute, but I prefer the honey. When this formula is properly compounded of good materials, it gives a mixture of a light creamy brown color, very soft in tint, and by these qualities of color you may recognize the quality of the medicine. This formula, as prepared by different druggists, varies very much, and as the color and softness of texture of color varies, so does it vary from the best quality. Some druggists will pour the tincture of myrrh into the bottle without any effort to form a good mixture, and the result is that the gum myrrh is deposited in reddish brown masses around the upper end of the bottle; then, of course, the mixture is worthless. Then, again, some druggists, desirous of making an elegant mixture, will filter, and of course remove all of the myrrh, except the odor, and render the medicine practically inert.

In the treatment of recent cases of diphtheria of

moderately severe type, where there is marked constitutional symptoms, with a well-developed and goodly patch of exudate, as it is called, upon both sides of the throat, so long as it has not already extended so high that its upper limit is out of sight, or involved the larynx below, and with the patient old enough to do with certainty as required, it is only necessary to order the mistura myrrh. cum. pot. chlor. to be given in fifteen-drop doses every half hour, day and night, asleep or awake, until the diphtheria falls off and the patient well. The medicine should be retained in the throat each time as long as possible, and then swallowed, and occasionally, say every hour or two, a full teaspoonful of the medicine should be gargled thoroughly and spit out. If the child is very young and the patches of diphtheria small, and in such a position that they will certainly be bathed each time the remedy is swallowed, then the fifteen drops every half-hour, day and night, asleep or awake, will be quite sufficient. Should the larynx be threatened or involved, or the diphtheria extend up behind the palate, or the nasal passages involved, or likely to be involved, it will be necessary to use the medicine through the nose and mouth by means of the atomizer every half hour, day and night, and if the larynx is involved, the spray must be inhaled at each administration. The best atomizer at present in the market, to my knowledge, is the Davidson No. 59. It will deliver a coarse and abundant spray of this remedy, which is quite essential to its thorough application. In the more severe cases, and especially if they are likely to have diphtheria in the throat for three or four days, it is probably advantageous to give tincture of iron in moderate doses every three hours, together with judicious feeding. No other remedies will be necessary. Just where the pseudo membrane exists at the time of the administration of the first dose of medicine, there it will stay. Not one particle of advance in the spread of the disease will take place after the first thorough application, provided the applications be repeated at intervals not exceeding thirty minutes; forty-five minutes will not do; thirty minutes is the longest interval that may be allowed to elapse while diphtheria exists. The patch will then begin to grow thicker and thicker, and become undermined at its margins, all surrounding inflammation will disappear rapidly, and in the average case the diphtheria, if seen early and thoroughly treated, will fall off in a mass, leaving the mucous membrane quite clean and perfectly well in appearance. Within an hour or two after the treatment is commenced, the patient will be greatly relieved, and in eight or ten hours the temperature is usually about normal, although the diphtheria may appear as formidable as ever. The moderately severe case where the false membrane is forming rapidly with great constitutional disturbance, rarely requires more than forty-eight hours for the complete removal of the disease, and very frequently twelve hours are sufficient. It is to be understood that these results are to be expected in cases that are seen early. It must also be understood that it is not the object of the treatment to remove primarily the membrane. The primary effect is to prevent the further extension of the disease, and the formation of the deadly ptomaines. The diphtheritic mass is rendered inert, and can do no harm so long as it is continually bathed upon all sides by the medicine, unless by the volume it shuts off the post-nasal space or other spaces, and then in that direction spreads, and the new extension produces poison, the absorption of which will be disastrous. To obviate such a contingency in the rapidly forming masses, the spray should be freely used through the nostrils. In severe cases the thick masses should be broken down with the finger very carefully, lest the mucous membrane be injured, and invite the entrance of pus microbes. After breaking a large mass, the atomizer should be used very thoroughly and repeated every ten minutes for five or six times, and the myrrh mixture should contain bichloride of mercury 1 to 3000.

Malignant cases or such cases as are expected to be malignant, must be treated in accordance with their severity or expected severity. The iron should be given in maximum doses, and the myrrh mixture used every fifteen minutes, and precede the attack by its administration every half-hour where possible; or, in other words, every patient that is likely to contract the disease should be placed under treatment. The result will be in the majority of the cases no attack, and in those cases that are developed while under treatment, you may rest assured that the treatment has been slack; that there have been intervals of more than a half-hour between the doses of myrrh mixture. It is difficult to have patients that are not sick get the treatment day and night; but where they have so had the treatment I believe it impossible for the disease to develop, no matter of what type. Water is an infallible agent with which to extinguish fire; still, if you set fire to a keg of powde,r you would hardly expect to put it out with water; but, by using the water before the fire, you might control or prevent it. So with these fearfully malignant cases of diphtheria, where they cause death in from twenty-four to thirty-six hours; if they become developed we can hardly expect to cure them by any means. Our best hope with these cases is in prevention. To do this the treatment must be instituted and persevered in with the same regularity by means of the atomizer as we would to cure a case already developed. I have many times tested the prophylactic power of this remedy, and I have yet to see a case develop against the half-hour application of the myrrh mixture. Hourly applications to the throat may protect, but are not reliable. I regard outward applications of every kind positively detrimental in the treatment of diphtheria. I have never allowed them to be used, and when I find a patient with them, they are immediately removed. I am opposed to outward applications as a whole, on general principles, in all sorts of throat troubles, for I am sure that they cause more suffering than they ever relieve, and more diseases than they ever cure. You may have this wholesale statement for what it is worth.

The treatment of complications is another thing. I wish to emphasize the fact (and I believe it is a fact) that no so-called remedy or measure can occupy neutral ground. It is capable of doing good, or else it

will do harm. I do not believe in the old woman's reason for using a remedy: "that it can do no harm." Everything in the way of treatment should be excluded that is not positively known to be of benefit. I have repeatedly been called to children suffering with diphtheria where the means employed to combat the disease were in themselves sufficient to cause the death of the patient had the diphtheria been left out of the question. Swabbing, painting, steaming, spraying, powdering, purging and puking the inside; poulticing, packing hot and cold, wet and dry; lubricating, irritating, vesicating, fumigating and suffocating the outside, and it is only a question of time when the most robust will succumb. I have been asked to suggest, after the above means severally and collectively had been tried and the patient's strength exhausted, as much by the misguided energy of the treatment as by the disease, "What could I suggest?" Another means by which the patient could be further tortured, only to be soon superseded by still another. No; I advise the withdrawal of the allied forces, and leave the disease to fight it in single-handed combat, that the patient's last moments may be a little less terrible. These remarks may seem to many of you uncalled for, but I can assure you that they will strike home to many a good physician and set him to thinking.

I have had physicians declare to me that they had tried my alleged treatment, and that it did not do the least bit of good. The reason that it did not do any good in their cases is because they thought fit to use the remedies in larger doses and less often, and it was not important to disturb the patient if it could only sleep, forgetting that diphtheria grows best while the patient sleeps. Then, again, it would not cause the diphtheria to disappear like magic, nor would it reduce the temperature against the combined influences of diphtheria, poultices, packs, and an elevated temperature saturated with the same poisonous vapor, or perhaps while it was sweltering in a lime steam.

I wish now to cite a few cases in exemplification of the plan of treatment that I have dared to intimate as infallible.

CASE I.—George K., a lad of five years, was brought to my office by his mother at eleven o'clock A.M. He was taken sick in the preceding night with chills, high fever and sore throat. An examination revealed a temperature of 103½°, very rapid pulse, fauces dark red and seemed very sore. The child appeared to be very sick. I made a diagnosis of diphtheria, although there was none to be seen, and ordered the myrrh mixture to be given every half hour all day and night. Before bedtime, however, the child was, as the mother stated, quite well, throat and all, and the remedy was discontinued, In the night the child was again attacked with headache, chills, fever, and sore throat, and the remedy was indifferently resumed, being given occasionally until morning, when I was summoned. On arriving I found a much worse condition than on the previous forenoon, for both lateral aspects of the throat were invested with diphtheria, and the constitutional disturbance was severe. This was 8 A.M. The medicine was, with emphasis, ordered to be given in fifteen-drop doses every twenty minutes all day and night, until I again saw the case. On the following morning I saw the boy and have every reason to believe that my orders were obeyed, for the child appeared to be perfectly well, and on inspection the throat gave no evidence that he had ever been sick. He was ordered to have the medicine every half hour through that day and night and then discontinued. The myrrh mixture was the only remedy used in his case. There were other children, but no other cases; they were all required to take the medicine while in the house, which may have protected them. This is a good illustration of what could be called a constitutional case with a local manifestation, inasmuch as there was no diphtheria in the throat for twenty-four hours at least, subsequent to the first constitutional manifestation, and yet by local treatment it was promptly controlled during a few hours on the first day, and then after a renewed attack was completely cured on the second day. With these facts before me, I am constrained to believe the disease a local one.

CASE II.—Laura F., three and one-half years, developed rapidly a very severe form of the disease. I saw the case in the evening; twelve hours after the initial symptoms, the throat was the seat of a very angry and apparently painful inflammation. The fauces were almost entirely covered with diphtheria. The tonsils were so large that they together with the diphtheria almost occluded the passage. The constitutional symptoms were in keeping with this very severe, and you might think, unpromising condition of the throat since the patient was so young. Myrrh mixture was the only medicine used. The atomizer was not used, although it was impossible to see the limits of the exudate. Fifteen drops every half hour day and night, whether asleep or awake, for thirty-eight hours cleaned the throat apparently, dissipated the inflammation and restored the child to apparent health. Ordered the medicine continued through the balance of the day and all night, and, if everything seemed well in the morning, to continue for a day and night every hour. In the forenoon of the next day, I was sent for, and on arriving I was informed after some questioning that relentless slumber had taken possession of the attendants and the medicine had been omitted for two or three hours during the night, and that as a result the child appeared quite as sick as on my previous visit. The diphtheria was even more extensive, although the swelling and inflammation were also severe. The treatment, of course, was resumed and given a little oftener and persevered with for about forty-eight hours before the throat was again clear. The patient during the greater part of this time had a low temperature, and was quite comfortable. The medicine was continued every half hour for forty-eight hours longer, lest the disease should again recur. It is no hardship to a child to be required to swallow medicine every half hour; if they are sleepy they are hardly conscious of the disturbance. The atomizer is the greatest annoyance to the little sufferers, still they sleep a half an hour at a time, which is quite sufficient. I think that the lesson taught in this case is that diphtheria is a local disease.

CASE III.—Effie H., a girl of eight years, had a very severe type of the disease, and the fauces were lined with diphtheria before I saw her at 9 A.M. The medicine was ordered given by the mouth in fifteen drop doses every half hour, and in evening of the same day she was very comfortable, temperature nearly normal and still her throat was lined with diphtheria, in extent exactly equal to what it was when she began the use of the medicine in the morning, but the patches were much thicker and whiter. On the following morning they were less extensive, beginning to be ragged, and where their continuity was undisturbed were from one-eighth to three-sixteenths of an inch thick. In the evening, thirty-six hours after treatment commenced, there were only here and there small ragged patches of the diphtheria left. The mother was cautioned that during the night she must under no circumstances omit the medicine, and she gave it regularly every half hour until five o'clock A.M., when she fell asleep and gave the next dose at 6.30, thus missing, as she affirmed, but two doses, and she was a lady of whose truthfulness I had no doubt. Be that as it may the interval of omission was a very short one. During this brief interval the disease was again in possession, spreading over the entire surface before involved, and extending up behind the soft palate out of sight, and down to the larynx was a thin film of diphtheria, and the constitutional symptoms were very severe at 9 A.M., the time of my visit. The atomizer was called into use and for three or four hours was used every fifteen minutes, when there was marked improvement again in the constitutional condition, and the time extended to intervals of half an hour and continued for some time after the throat was again clear, which required about forty eight hours. Tincture of iron, ten drops every three hours, was used with this case from the commencement, as there seemed to be an indication for it in the child's previous habit. This case so briefly noticed is interesting from the fact that it was very rapid in its development, both primarily and secondarily, and in the relapse the larynx was threatened, and the nasal cavity invaded in a remarkably short space of time, one hour and a half. It is also interesting to observe with what wonderful promptness it was controlled with the atomizer.

CASES IV AND V.—Hilda H., a girl, aged seven years, contracted malignant diphtheria from a younger sister, of four years, who died of the disease in about forty hours. It is fair to suppose this the origin, although she was attacked but a few hours later than her sister. A baby of two years happened to be, or was, at the time of the outbreak of the disease, put away from the house, and so for a few days escaped. These children were under the care of a very competent physician, one who enjoys a very high professional reputation, and justly so. He was faithful in his attendance, and earnest in his endeavor to control the dread disease. When the first child died the physician informed the parents that it was only a question of a few hours before the other child would also die; that it was impossible to control the disease, and that she was fast sinking under its poison. Word was left with a neighbor to have me see the patient. I declined this invitation, stating that if that physician pronounced the case a hopeless one, it would be useless for me to attend. A few hours later, however, I was again summoned by a special messenger, who stated that the physician had retired from the case, and that I was earnestly desired to see the girl before she died. I immediately responded, and, as might be supposed, found the patient in an extreme condition. The first thing that attracted my attention on entering was that restlessness so characteristic of the overwhelming influence of the poison. The child was breathing with difficulty, on account of the occlusion of the fauces and pharynx; the head was extended for the purpose, partly, of facilitating respiration; but on removing the wraps from the head, and the applications from the neck, another reason was found for the extended head. The neck was badly swollen and of brawny hardness, not particularly tender to the touch. An inspection of the fauces was sickening; an intensely putrid penetrating and persistent odor overwhelmed me, and I felt inclined to make a hurried retreat. I could not sit down or touch an article in the room, and I never experienced greater relief from something to be dreaded than I did when I again gained the open air. I stayed, however, long enough to order the myrrh mixture to be given in teaspoonful doses, for a gargle, every half hour, after gargling to be spit out, as I understood that the child was an adept at gargling, and to swallow fifteen drops every half hour in the intervals of gargling. The next morning the child was very much better, quiet, swelling was subsiding, head had assumed the natural position, breathing quite easy. The offensive odor from the throat was entirely gone, although the throat was still full of diphtheria; but now it was white, whereas, the day before it was black; probably the effect of the previous applications. The little patient could plainly articulate that she felt first rate, while on the previous day it was almost impossible for her to form a single word. I now crushed under my finger the prominent masses of diphtheria, some of which came out of her mouth; the rest that were detached were swallowed. This procedure I would not have done on the day before, lest the patient be immediately poisoned to death; but after the masses had been robbed of their ptomaines, or the formation suspended, and those that did exist had been either absorbed, dissipated or neutralized, there was no danger from swallowing it. Immediately after thus gently crushing the diphtheria, the child was required to gargle a solution of bichloride, 1–2000, every fifteen minutes for four times, and then continue with the myrrh mixture alone. Tincture of iron was administered in ten-drop doses every three hours. No further unpleasant symptoms occurred. In about three days the throat was quite well and clean, and no complications of any kind followed. Towards the close of one week from the convalescence of this patient, the mother began visiting her baby, who was domiciled with a neighbor under the same roof in another flat, and taking the myrrh mixture during the day as a prophylactic. One night, after one of the mother's visits, the child was taken very ill, and the good neighbor labored earnestly

with the sick child until morning, not for once thinking that it would be proper to give the throat medicine. In the morning the mother was summoned, who in turn summoned me, and in the meantime commenced the medicine. This child was suffering with malignant diphtheria, and no evidence lacking; and still in twenty-four hours there was not a trace of the disease left. The medicine was, of course, continued for some time, to prevent a recurrence. After the medicine was discontinued some three days, I think, the child was taken home, and again had an attack which was as severe as the first, and recovered as promptly under the use of the myrrh mixture, so I was informed. I did not see the child during the second attack. In the case of the first patient, although the disease was most malignant and far advanced, still the membrane had not extended in any direction beyond the reach of the medicine as used by gargle, therefore, it was possible to immediately stop the process of poisoning, and give the child a chance to eliminate, which she promptly took advantage of. I have had quite a number of cases of malignant diphtheria recover under similar circumstances with similar conditions prior to the commencement of the myrrh mixture, except for the fact that the most of them were given large quantities of whisky in addition.

Cases VI to XI. This will constitute a group of cases of malignant diphtheria, and be described collectively as far as possible. Mr. and Mrs. B. were the proud possessors of a very interesting family of seven children, embracing twins and ranging in ages from three to fifteen years. There was but one boy, who was twelve years old, and the only one to escape. The youngest child was the first to contract the disease. It proved to be a malignant form, and she expired within two days. Three other children, the twins, age ten, and the five year old, were simultaneously attacked on the second day. They all gave unmistakable evidence that they had contracted the disease in its malignant form; the suddenness of the attack, the rapidity of its development and the energy of its course left no doubt. A homœopathic physician was in charge until after the death of the first child, when he was, no doubt, greatly relieved by being very courteously retired from the case, and I very reluctantly accepted the responsibility. The treatment prior to my attendance seemed to have not the slighest influence to retard the onward march of the diphtheria. Permanganate of potash in solution, used with the atomizer, was the disinfectant employed. This was used often and thoroughly, every hour, I think; but its effects upon the disease, if any, were so slight that they could not be appreciated. At my first visit, which was some hours after the last visit of the retiring physician, the situation was very striking. They had decided upon a change of physicians. In the interval they had become terror-stricken. They had practically abandoned hope, and were indeed like a ship without a helm; yet they went on in a half-dazed kind of way with the atomizer, and sprayed the face as much as the throat, until the faces upon whom they were using it were of a dark bronze color, stained by the permanganate. In one the throat only was involved; in the other two the nasal cavities were already invaded; in one the larynx was involved sufficiently to affect the voice. The constitutional condition in all was alarming. It was a question whether they could recover, even though the poisoning processes were immediately stopped. In two, the youngest and one of the twins, the necks were swelled, full, smooth and boggy; their heads were extended to facilitate respiration. One of the twins seemed to be the worst, as she had nasal, pharyngeal, faucial and laryngeal diphtheria, with a swelled neck, very restless and obtuse mental condition, with complete inability to swallow. Tincture of iron every three hours with the myrrh mixture were the only remedies used. The alcohol was withdrawn, the applications removed, and the parents instructed to use the myrrh mixture containing bichloride 1–4000, with the atomizer through the nose and mouth every fifteen minutes for the first three hours, when the bichloride should be withdrawn and the remedy continued every twenty minutes all night, and the twin with the laryngeal complication should each time inhale the spray twice at least into the lungs. This required unremitting toil on the part of the attendants; but it was faithfully adhered to, and in the morning every one, patients and attendants, were willing to declare that there had been a wonderful improvement. But now an accident occurred that nearly cost the three lives, and the parents were again frantic. The atomizer that they had been using was inferior, and they thought to get Davidson's, but were given some other make, and this instrument was soon broken, and on returning to the former instrument it could not be made to work. During the interval of an hour or two the medicine was administered in uniform doses every fifteen or twenty minutes, but during this short delay it was apparent that something terrible was going on with the children; they were rapidly growing worse. This was appreciated by the parents, and it was almost impossible to again organize the system of treatment. The five year old child's nose became occluded, and it was with great difficulty that it was again opened. For this purpose the lime water was substituted for the chlorate of potash solution. In another day everything was very satisfactory. The children were taking their food without difficulty, except the twin, who was troubled with fluids regurgitating through the nose. They were playing with pennies and jacks as though nothing had ever been the matter. The older children did all they could to facilitate and render the treatment thorough; but the small child would invariably draw down the ala of the nose, rendering the small meatus nearly impervious, and during the night she would in other ways resist the treatment, so that it had been up to this time a hard fight with her to apply the treatment. The father was the only one that could without assistance accomplish it. But there is a limit to human endurance, and after six days and five nights of unremitting attendance, he found it necessary to retire during the sixth night to get a little sleep, leaving the mother and eldest girl on duty.

The girl was very much opposed through fear to

handle the cases, and the mother essayed to treat the younger child without assistance. In this she failed, but she did not find it out until it was too late to make amends. The nostrils had closed, and were not discovered until her husband again came on duty, and even then she stoutly maintained that they were pervious. At my visit some hours later I made an effort to establish an opening through the nostrils, but soon found this impossible. The entire nasal cavity was blocked full, and the diphtheria was extending into every cell or cavity that was developed in connection with the nose. Treatment was cut off. The disease had barricaded the entrance to treatment, and was master of the situation. Diphtheria never sleeps. The child died in the evening, the direct and unquestionable result of incompetence in the attendant. The twins recovered rapidly, the worst one of the two, although bothered for a few days with regurgitation of fluids through the nose, felt quite well and happy, but rather strangely and inexplicably she retained a patch of diphtheria as large as a nickel in front of the anterior pillar of the fauces on the left side for two or three days after the balance of the throat and nose was well. Finally it fell out, for it left a conical hole fully three-fourths of an inch deep extending behind the tonsil of that side. This supposed patch of diphtheria proved to be a slough. This surface as well as the corresponding surface of the opposite side and the anterior surface of the soft palate was covered when the myrrh treatment was commenced, and all the portions referred to except this were the first to fall off.

It is to be understood that the well children were subjected to the same treatment as a prophylactic, but they only got the medicine during the day, they were allowed to sleep. The second day of my attendance my attention was called to the eight year old girl who was taken violently ill in the night; she had vomited, and when I saw her at 9 A.M., had a temperature of 104°, throat very sore, but did not look bad. A small patch of diphtheria on each side was all that could be seen. The treatment was given every half hour day and night, and in thirty-six hours the throat was clean and the child well. The treatment was continued, however.

The oldest girl during these days had two unmistakable attacks, but they were dissipated in a couple of hours by fifteen minute applications of the myrrh mixture, no membrane ever showing, but each time she developed a high temperature; on one occasion it was 101°.

The boy of twelve years took the medicine regularly during the day, was a large part of the time out of doors, and had no symptoms.

The above cases were all of one character, one quality of infection and unquestionably malignant, and yet the fifteen minute application of the medicine to the entire surface of the diphtheria promptly stopped it, no matter where it was located or how much there was of it, or at what stage of development. This for years has been the uniform result obtained by the frequent application of the myrrh mixture. The detail of first importance in the plan of treatment advocated is the application of the remedy to all parts of the surface of the diphtheria; second, the frequency of the application, and if the applications be made in frequency in proportion to the activity of the disease that exists it can not spread, no matter of what character; and third, the use of myrrh as the chief remedy, although I believe there are other drugs of similar nature that might prove quite as efficacious. And finally the complications that have developed as a result of the diphtheria are in no way influenced by the frequent application of the myrrh mixture to the diphtheria, except to prevent further poisoning. As soon as can be properly tabulated and perfected, statistics will be presented of cases treated by this method.

683 WASHINGTON BOULEVARD.

SURGICAL SHOCK—ITS PATHOLOGY AND TREATMENT.[1]

BY HENRY JARRETT, M.D.,

THE term "shock" was originally employed to designate any case of sudden death or collapse, following an injury or mental emotion. With the increase of physiology, and the advancement of pathology, the term has become more and more definitely associated with the idea of a powerful impression on the nervous system, causing a sudden check to the circulation and depression of the entire functions of the body.

We are all aware that shock arises from either a mental source or the result of a serious bodily injury, as an accident, or the effects of an operation.

There seems to be a special gravity attached to those cases of surgical shock resulting from railway accidents. This may partly be attributed to mental causes, as fright, and, principally, to the general concussion of the body from its suddenly suspended motion.

We observe the pallor and coldness of the skin, the weak and rapid pulse, with sub-normal temperature, difficult and labored breathing, anxious expression with extreme restlessness, shown by the tossing about in bed, all serving to indicate a profound impression on the nervous system and lead us to search with interest the pathological conditions. At the post-mortem examination, the one striking phenomenon revealed is the enormous distention of the abdominal vessels. The blood destined for other regions has been practically withdrawn from the general circulation and produced this useless congestion of the abdominal viscera. In ascertaining the probable cause of this, the greatest credit should be given to experimental physiology.

The vessels of the abdominal cavity are under the control of the splanchnic nerves, and with the cardiac plexus of nerves, there exists not only a striking similarity, but close relationship. If the depressor branch of the pneumogastric nerve be divided by stimulation of its central end, there is produced an immediate lowering of the blood pressure in the arteries of the head, neck and extremities, at the same time will be observed a dilatation of the abdominal arteries and congestion of the abdominal viscera.

[1] Read before the Camden City Medical Society, October 10, 1889.

This is undoubtedly owing to an inhibiting or paralyzing effect upon the splanchnic nerves, for should they be cut, and the reflex current severed, the circulation becomes restored, and remains so, although irritation to the depressor nerve be continued. As an additional proof, if a frog be sharply struck upon the abdomen, the splanchnic nerves become paralyzed and produce the same symptons as those arising from irritation of the depressor nerve. This has its analogy in a man who has met with a severe blow on the epigastrium.

In addition to the above-mentioned pathological conditions, there is some congestion of the lungs, which, with the feeble and hastily acting heart, indicates the depressing effect exerted upon the cardiac plexus of nerves. These, together with the splanchnic nerves, suffer most, owing to their position and distribution.

From the general paralysis of the vaso-motor system, all vessels lose their tone, and as a result there is some stagnation of blood in the capillaries.

In short, we may say, that shock is an example of reflex paralysis of the vaso-motor nervous system, and the motor and sensory nerves sharing with it.

The treatment of shock presents two objects:

1. Sustain the lessened vitality; and—

2. If reaction take place, moderate it when excessive.

The first care in a case arising from injury, is to place the patient in a recumbent position, and of course, if there be any source of hemorrhage, it is immediately arrested, if possible. Loosen everything around the neck or chest that could in any way interfere with respiration. In fact, it is better to remove all clothing and wrap him in hot blankets, with bottles of hot water to his extremities, as it tends to elevate the sub-normal temperature. There are many who advocate placing the patient in a hot bath, beginning with a temperature of about 98° F., and gradually increasing to 110° F. By continuing the bath, it has been observed in some cases, that a sub-normal temperature has been elevated to 98.6° F., and the respirations diminished from 36 to 20.

The application of turpentine to the spine, and mustard plasters to the cardiac and epigastric regions, are often of much benefit. For the weak and failing heart at once is suggested the use of alcoholic stimulants. The good effects to be attained by these agents, are often prevented by the large doses given. Instead of accomplishing the desired object, that of stimulation, the opposite is produced, by depressing the system, and making a more difficult reaction. In addition, it should be remembered, that the absorbing qualities of the stomach are much impaired, and an excess of fluid will soon excite vomiting.

From a drachm to a half ounce and six drachms of brandy or whiskey, given every fifteen or thirty minutes, according to the requirement of each case, will answer for the majority of cases. Brandy and whiskey are sometimes given hypodermically, but better results may be obtained from the use of strychninæ sulph., gr. $\frac{1}{40}$–$\frac{1}{20}$, the effect guiding the frequency of administration.

For the failing heart, respiration and general depression of the nervous system, a very effective hypodermic injection can be made by the conjoined use of digitaline, gr. $\frac{1}{100}$, atropine sulph., gr. $\frac{1}{200}$–$\frac{1}{80}$, and strychnine sulph., gr. $\frac{1}{60}$–$\frac{1}{80}$. Ether, when injected beneath the skin, in doses of twenty to sixty minims, will in a few seconds powerfully increase the action of the heart, and, in addition, act as a general stimulant. If there should be much restlessness, an opiate, in the form of morphinæ sulph., will soon answer the purpose. When the patient can swallow, the ammon. carbonat., gr. v to viii, given every hour or two, will produce the most decided effect as a general stimulant.

When reaction takes place, a second indication arises, to moderate it as much as possible and prevent a resulting inflammation. The stimulants should be used with caution, gradually lengthening the interval and afterward diminishing the quantity; but now, nourishment of a more lasting character is required, as animal broths, wine whey, milk, and milk punches.

Anodynes, as morphine and the bromides, are always well borne after severe shock, and they overcome the restlessness which is often present.

To patients requiring an operation, the question occasionally arises, as to the propriety of operating before reaction has taken place. As a general rule it is better to defer operating until reaction is commencing or has taken place, but the main guide is the severity of the shock. If it is so grave as to be questionable whether reaction can set in, every means should be employed to restore him before operating; yet the requirements of the case may be such, as to prevent the giving of two, three, or six hours for reaction. In other words, we will find that each patient must serve a law unto his own requirements.

Hydrotherapeutics.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.[1]

By SIMON BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

[Continued from page 781.]

UNDER this general treatment vomiting ceased entirely; she went to the seaside improved in July, and on her homeward journey called to tell me that she had grown stout and felt perfectly well.

Such cases are infrequent in my experience, but these two illustrate the difference in treatment. No medicinal agent requires so much judicious grading of its dose as the application of water in the treatment of disease. This is one of the obstacles to its general application. For I have known the most intelligent physicians to commit the most grievous errors in this regard. Duval mentions a case of functional vomiting of four years' standing, which had resisted the most active and varied treatment, and for which no less a man than Chomel advised cold affusions from a bucket for five minutes. The patient almost collapsed, and it was difficult a year later for Dr. Monneret to induce him to try hydrotherapy

[1] Read before the New York Academy of Medicine, November 7, 1889.

again. Duval restored him by rain and jet douches of a few seconds' duration in six months.

Hysteria in its protean forms presents a broad field for hydrotherapy. In my personal experience many cases have yielded to tonic influences of various hydriatic procedures. Here, too, it is important to differentiate the types of the malady, and to adapt our procedures to each one with precision. In the sthenic forms, occurring in well developed women, especially among those who are leading a life of luxury and ease, the calming effect of the prolonged wet pack is indicated. Such patients require a daily pack, from one to two hours, in a linen sheet wrung out of water at 75°. The discipline resulting from the enforced rest, the soothing influence upon the peripheral nerves (as Heimar and Krebs have shown by physiological experiment) by the moist vapor which forms between the blanket covered sheet and the closely-enveloped body, the reduction of the pulse (which has also been demonstrated by Johnson and Petri), the withdrawal of blood to the periphery—all these factors determine a condition of the central nervous system which must favor a restoration of the lost equilibrium. And this is really the result. The patient, after the second or third pack, becomes more calm, her excitability is diminished, and if the treatment is aided by other remedies, medicinal and hygienic, it will almost certainly be effectual, according to my limited personal experience. In these cases it is well to be cautious about the temperature and duration of the half bath which should follow all such packs (for the purpose of restoring the tone of the superficial vessels). The temperature should be about 85° F., and a sponge should be used rather than the hand, the patient always assisting.

In the asthenic form of hysteria, in which the patient is hypochondriacal, or in which a paroxysm is brought on by psychical causes, especially if she be anæmic, the rapid application of water at a temperature of 50° to 60° F., is indicated. This may be done by affusions while the patient stands in hot water, or by a plunge into water of 60° to 65° F. If a douche is convenient, water at 40° to 45° may be used for two or three seconds. The aim here is to stimulate the peripheral nerves, and through the latter the central nervous system. At the same time we obtain by these measures the general tonic effect upon the health and nutrition. The Scotch douche, which is an alternating stream of cold and warm water, is useful in melancholic patients, whose general tone should, however, be elevated by other hydriatic procedures and medicinal agents. "The treatment of hysteria," says Fleury, "is certainly one of the most beautiful triumphs of rational hydrotherapy." The eminent clinician, Becquerel, writes: "During three years I have treated all cases of hysteria, hospital and private, by hydrotherapy, and I may say with assurance that every case yielded; the treatment, however, requires three to six months. Hydrotherapy replaces all other remedies."

In the Montefiore Home we have discharged three cases cured which had been admitted because they had been pronounced incurable.

In *chorea* I regard the treatment incomplete if the application of cold water in some form is omitted. During the past year I have completely restored two little girls who had been treated in vain by medication alone, by daily ablution with water at 65° F. and large doses of Fowler's solution.

From the time of Preissnitz, who, under the eyes of reliable medical observers (one of whom, Schedel, reports the case) restored a young English lady, aged sixteen years, suffering from chorea of two years' standing, which had resisted all medicinal treatment, hydrotherapy has again and again been successfully invoked. We require here the impact of very cold water by the douche, which should, however, be gradually attempted by timid patients. Duval regards it as the best treatment of chorea; he applies the cold douche to the spine and to the most agitated parts, followed by active friction.

In various forms of neuralgia hydrotherapy has afforded many triumphs. In my own personal experience sciatica has yielded more readily than other forms. In the acute form the patient is wrapped in a dry woollen blanket; pieces of old woollen blanket two and four feet, doubled, are thoroughly wrung out of boiling water by means of a wringer. These are, after lifting the blanket, closely applied to the affected limb over the region of the nerve, are rapidly changed until the parts become thoroughly congested and the patient is bathed in perspiration. This treatment continues about half an hour and is equivalent to a Turkish bath. The blanket is now removed successively from various parts of the body, beginning with the affected limb, and these are rapidly washed with water at 65° F. and dried. By this treatment I have succeeded in overcoming some of the most unyielding cases of sciatica, acute and chronic.

In *chronic* cases in which the general health is depreciated, the general tonic treatment by cold ablution, douches, or plunges is indicated. Duval, to whose magnificent book on practical and clinical hydrotherapy, published last year by Bailliere, I shall have occasion to refer frequently, applies the cold douche or rain bath, sometimes preceded by the sweat bath. From his large number he details six remarkable cures, giving, as he always does, the full histories, containing the names of the physicians who sent him the cases. His treatment will be made clear by the following abbreviated history: Patient sent by Sir Andrew Clark of London, on the 16th May, 1867, a lady, thirty-four years old, was attacked by lumbago in January. Pains passed down into the legs and thighs. After various methods of treatment, including blisters, our honorable confrere decided to appeal to hydrotherapy. When I saw her, the leg was flexed upon the thigh; she had to be carried to the *salle de douche*. She first received an ablution with water at 24° (75.2° F.). On the next day the same at 18° (64.4 F.), followed immediately by a sprinkling douche of two minutes passed over the entire body, especially the left leg, with water at 11° (51.8° F.). On the next day a rain douche of one and one-half minute, followed by a jet upon the most painful points with water at 11° (51.8° F.). This was continued until the 21st without sensible improvement.

On the 28th a hot-air bath preceded the douches.

On the next day she pronounced herself improved. Under this treatment she convalesced and was discharged cured on the 28th July.

In all types of *chronic neuralgias*, unless they be of organic origin, the therapeutic resources have not been exhausted until a thorough course of hydrotherapy has been adopted. Those cases especially which have proved unamenable to ordinary medicinal treatment, should be subjected to the best hydriatic method adapted to them. As many of these cases are connected with anæmia and chlorosis, the treatment addressed to these complications frequently restores the patient's health.

If there be one condition in which the tonic effects of hydrotherapy are pronounced, I may say that condition is functional anæmia. The mode of action in this malady, has been referred to at length in the able work of Putnam Jacobi, and its practical utility has been demonstrated by incontestable clinical evidence. For many years I have been in the habit of prescribing cold ablutions when the patient is still warm from bed, as a prominent element in the treatment. This simplification of the method adopted by special hydrotherapeutists, like Fleing, Winternitz and Duval, has served me so well that I must insist upon its value. I might give you numerous observations on the subject, cases in which all the most valued medicinal and hygienic measures have failed, until this simple auxiliary was added, and changed the entire aspect of the case. Even in poor servant girls, in whom anæmia and chlorosis are so common, who are sometimes brought to us by their sympathetic mistresses, with ashen faces, cardiac bruits, glassy eyes, &c,, an astonishing change has been made by simply adding cold ablutions to the iron or other treatment. It will not suffice, however, to tell an anæmic patient, "you must bathe in cold water." The importance of the shock from the brief impact of cold water must be impressed upon them, and the physician should prescribe the temperature of the water. In the early summer months when the water is 70 to 75° F. and the air not much warmer, the shock will be slight. Ice must be added to a basinful of water, or several basinfuls should be precipitated over the shoulders and body from a height, in order to compensate by the mechanical effect for the absence of temperature difference.

In winter my usual prescription is to stand in sufficient warm water to cover the feet, and after turning the cold water on, to catch it up with the hands, or with a small pan, and dash it over successive parts of the body. Rapid drying and friction must follow. After the patient becomes accustomed to the cold water, I advise the plunge into a tub three-fourths full of water not less than 55° and not more than 65° F. Its duration must not be longer than is required to wet the entire body. This simple substitute which, like others mentioned, I have introduced to replace the more complicated hydriatic procedures found in special institutions, will avail in a large proportion of cases. The more obstinate must be subjected to the skilled applications of hydrotherapy. An illustration of the latter method is furnished in the following abbreviated history by Duval. Mr. C. De Limon sent us on the 17th of October, 1876, Mr. X., age twenty-one years. Addicted to a sedentary life and from other causes he became very feeble, with difficult digestion. After having tried iron, tonic wine, exercise, etc., unsuccessfully Dr. Limon recommend a hydrotherapeutic course. The latter was begun by a rain douche of ten seconds, with water at 48° F. (9° C.) followed by dry friction. In the evening same treatment—with cold food and water as drink. No change of treatment was made for a month. He was now a little better. The douches were prolonged to twenty seconds, and we added a jet douche of half a minute upon the whole body, finishing upon the feet. On the 25th amelioration was marked; the head became clear, the appetite improved, the strength returned, and also his vivacity.

The treatment was continued until the 11th of January, 1877, when he left us, entirely transformed and happy to live. We have seen him since that time quite well. Duval cites twelve histories, selected from a large number, in which he details similiar treatment, varied, however, according to the type of anæmia and condition of the patient. In the physiological portion of my paper I have referred to the scientific accuracy with which the improvement in the blood has been demonstrated. Winternitz, too, has in numerous cases of chlorosis and anæmia proven with Fleish's Hæmatometer, that the oxyhæmoglobin of the blood was rapidly and considerably increased by proper hydriatic procedures. When anæmia is dependent upon the cachexia of organic disease, nothing permanent can be accomplished, of course. No one recognizes this fact more than the scientific hydrotherapist. The fact remains positively demonstrated, however, that from the average of cases submitted to the treatment, a large proportion gain in weight, and improve in general condition.

Winternitz has carefully recorded the weight of 2,400 patients of all kinds at his private institute in Kaltentengeben, of whom 56 per cent. gained weight. This is the result of improved appetite and digestion; hence increase of food consumption; hence a progressive metamorphosis. In order to obtain this effect the rule should be: first, not to apply a more powerful thermic or mechanical nerve excitation than the respective organism is capable of bearing without excessive reaction, and second, to so graduate the heat abstraction, that the weakened organism may restore it promptly and without excessive exertion.

For this reason it is important to accumulate heat by dry or wet packs, or by previous warming in bed, or by exercise, or a glass of hot milk, tea, or toddy a few minutes prior to the application of the cold water. These will aid in bringing on reaction and preventing loss of heat in delicate persons. The reactive effect should be watched in the improvement of the pulse and its increase; a rosy hue of the skin, and general invigoration, it should not fatigue very much. For this purpose I have found the dripping sheet very valuable. A skilled attendant dips a linen sheet into water at 65° F., and wraps it snugly over the patient's body, while the latter stands in warm water. The arms are not covered. By brisk rubbing with the flat hand on the outside of the sheet, in

which the patient assists, the peripheral vessels are dilated and reaction is more rapidly induced when the patient is rubbed down with a dry sheet afterwards. This is the method I have adopted in the Montefiore Home with satisfactory results, as will be seen.

While on the subject of anæmia, I desire to refer to the fact that in diathetic diseases, as gout and rheumatism, in which the anæmia is a manifestation of defective nutrition, marvels of restoration, as Prof. Semmola justly says, may be accomplished by the skilful adaptation of cold water to the case.

This subject is too broad to be here entered into as fully as I should wish. Suffice it that clinical data from reliable sources are my warrant for this strong statement. Ziemssen tells us, after describing the wet sheet procedure in the prevention and treatment of tuberculosis, "the great advantage of this rubbing down which may be made in loco, without expense, and whose good service may be employed for months and years, is of extraordinary significance in daily practice, especially among the poor."

47 E. 60TH STREET, NEW YORK.

The Polyclinic.

PHILADELPHIA HOSPITAL.

HÆMOPHILIA.

THIS colored woman is now convalescent from puerperal convulsions. She gave birth to a healthy child, but there is now no evidence of septic infection. She had a hemorrhage from the gums and the mucous membrane of the mouth and nose, which lasted for four days. At first I suspected mercurialism, for she had been given calomel in gr. xv doses, with sodium bicarb. It was, in all probability, not due to the calomel, for when it is given in kidney trouble, it rarely, if ever, salivates. Examination of the pharynx and mouth showed no special change, and even though she bled four days, she was not specially weak. She was fed on milk and given stimulants, and soon made a speedy recovery. Examination of the blood showed white corpuscles in abundance, much fibrin and a normal amount of red cells. She had no anæmia, so we were forced to say that she was suffering from leucæmia. Pernicious anæmia in pregnant women is rare and usually fatal. This woman has no malarial history, nor any specific trouble. She is possibly a bleeder or sufferer from hæmophilia. This trouble is transmitted only by the mother to her children, and not by the father. It is not always fatal, and progressive attenuation of the virus causes it to disappear if good hygienic rules are observed.

I recall the case of a woman, aged twenty-five, with an antecedent history of hæmophilia, who came into the hospital with symptoms of abortion. Shortly after admission she had a hemorrhage from the womb, vagina, stomach and mouth. I tamponed with iodoform, styptics and injections, but without effect. She was given good nourishing food, and in a few days completely recovered. In the case of the woman before us we can find no cause for the hemorrhage, unless it be due to some bad teeth in the mouth. We can find no history of hæmophilia in her family.

But after calling it leucæmia, or hæmophilia, what can be done by way of treatment? She has been given those things that improve the blood, such as iron and arsenic—the latter affording better results than the former—administered in repeated doses, as often as the stomach would bear it. Digitalis was given to strengthen the heart. When she could not take fluid into her stomach, we injected sterilized water into the intermuscular spaces. We thrust the hypodermic needle deeply in and allow several ounces, representing a one per cent. solution of sodium chloride, to escape into the connective tissue and then close the aperture with collodion. This increases the volume of blood, establishes equilibrium, and makes the pulse strong. This may be used to advantage in surgical hemorrhage and shock. Three ounces will be absorbed in one half hour. These injections are used in pneumonia in this hospital, and I have yet to learn of a single abscess when the needle was deeply inserted. For the stoppage of the hemorrhage we used tannic and gallic acid, tincture of myrrh, iron and turpentine, but without avail. Her child exhibited a complication in its history, for it bled at the umbilical cord, and the only way this could be checked was by passing two hare-lip pins under the bleeding spots, and applying a firm ligature.

I recall another case of an anæmic woman who complained of pain in her stomach, with disordered menstruation. She was given a placebo, and the next morning her nose began to bleed, but none of the ordinary methods of treatment stopped it. The nares were plugged with gauze dipped in tannic and gallic acid, and iron was given, but she died in three or four hours. It seemed that the bleeding continued from the posterior nares, that she swallowed the blood, and thus it escaped notice until it was too late.

As to the prognosis in this case, it is favorable; but she is liable to interstitial nephritis with eclampsia. Arterio-sclerosis and confirmed nephritis may result. If she is not exposed to mental strain or cold, her trouble may not return. She ought to be under an intelligent physician's care for the next five years, and, as a second child might predispose to subsequent trouble of a similar kind, it would be well to prevent another conception. Typhoid fever may and often does complicate pregnancy, and is liable to be mistaken for puerperal septicæmia. In the case of a woman who was taken with typhoid shortly after the birth of her child, she made an incomplete recovery. The child was weaned at once. The treatment was symptomatic. She was well fed and nourished. Lead was given for the excessive watery stools, with opium; sponge baths and antipyrin for the fever, and milk and alcohol as a stimulant. You may reëstablish lactation by the application of a Faradic current, and the use of good diet. Apply one pole at the breast and the other at the spine.—*Davis.*

The Russian influenza is beginning to show itself on this side of the Atlantic, if we may trust the newspaper accounts. It is most likely that the cases noted are ordinary, non-epidemic catarrhs.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Dec. 21, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

THE REMEDY FOR THE MYCOTIC SUMMER DIARRHŒA OF INFANTS.

IN our issue of the 30th ult. we refered to this subject with a view of presenting to our readers the latest opinions of leading authorities. If the chief etiological element is to be sought in the bacteria, which abound in cows' milk, as recent investigations have clearly demonstrated, the remedy is simple, as it proved to be in the matter of puerperal infection (as was brought out in a recent discussion in New York City). In the case of puerperal diseases Semmelweiss astounded the medical world by reducing the enormous mortality from this scourge to about seven per cent. by simply insisting upon cleanliness and disinfection of the hands and instruments which approached the puerpera. Marvellous as were the results achieved by this common sense practice (adopted after the fertile theories of the ablest men had failed to discover any positive etiological factor) still greater advances were made by those who succeeded Semmelweiss and had the advantage of the bacteriological discoveries of later times. The outcome is, that to-day puerperal infectious diseases are practically abolished by that most simple measure, "strict uncompromising asepsis of the utero-vaginal canal and vulva.

It may be justly claimed, as was done by one of the speakers at the recent meeting of the Pædiatric Section of the New York Academy of Medicine, that Soxhlet stands in the position of Semmelweiss, in this question of infantile summer diarrhœa. By an ingenious method of purifying the milk and preserving it until it reaches the infant's lips, he has succeeded in diminishing greatly the enormous infant mortality of summer. But we should go farther than Soxhlet. If, as is now coming to be recognized as an axiom, sterilization of milk is the *sine qua non* in this question, we must as soon as possible abandon Soxhlet's apparatus, *because it does not sterilize the milk.* We say this on the authority of Pasteur, Loeffler and Lister, who have shown that after milk has been boiled ten or twenty minutes, it is still capable of developing bacilli and spores, which precipitate casein under alkaline reaction. The latter observation demonstrates that the fact, that milk from Soxhlet's apparatus does not readily turn sour, is not a proof that it is sterilized.

That this is really true was proven by the statement of Dr. Caille (to whom we owe the introduction of the apparatus in this country) that Soxhlet does not claim that he sterilizes the milk.

Just here comes our difficulty. Everybody regards the milk sterilized, and we are too prone to rest content under this impression, which is now happily shown to be incorrect by the most enthusiastic advocate and introducer of the Soxhlet apparatus.

Just as Semmelweiss' method proved wonderfully effective in limiting puerperal diseases, so will and does Soxhlet's method aid us greatly in the prevention of summer diarrhœas of infants. While we would therefore not take one jot or tittle from the merit of this benefactor of infants, we are sure he will be the first to aid in bringing about the adoption of a more perfect method, if such can be found. That there is such a method, we have no doubt. It remains for some practical mind to devise an apparatus by which the milk can be held for half an hour at 266° F., and we have the opinion of Pasteur, Loeffler, Lister, Hueffe and other well-known bacteriologists, that such milk will be thoroughly sterilized.

The preparation of milk thus strongly sterilized, in large quantities, its supervision by health boards and experts in bacteriology, its sale at a reasonable price in properly-secured bottles, will do more to diminish infant mortality than all the benevolent and well-meant planning and erection of seaside hospitals, and organizing of excursions for sick babies during the heated term.

At the meeting of the Pædriatic Section referred to above, a sample bottle of Jersey milk sterilized by Soxhlet's method was shown, the price of which was $3.00 (with a rebate of sixty cents for the returned bottles) per dozen bottles of six ounces. This is at the rate of $1.06 per quart. We cite the fact as an illustration of the "infantile" stage of this industry.

THE STAFF AT BLOCKLEY.

THE prospect of a change in the personnel of the City Hospital Staff, has re-awakened the contention of last summer, and in the same objectionable form. These staff appointments, as is well known to most of our readers, have no emoluments connected with them, and are valued chiefly because the holder has the opportunity to study the great mass of clinical material in the hospital, and present it to the students of the city colleges at the clinics. It is obvious that were these opportunities to be confined to one college alone, the Blockley clinics would become a powerful agent in attracting the students of the other institutions away to the one whose teachers were introduced to them under such favorable auspices.

This and the fact that none of the medical colleges is a municipal institution, and hence neither has any official claim in the matter, form the basis of the demand for equal representation on this staff.

The claim has, however, been that the colleges are not to be considered at all, but that members are chosen solely with a view to their efficiency. But the query naturally presents itself, Who is to judge of the relative merits of the candidates? Under the alleged "civil service rules" of Dr. White, the decision rested with the staff, in which the majority of University men enabled them to control the situation absolutely. Whether these men are capable of giving an impartial verdict may fairly be judged by their record. Last summer their action was prompted by the impulse, engendered by Dr. White's cunningly-worded letter, to assert their independence, which they believed to be threatened by the Mayor. Independence is a noble motive from which to act; but it is not exactly the same thing as doing one's duty with impartial justice, and an eye only to the public interests. Later, when the less reputable members of the University party endeavored to excuse this action by inventing another reason therefor, and attributed the adverse vote of one candidate to personal reasons, there was not independence enough in the whole staff for one member to lift up his voice in behalf of the man who was being slandered. Instead of that they allowed the assertion to go uncontradicted, that the Mayor was seeking to force upon the staff a man who failed to pass the civil service examination! So industriously were the words "civil service" bandied about that scarcely any one now knows that there was not the ghost of an examination, or any method whatever, employed to ascertain the fitness of candidates for the staff.

The fact that an examination had just been held for Resident Physician in Blockley, helped to confirm this impression in the minds of the general public, who seldom read carefully. For the independence which bristles up at a fancied encroachment upon prerogative, and will yet refrain from speaking a word in justice to an opponent, we have the heartiest contempt.

At present the question is whether the entire staff shall be re-appointed in a body, or whether some changes shall be made. Dr. White has certainly been an efficient officer on the staff. He has won a reputation as a surgeon and as a man of executive ability. But it is unjust to his colleagues to attribute to him the whole credit of the good work of Blockley's surgeons. They have deserved quite as much commendation as he; and the outcry in the *Telegraph*, presumably inspired by Dr. White, if not coming directly from his pen, is really intended to force one of them to make room for Laplace, and leave White still in his place. With his father at the head of the Bureau, and in perfect harmony with him, it would have been indeed strange if Dr. White had failed to carry out his reforms; while other and equally able men had no such opportunities. In the *Telegraph* editorials, however, he omitted to mention that Dr. White's overbearing manners, and his poor delivery, render him less desirable as a member of the staff. It is in further proof that to him has been attributed credit really due to others, that no evidence of his executive ability is to be seen in the University Hospital, whose mismanagement has been so notorious that the authorities have been compelled to bring Dr. Billings here to restore order.

Professor Ernest Laplace, whose name has been mentioned, is perhaps better known in Europe than he is here. He is one of the very few American surgeons whose professional work has won the respect and approbation of the highest authorities abroad. With men like Koch, in the very fore-front of medical progress, the abilities of this young American have been fully recognized; and there is not a surgeon who practises antisepsis to day, but is indebted to Laplace for the efficiency of his applications. If the Philadelphia profession are not acquainted with Dr. Laplace and his work, the Philadelphia profession would do well to go home and read up a bit.

Dr. Laplace came here from New Orleans last fall, to fill the chair of Pathology in the Medico-Chirurgical College; a position for which no man in America is better qualified. With a comparatively uninteresting subject he has succeeded so well, that students of classes not required to attend his lectures, have been going without their dinners in order to hear him. The readers of the TIMES AND REGISTER have already been favored with articles from his pen; while his work in the wards as a surgeon, has shown his practical ability to be fully on a par with his brilliant qualifications as a writer and teacher. Should the city secure his services as a surgeon to the Blockley hospital, both patients and students are to be congratulated.

Annotations.

OLIVE oil for gallstones is favorably spoken of by Dr. Rosenberg, who cites three cases in which he gave from three to five ounces of olive oil in two portions combined as follows: Ol. olivæ, 200 gr.; menthol, 0.5; cognac, 20; and white of eggs, m. 2 (well rubbed up). In discussing the paper Virchow referred to his experiments, which demonstrated that in fishes, birds and mammalia large masses of fat are excreted and again absorbed by the epithelium of the gall ducts and gall bladder, so as to render the surface of these parts quite white. He concludes that there is a kind of intermediary tissue change, that part of the fat reaches the liver, is excreted from it and passes into the gall passages, a portion reaches the intestine. It may therefore be supposed that in the cases reported, the oil flowed to a certain extent through the liver, passed into it in considerable quantities and then produced the mixture in the gall ducts and gall bladder, which Rosenberg described as the effect of his treatment.

Prof. Ewald had looked up the literature of the subject and found in some cases the supposed gallstones were simply soda soaps; but in fifteen cases whole stones with facets were passed and in two cases, in which large doses of olive oil had been given for intense pains, prompt relief followed, with passage of stones. Ewald's personal experience in two cases was negative.—*Deut. Med. Zeitung.*

Letters to the Editor.

INQUIRY.

I AM attending a child (male), thirteen months old. He has had crying spells since he was born. I treated him with Dewees' carminative, paregoric, and Dover's powder. The child grows, and does not seem to be sickly. It, however, gets these crying spells now, and is at times restless day and night. It does not seem to have any trouble in passing its water, nor during defecation. It sits and plays, but at once drops all and cries, and it must be taken up and carried about. Mother says that at night it cried at times as if a pin were pricking it. The ears do not discharge, nor is there swelling in the meatus auditorius. I had to resort to morphine to produce sleep. Then I prescribed chloral hyd., potas. bromide and morph. sulph. These answered the purpose for a while, but then lost their effect. I am inclined to the opinion that the child has pain in the head, either neuralgia or of some other nature. I have given it potas. iodid., gr. ij, three times a day. Am now giving the elix. phosph. lime, soda, potash and iron (chemical food), three times a day, and at night quinine sulph., gr. 1½ to 2, morph. sulph., gr. ¼. Sometimes one is enough, and at times two or three doses are necessary to quiet the child. The child born previous to this also had crying spells, and required large doses of Dewees' carminative, but at the end of nine months old it needed no medicine. I had given it sulphonal-bayer, gr. xv. The first night this seemed to have a good effect, but after then it failed. The child is bottle-fed, and also eats at the table. It has cut six or eight teeth.

What can be the cause? How can I stop the crying and the morphine?

The child's "crying spells" are quite probably due to an obstinate form of colic. You state that the babe "does not seem to have any trouble in passing its water, nor during defecation." The diagnosis is based upon the following features: the paroxysmal character of the attacks, the restlessness, and the fact that the "child is bottle-fed, and also eats at the table." The number of stools in the twenty-four hours are not mentioned, but it must be born in mind that one passage daily in a child thirteen months of age, is to be regarded as constipation, which, we suspect, is present in this case. In some of these cases intercurrent attacks of diarrhœa are observed, more particularly where the food given is unsuited to the digestive powers of the infant.

Your first care should be to regulate the diet properly, adapting it to the digestive power of the patient, and not to his age. Give complete relief to the bowels daily by the use of the inf. senna, combined with tr. belladonna. To control the severe attacks of colic, flannels wrung out of hot water and applied to the abdomen are serviceable; also copious injections of warm water and soap.

Instead of the large doses of morphine, the following mixture should be given a trial, administering a teaspoonful every two or three hours during the attacks:

℞.—Sp. ammon. aromat.....ℳ xlviii.
Sp. chloroformi.....ℳ xxx.
Sp. menth. piperitæ..... ʒ ss.
Glycerini ....ʒ iij.
Aq. carui.....q. s. ad ʒ ij.
M.—Ft. tincturæ.

—J. M. A.

Society Notes.

McDOWELL MEDICAL SOCIETY.

Twenty-ninth Semi-annual Meeting, held at Henderson, Kentucky, November 11, 1889.

Morning Session.

THE Society was called to order at 10 A.M. by the President, Dr. John E. Pendleton, of Hartford, Ky.

Dr. Ap Morgan Vance, of Louisville, read a paper on

ANTISEPTIC SURGERY,

in which he said the great progress of surgery in the past ten years has been just in proportion to the increased understanding and confidence in the power of antiseptic and aseptic methods of wound treatment. The day is not far distant when a man will be ashamed to admit the formation of pus in a wound of his making. He is now ashamed of such a result, as he knows that it is by some neglect on his part that it is there. The technique, he said, is to be acquired by reading the medical journals of the day, and making trials of the methods there described.

Dr. Vance then by a series of *dont's* directed the attention of the members to the importance of the little things in this kind of work, reporting cases illustrative of the results to be obtained.

Don't fail, when possible, to have a general bath before doing a major operation.

Don't do any operation with suspicious hands; hot water, soap, nail brush, and penknife should be carefully used by the principal and assistants before any operation. It is best to cut the nails very short so there will be no place for germs to lodge.

Don't just before or during an operation put your fingers about your nose, eyes, or ears, or use your handkerchief, or shake hands with any one. It is better to offend a visitor than to run the risks of infection.

Don't pick up, or allow your assistants to touch, any instrument, sponge or suture that has fallen upon the floor during the operation.

Don't bite off the end of a suture that it may the more readily be threaded.

Don't put your knife, or other instrument, in your mouth, or behind your ear, preparatory to its use.

Don't fail to detail some one to wipe your face during a long and laborious operation.

Don't cough or sneeze over the operative field; consequently the use of tobacco or the presence of a cuspidor should be forbidden in the operating room.

Don't fail, when possible, to have the patient

bathed, and clothing changed, before an operation. When this is not possible, thoroughly cleanse the field, and never make or dress a wound where the surrounding parts have not been shaved thoroughly.

Don't allow any visitor to handle the field of operation, after the patient is prepared, unless he is aseptic.

Don't allow visitors who are doubtful, *i. e.*, who are attending patients with gangrene, erysipelas, or puerperal fever, etc., unless they have taken all precautions.

Don't fail to have the field surrounded by warm sublimated towels.

Discussed by Drs. G. Frank Lydston, of Chicago; A. M. Owen, of Evansville, Ind., I. N. Love, of St. Louis; J. Y. Brown, of Henderson, Ky.; and discussion closed by Dr. Vance.

Dr. I. N. Love made some remarks on the

MANAGEMENT OF FEVERS.

He said nearly all the cases of fever which come under our observation, after it is well established that they are continued fevers, no matter what the cause, the management of them rather than medication is what we wish to obtain, yet there are times when medication is an important part of the management. The latter should be secondary, however. When called to a case of fever we find a high temperature, with a history invariably of chill. In malarial fevers we have a history of days of discomfort, headache, bad digestion, etc., with no well defined chill or rigor. In fever cases the first thing is to clear out the sewers of the patient, keeping open the secretory and excretory organs, by giving good doses of calomel along with compound jalap powder, followed by some saline purgative. Sometimes thorough cleansing of itself overcomes the fever, then proper measures should be taken to prevent its recurrence. The alimentary canal having been cleared out, management rather than medication should be employed.

The ice water given patients should be boiled and kept hermetically sealed in an ice chest; so too with the milk given fever patients. Cleansing the mouth and teeth are important factors. No patient with typhoid fever should have sordes on the teeth. An item of vital importance is tranquillity of both mind and body. Friends should not be permitted to see fever patients. The physician should insist upon the patient using a bed-pan, causing as little muscular effort as possible. With a view to producing this tranquillity the administration of medicines which produce sleep are of great value. Sleep is one of the most curative agents in fevers. In controlling temperature the speaker highly recommends acetanilid. He has used it in a large number of cases with very satisfactory results. Given in doses of 2½ grains, every two to four hours, to an adult, it reduces temperature at least one and a half degree, and keeps it down. The speaker gives it in the form of a solution, with brandy or Tokay wine, which makes an ideal stimulant. He also alternates the sponge bath with the administration of acetanilid.

The hydro therapeutic treatment of fevers had received considerable attention of late, and among the more interesting articles that have been written are those by Drs. Baruch, of New York, and G. C. Smythe, of Indiana.

Quinine, as an antiperiodic, should be ruled out; yet if there is a malarial element it is the remedy to determine it. Quinine disturbs the nervous system, demoralizes the alimentary canal, and impairs digestion and nutrition.

Dr. Love, in closing, favored the pre-digestion of all foods for fever patients for various and obvious reasons, which he gave at considerable length. Bovinine, which is simply an extract of meat: is very satisfactory in such cases, as it is well received, well retained, and is unquestionably very nourishing.

Discussed by Drs. P. Thompson, of Henderson, Ky.; W. C. Cook, of Henderson, Ky.; W. C. Smith, of Henderson, Ky.; G. Frank Lydston, of Chicago; A. M. Owen, of Evansville, Ind.; Brandford Lewis, of St. Louis, Mo., and discussion closed by Dr. Love.

Dr. J. E. Pendleton, of Hartford, Kentucky, read a papar on

TREPHINING, WITH REPORTS OF CASES.

He said trephining within itself is not a dangerous operation. There has not been a record of cases in which all other factors of danger have been eliminated. The operation is done for the relief of some injury or other pathological condition which either impairs the health or imperils the life of the patient.

Operations done for the relief of epilepsy are more nearly fair examples from which to calculate the mortality rate than any other class of cases that have been recorded. Even in these, if the epileptic seizures be due to old traumatisms of the skull, with spiculæ of bones or exostoses impinging upon the brain or its membranes, they should be excluded. It has not been the speaker's fortune to be called to use the trephine for tumors or epilepsy. His experience with the instrument has been for the most part confined to recent traumatic injuries of the head. In two of the cases he had treated exostosis of the inner table was found. He reported five cases upon which he had successfully operated, and four in which the indications for trephining were palpable.

He concluded by saying that much as had been learned and published within the last two decades with regard to the functions of the cerebral centers, we are not yet in possession of sufficient knowledge to shield us from the danger of making mistakes in locating cerebral lesions. The very complex anatomical arrangement of the nervous centers, and their conducting tracts; the fact that two or more areas may be intimately connected with the same function, and that lesions of the same location in different individuals may not produce like definite results, conspire to hinder correct diagnosis. Tumors and abscesses imbedded deeply in the brain substance that would inevitably have terminated life, have been extirpated or evacuated, and the patient restored to health. Perilous as may seem these daring ventures in brain surgery, the speaker said there will be found many whose lives have been made so miserable by constantly recurring fits of epilepsy, and failed of relief in other directions, who will gladly avail themselves of almost any operation to get rid of their

malady. In depressed fractures, in sub-dural or sub-cranial hemorrhage, or in traumatic abscess, if the focal symptoms are of a reliable character, there should be no hesitation about operating.

Judging from his own observation and all the information he had gathered concerning the conditions of the skull and brain for which trephining may be done, he could only say that the propriety of operating depends mostly upon our ability to make a correct diagnosis.

Discussed by Drs. Vance, Owen, Lydston, and discussion closed by Dr. Pendleton.

Dr. E. H. Luckett, of Owensboro, Ky., read a brief paper on

THE RELATIONS OF MOTHERS IN NURSING THEIR CHILDREN.

He said in investigating the operation of natural laws we cannot fail to observe the mutual relationship and reactions which they produce in their fulfilment, and this relationship holds good whether they are acting rationally or aberrantly. In no field of their operation is this to be more observed than in the laws regulating biological processes or pathological divergences. Each law, as it applies itself to the development of functional activity in this or that organ, is aided by its relationship. In but few organs is this law more beneficently displayed than in the milk glands and uterus, where the one has for months been caring for and growing a loving being, and the other developing for the care of the infant in its independent existence. To ruthlessly set this order at defiance, is to invite serious disaster to the woman, and greater perils to the child. There is no condition of humanity more to be deplored than that arising from the pathological conditions following childbirth, and among the many causes for these disturbances failure to nurse stands out boldly and forebodingly. That every mother should nurse her child, except from want of milk or grave disease, will not be gainsaid. It is the demand made by the law of her condition, and she cannot shrink the task or transfer the responsibility without inviting injurious results to herself, and taking large chances for physical and mental defects to her child, entailing upon it a puny existence, and too frequently an early death. Nature intended that woman should nurse her children, and consequently that pregnancy and child-bearing should not occur oftener than the normal condition permitted, amounting to one child-bearing period in eighteen months or two years. But with the dry woman this occurred in from ten to fifteen months, subjecting her to all the mental anxieties, all the nerve perturbations, both reflex and direct, and all the functional derangements incident to this period almost continually during the life of her fecundity,

Another condition arising much more frequently in the nursing woman is abortions. This is no doubt to a great extent the result of the frequent pregnancies which women are subject to. These abortions are one of the most fruitful causes of local pelvic troubles, both acute and chronic, and add largely to the list of penalties which women pay for neglect of duty, in discarding the motherly care of their offspring.

Discussed by Drs. Hanna, of Henderson, Ky., Love, Owen, and Lydston.

Dr. Bransford Lewis, of St. Louis, Mo., read a paper on the

TREATMENT OF GONORRHŒA BY THE OINTMENT METHOD,

in which he deprecated the use, in the early stages of gonorrhœa, of astringents, caustics, or other means, antiseptic or otherwise, which would tend in any way to increase the irritation already present, giving as his reason that, aside from the injurious effects which they might produce on that account, they were inefficacious in reaching or killing the gonococci, the morbific agents, because of the behavior of the latter with reference to the tissues in which they dwell. Admitting the inability to cut short a specific gonorrhœa in a few days or a week, he had advised a plan of treatment, having for its object the conduction of the disease through its several stages as quickly, as pleasantly, and as safely as possible. And nothing appeared to be more liable to attain these ends than the introduction of a bland ointment, medicated as desired. It is soothing to the inflamed membrane; it keeps the opposing surfaces from rubbing against one another, and this way obviates all auto-irritation. It affords a continuous application for any medicament, without giving rise to any additional trouble to the physician or annoyance to the patient.

Dr. Lewis then exhibited the instrument or applicator which he uses, and described it in the following language; "This instrument is simply a hard rubber ointment box, fitted at one end with a screw-piston, for pressing the ointment out the other end into the soft rubber catheter attached thereto. The catheter, having three holes at its end, is a No. 2 French, small enough, smooth enough, and flexible enough to glide for a half inch or so into the most sensitive urethra, generally before the patient knows that it is in. The ointment is then squeezed out, pressure being maintained all the while around the glans, so that it is compelled to pass backwards over the inflamed area. The catheter is then withdrawn, and a muslin hood, lined with clean, non-absorbent cotton, is placed over the penis, and retains the application until the next urination."

Lately he had been using albolene, an ointment base which is such an inert and indolent substance that it neither changes nor becomes rancid with keeping, or in combination with medicines. It is odorless, and almost tasteless. He prefers it to lanolin, because of the qualities mentioned, and is now using it exclusively, and with perfect satisfaction.

Discussed at length by Drs. Lydston, Brown, Vance, and closed by essayist.

Dr. William Cheatham, of Louisville, Ky., read a paper entitled

PHLYCTENULAR OR SCROFULOUS OPHTHALMIA.

He said the management of these cases is quite simple in a great majority of them; but we occasionally come across cases where the cornea may be perforated, or one in which we have frequent relapses, which puts the physician to no end of trouble and worry. In these cases the hygienic management and

constitutional treatment is of extreme importance; in fact, the most frequent cause of this affection is bad hygiene. As to feeding, all sweets should be cut off, likewise tea and coffee. Fresh meat should, if possible, be given twice a day—none for supper. Limit the patient to good, nutritious food. Patient should be kept out of doors as much as possible. The local treatment in phlyctenular conjunctivitis is cleanliness, with hot or cold carbolized water, as the patient prefers. Atropia sulph. grs. ij, aqua dest. ℥j, to be dropped into the eye three or four times a day, if the inflammation is severe, or if there is any photophobia. If dry calomel can be dusted into the eye about noon each day, with a camel's hair brush, it should be done; or the calomel may be mixed with pulverized white sugar, half and half.

Discussed at length by DR. J. M. RAY, of Louisville, Ky.

EVENING SESSION.

DR. P. THOMPSON, of Henderson, made some oral remarks on the

HYGIENIC MANAGEMENT OF THE NEW BORN.

DR. G. FRANK LYDSTON, of Chicago, read a paper on the

EVOLUTION OF THE LOCAL VENEREAL DISEASES,

in which he said that following the period of confusion regarding venereal diseases which existed up to the advent of Ricord and his school, came the belief that gonorrhœa was a specific entity, and not identical with syphilis. Bassero, a pupil of Ricord's, taught that chancroid and chancre were each specific entities, and this view is the most generally accepted one at the present day. There have arisen, however, in recent years, a few heretics, who, while assuming that syphilis is a specific entity, hold different views regarding chancroid and gonorrhœa. Personally, he was convinced that chancroid and gonorrhœa are diseases which may arise *de novo*, and which are, in the true sense of the term, not specific. It is only by an acceptance of this theory that it is possible to understand something of the origin of those diseases. It may not be possible to demonstrate the origin of all infectious diseases, but it is incomprehensible that a "specific" poison has always existed in any instance. Through the germ theory we apparently see a little light regarding the origin of infectious diseases. Diseases are incident to the life of every animal, and as we study the evolution of the animal, so should we study the evolution of its diseases. Diseased germs are the natural enemy of man. He has been able to contend successfully with all other adverse elements, but not with those little organisms—the germs of disease.

He believed that the local venereal diseases are the result of the propagation and differentiation of germs primarily innocuous. The innocent germs of the atmosphere may multiply in a favorable environment, and the result of such multiplication finally become, through successive cultures, virulent. Filth, heat, moisture, and protection from air and light, favored such changes. Thus the descendants of innocuous germs may have properties which are noxious, dependent upon the environment in which they are developed. Thus we may have, by a process of evolution, an apparently spontaneous development of diseased germs. In the higher degrees of cultivation the germ would necessarily acquire properties, by virtue of which it would almost invariably produce so-called specific results.

The effects of the germ, even after it enters the tissues of the human being, vary according to (1) its virulency and vitality. (2) The inherent vitality of the individual affected. (3) Idiosyncrasy. (4) Activity of elimination. (5) The condition of the tissues. (6) The number of germs and length of time of exposure.

The experiments of Pasteur on chicken cholera show conclusively what may be done in the way of modifying germs by proper culture. Is it unreasonable to suppose that such cultivation may occur in nature's laboratory? As a consequence of the widespread variation in the circumstances controlling the development of germs in the female vagina, the essayist believes that there may result from different inoculations of essentially the same products of evolution, different degrees of infection. Thus, the disease acquired by exposure to materials may be (*a*) Simple balanitis, balano-posthitis, or venereal vegetations; (*b*) simple urethritis; (*c*) virulent urethritis; (*d*) simple venereal ulcer, indistinguishable from advanced herpes, and (*e*) classical chancroid.

Discussed at length by DR. LEWIS.

The Society then adjourned.

Book Reviews.

A TREATISE ON DISEASES OF THE NOSE AND THROAT: In two volumes. By FRANCKE HUNTINGTON BOSWORTH, A.M., M.D. Volume one: Diseases of the Nose and Naso-Pharynx, with four colored plates and one hundred and eighty-two woodcuts. Pp. 670. New York: William Wood & Co., 1889.

How can anybody pretend to read books nowadays, since the modest monographs which heralded the advent of this specialty have expanded into the two huge volumes of the work before us? In truth, medical works are no longer expected to be read; but, like the atlas or the dictionary, are simply works for reference.

Taken in this sense, they can hardly be too large, as with a perplexing case upon his hands, the modern physician requires something much more comprehensive than the skeleton work he employed as a text-book at college. Of Dr. Bosworth's volume, the first hundred pages are occupied by the general topics relating to the nose, and four hundred by its diseases. The naso-pharynx monopolizes the next one hundred and eighteen pages, and the remainder is taken up with the operations and two indices. Space forbids us to mention the many excellences of this work; but as the critic's duty is rather to point out faults, we will speak of one—a little one, perhaps—but which mars the work in the eyes of those who love perfection in book-making. This is the carelessness in the framing of prescriptions. Some are in Latin, some in English, and some show a mix-

ture of the two—as on page 229. Some have the names written out and others are abbreviated, while the majority are likewise mixed. As long as the pharmacopœia prescribes the termination *ine* for alkaloids, this should be employed. Uniformity is too great a good to be carelessly sacrificed. We are curious to know where the author finds his authority for "coffæ toastæ," on page 116, or for the "sacchari albæ" following it. On page 367 is an error of a more serious nature; where oil of almonds is ordered, without anything to indicate whether the sweet or bitter oil is intended. It is doubtless true that the average physician and pharmacist would be unlikely to use the poisonous oil; but a book for general circulation may fall into the hands of persons in either profession whom it would be unsafe to credit with that much discretion.

One of the most commendable features of the book is its free, independent tone. In general, such works are so little besides the compilation that the author is hidden behind his library. The opinions of Mackenzie, Moldenhauer, and Zuckerkandl are of value, but the reader wants the verdict of the author upon the various modes of treatment mentioned. This Dr. Bosworth gives with the confidence which springs from great experience and good judgment; and this gives to his book a practical value which far outweighs the faults of expression we have mentioned.

Essentials of Pathology and Morbid Anatomy. By C. E. Armand Semple, B.A., M.B., etc., London. Philadelphia: W. B. Saunders.

This little book of one hundred and sixty pages, making the sixth of the Saunders' Compend Series, is, we believe, destined to find a place in the capacious pocket of every medical student.

The author has compiled within these few pages a fund of information which cannot fail to prove of value to those anxious to acquire the essentials of pathology. The illustrations are numerous and in the main creditable. There exists, however, a lack of clearness about some of these pertaining to bacteriology which is due, at least in part, to too great brevity in the descriptions.

The idea of introducing a chapter upon urinary pathology we believe to be a good one, and worthy of imitation.

Pamphlets.

The Therapeutic Significance of the Cervical Follicles, by Simon Baruch, M.D., Gynæcologist to the Northeastern Dispensary, New York. Pp. 31. Reprint from the New York *Medical Journal* for June 27 and July 4, 1885.

A Review of the Cases of Tuberculosis which Terminated in Death in the Fifth Ward of the City of Philadelphia during the year 1888. By L. F. Flick, M.D. Paper read before the Philadelphia County Medical Society, May 22, 1889.

Two Cases of Removal of Uterine Myoma: one, suprapubic hysterectomy; the other, complete hysterectomy. A new method of disposing of the Stump. Microscopical examination of the appendages. Remarks on the Treatment of Uterine Myoma by Electricity. By Mary A. Dixon Jones, M.D., Surgeon to the Woman's Hospital of Brooklyn. Pp. 44. Reprint from the New York *Medical Journal* for August 25 and September 1, 1888.

The Medical Digest.

In the *Medical World* is reported a case of impaction of fæces which was relieved by repeated injections of coal oil, one pint each. Intense jaundice followed, which proved temporary.

Quinsy.—In the early stages of quinsy, chloral hydrate is nearly a specific, three or four grains to the ounce of glycerine being used as a gargle. It is locally antiseptic, astringent and sedative.

—*Medical Record.*

For cold in the head, while in the acute congestive stage, there is no better remedy than gelsemium. One good, large dose, say ten minims of the fluid extract, taken upon retiring at night, will effectually dispose of this troublesome and uncomfortable affection. One dose is usually sufficient.

—*Medical Compend.*

The Smoke of Hyoscyamus Niger in Toothache.—A Russian practitioner recommends the use of hyoscyamus seeds for toothache. His plan is to burn the seeds and to convey the smoke through a little paper tube to the hole in the tooth. He declares that in nearly all cases one application, or at most two, will suffice to cure the toothache.

—*Lancet.*

Rhamnus Catharticus as a Remedy for Toothache (*Nouv. Remed.*).—Gretschinsky has found a decoction of the bark of *Rhamnus catharticus* gives complete cessation of the pain when introduced into a carious cavity on a bit of cotton. He directs ten parts of the bark to be boiled in a quantity of water which, after standing, will leave twenty parts of liquid, to which one part of alcohol is to be added.

—*Ther. Analyst.*

Dr. Imossi, of Gibraltar, has, according to the *Lyon Medical*, been treating warts with internal doses of tincture of iodine. He has tested the efficacy of the treatment in ten cases, all of which resulted favorably. The dose given was ten drops of the tincture in half a glass of water twice a day. Iodine thus used will cause a slight emaciation of the patient, which loss, however, will be regained as soon as the treatment is discontinued.—*Lanphear's Index.*

Toxic Properties of Boric Acid (J. Plant).—Boric acid has always been considered as an antiseptic non-toxic. However, several cases of poisoning are known to have been caused by this acid when employed, more especially in surgery. The author has undertaken a number of experiments for the purpose of studying its effect on the kidneys. He found that four grammes of this acid, introduced under the skin or given internally to a rabbit or to a cat, produced in these animals an acute nephritis. Albumen, blood and hyaline and epithelial cells were observed in the urine. A microscopical examination of the kidneys showed an acute parenchymatous nephritis.

—*Bull. Gén. de Thérapeutique.*

RENNERT (*Memphis Jour. Med. Sci.*) gives a series of sixty-two cases of diphtheria treated by the local application of Laplace's acid sublimate solution; one part sublimate, five of tartaric acid, and one thousand of water. The membrane is thoroughly removed by cotton-wrapped probes saturated with this solution, which is then applied to the denuded surface. This is repeated in one hour, and again in six to twelve, if necessary. After this the ulcer should be touched with the same solution twice a day till healed. He admits that the treatment is not a pleasant one for patients, friends or physician, but requires the greatest energy for its efficient practice.

SULFONAL—THE OTHER SIDE.—Knoblauch concludes an able scientific and practical paper in *Therap. Monatshefte*, November, by asserting that sulfonal possesses no decided preference over chloral and morphine, but many disadvantages. Aside from the intoxication manifestations, the unsteady gait, paresis of extremities, grating of teeth, vertigo, nausea and diarrhœa, there is at times a protracted drowsiness. Often sleep is very slowly induced, and cannot be obtained with positiveness. The effective dose varies considerably in different persons, and at different times in the same person. In individual cases there were symptoms of intoxication before sleep was induced. There is much truth in the dictum of Montyel that sulfonal is not a medicine, but a poison. Knoblauch does not believe that sulfonal will maintain a permanent place in psychiatry.

IODOFORM AS A CURE FOR CHRONIC CYSTITIS.—Ludwig Frey has used this drug principally in chronic inflammation of the bladder. No matter what the exciting cause was, the cure was radical.

The bladder is first washed out with tepid water which has been boiled, after which the iodoform, suspended in the following solution is injected.

℞.—Iodoform . . . . . 50 grammes.
Glycerine . . . . . 40 "
Distilled water . . . . . 10 "
Gum tragacanth . . . . . 0.25 "
One teaspoonful in a pint of tepid water. Mix.

Three injections a day. By the third or fourth injection the amelioration is so great that the patient no longer suffers. —*Gazette de Gynæcologie.*

RINGWORM of the body is generally very amenable to treatment, judging from the numerous domestic remedies which act so successfully. Sometimes, however, an obstinate case is encountered, and recourse is had to the physician. In such cases a rapid cure is desirable, and the application of the following, once daily, for two or three consecutive days, will generally prove successful:

℞.—Hydrarg. bichloridi . . . . . gr. j.
Tinct. benzoin. comp . . . . . ℥ j.
Misce.—Sig. Paint over affected part.

Care should be exercised not to paint too large a surface, as the above mixture is toxic. If an excoriation should exist, it should not be applied, as it is irritating to the wounded integument.

—*Medical Chips.*

GONORRHŒA.—Neisser's treatment is as follows: He begins with four to six daily injections of silver 1-to-4000, or 1-to-2000, which increases the discharge and renders it more purulent. In a few days it diminishes and becomes thinner; the gonococci are diminished and may disappear. Now the number of injections is decreased to two or one a day; they are substituted by boric acid or zinc; but one nitrate of silver injection is continued for several weeks. If the parts are sensitive even a 1-5000 injection may be a useful parasiticide. Sitz and full baths are useful accessories. Only when anti-bacterial remedies fail, are internal medications resorted to. Balsam copaiba alone displayed a good effect upon the gonococci. The anti-bacterial treatment is continued when complications, especially epididymitis, occur, contrary to the usual practice.

—*Wiener Med. Presse.*

THE TREATMENT OF CONSTIPATION IN PATIENTS SUFFERING FROM UTERINE TROUBLES.—Like dyspepsia, the treatment of constipation in these patients presents special indications, which are important to know.

It would seem that after we have given a purgative, and generally the least disagreeable one, that it would only be necessary to continue the same to establish the proper treatment.

Nothing is less reasonable.

In women subject to uterine hemorrhage, or even only abundant menses, the usage of drastic purgatives should be forbidden, as well as of rhubarb.

This last substance should never be used where there is abundant menstruation, nor when hemorrhoids are present.

On the other hand, it is rhubarb which we must choose in lymphatic patients who are gaining in weight and who notice a diminution in their menses.

℞.—Powdered rhubarb . . . . . 10 grammes.
Acetate of potash . . . . . 2 "
Divide in twenty powders.
Take one before each meal, every day, or every other day.

In arthritic persons the following prescription is useful:

℞.—Sulphur, washed and sublimed . . 10 grammes.
Calcined magnesia . . . . . 4 "
Powdered rhubarb . . . . . 4 "
Cream of tartar . . . . . 8 "
In eight powders.
Take from one to three powders at night, three hours after the meal.

In herpetic persons, as in arthritics, sulphur united with iodide of potassium renders great service.

℞.—Iodide of potassium . . . . . 10 grammes.
Sulphur, washed and sublimed . 6 "
One to be taken after each meal.

Mineral waters such as Hunyadi Janos, Pullna, Birmenstorff, Laroche-Guyon, Atunn are also indicated in similar cases.

When a congestive state of the utero-ovarian system is present, we may add frictions of soothing or irritating applications on the lumbar region morning and night. —*L' Union Médicale du Canada.*

TREATMENT OF OZÆNA (Dr. Moure).—The general treatment of ozæna, which is so rebellious to treatment, consists especially in modifying the general condition, and for this purpose we can use the preparations of iodine, arsenic, etc., but a sojourn at the seashore generally gives the best results.

It is more especially the local treatment which engages our attention. This will consist principally in the use of irrigations; these should always be at a temperature of from 20° to 30° (Cent.). They should be abundant.

We commence by using one pint of water containing an alkaline salt (chloride of sodium, bicarbonate of soda, chlorate of potash, twenty grammes to a pint of warmish water). Immediately after this cleansing solution we use an antiseptic irrigation, taking care to vary from time to time the antiseptic employed; the following may be used in the beginning:

℞.—Phenic acid . . . . . 20 grammes.
Glycerine (pure) . . . . . 100 "
Alcohol at 90° . . . . . 50 "
Water . . . . . 350 "

A teaspoonful to half a pint of tepid water.

After the phenic acid has caused the disappearance of the odorous symptoms, which generally takes from one to two weeks, we replace it either by chloral, resorcine, salicylic acid, salicylate of soda, or by creoline. As the last-named drug has the inconvenience of being very caustic, for the reason that it forms an emulsion and not a solution, we should not administer it, excepting in small doses.

℞.—Creoline . . . . . 1 gramme.
Alcohol (pure) . . . . . 120 "

One teaspoonful to a pint of tepid water.

Naphthol gives equally good results, but preferably in a camphorated solution.

Alumina aceto-tartaricum is also used.

℞.—Alum. acet.-tart. . . . . 20 to 40 grammes.
Acid. boric . . . . . 80 to 100 "

One teaspoonful to one-half, or to one, pint of water.

The liquor Van Swieten should not be used, as it is dangerous.

In obstinate cases the treatment should be terminated with pulverizations.

℞.—Acid. phenic . . . . . 2 grammes.
Crys. resorcin . . . . . 3 "
Pure glycerine . . . . . 50 "
Water . . . . . 300 "

After some time we replace this antiseptic liquid by more astringent solutions: tannin, boric acid, alum, or an antiseptic vinegar, and when the mucous membrane is too dry, we use the following solution:

℞.—Salol . . . . . 5 grammes.
Vaseline . . . . . 150 "

Fumigations and humage give equally good results. The following solutions, heated, should be employed (en humage) for one or two minutes after the irrigation.

℞.—Camphor . . . . . 8 grammes.
Tincture of iodine . . . . . 10 "
Iodide of potassium . . . . . 2 "
Tar . . . . . 12 "
Alcohol at 90° . . . . . 100 "
Water . . . . . 250 "

—*La Tribune Médicale.*

Medical News and Miscellany

FOR the cure of hiccough, the *Allgemeine Weiner Medizinische Zeitung* recommends a teaspoonful of pulverized sugar, wet with an equal volume of wine vinegar.

DR. W. H. WALLING is giving a course of lectures upon the principles of electricity, and its practical applications, to the nurses at the Pennyslvania Hospital. The lectures are given on Thursday evenings in the library.

DR. J. C. FOLTZ has been elected Senior Resident of the Germantown Hospital, in place of Dr. Zimmerman, who has been elected Resident Physician of the Orthopædic Hospital, and Dr. Cleveland has been elected Junior Resident.

During November 55 new cases were treated at the Germantown Hospital. In the general dispensary there were 326 new cases, in the eye department 259, and in the ear, nose and throat department 146 cases; 347 prescriptions were given, and 13 ambulance calls made.

AT the regular monthly meeting of the managers of the Episcopal Hospital, Dr. Richard H. Hunter was elected Visiting Surgeon; Drs. B. Reath, Jr., and Elliston I. Morris were elected Visiting Physicians to out-door dispensary, and Dr. Stavely was elected Resident Physician for the term.

DON'T let everybody kiss the baby, says Dora Harvey Vrooman. In the first place many diseases are carried by kissing; and, in the second place, babies have preferences as well as grown people.

But if diseases be so likely to result from kissing, it is strange that such affections are not epidemic.

EGYPTIANS are said to bear surgical operations with extraordinary fortitude and success, shock being almost unknown. In one case a man's thigh was amputated at 2 o'clock, and he was sitting up and lively at 6 o'clock. The reason of this is the resignation inculcated by their religion and their simple diet and pure habits.

A PENNY-IN-THE-SLOT device for giving shocks from an electric battery has brought serious consequences to some of the patrons of this latest form of the popular craze. Nervous prostration, fits, and like disorders, in several cases have given the victims a gratuitous surprise that may serve as a warning to others who are more curious than wise.

LONDON and Paris each report twenty deaths in one week from typhoid fever; while New York and Brooklyn each report eight, one more than Philadelphia. We do not hear that any of these cities are agitated over the matter, that their leading physicians are memorializing the authorities, or that their newspapers are driving off business by exaggerated statements, cartoons, etc. In fact, they pursue the even tenor of their way, and do not appear to think the situation so serious as to call for heroic measures.

WHAT was the language spoken by Christ? This question is being discussed by Rev. M. J. Dennis and Dr. Carl H. Von Klein, in the Dayton *Daily Journal*. We note that our confrére, who maintains that the language was Chaldaic, exhibits a scholarship which is rarely manifested by physicians, though it is very frequently possessed by them.

THE New York *Sun* advises gentlemen not to indulge in cold plunge baths in winter, as it tends to make the face pimply. Tepid baths are recommended as cleansing and refreshing.

This shows how little the *Sun* knows about it. No cosmetic equals cold water, frequently and liberally applied to the whole body.

During November the following cases were treated at and visits made to the Pennsylvania Eye, Ear and Throat Infirmary, at the northeast corner of Thirteenth and Chestnut streets: Eye patients, 207; ear patients, 60; throat patients, 9; total, 276. Visits made by eye patients, 1,295; ear patients, 894: throat patients, 244; total visits, 2,433.

DR. G. F. WILBUR, of Asbury Park, read a paper at the meeting of the New Jersey State Sanitary Association, on the Need of Medical Officers for School Districts. The paper was a good one, and the author gave many good reasons for his position. In fact, the need of physicians on school boards is so obvious that we cannot believe that any one will care to deny it.

A NATURAL Turkish bath has been discovered near Salida, Colorado. In digging a well not far from the Wellsville Hot Springs a cave was struck with apartments similar to the rooms of a house, the heat being so intense as to cause a veritable sweat bath. The largest room was twenty feet long, ten feet wide and ten feet high, and the walls and ceiling perfectly smooth.

THE example set by THE TIMES AND REGISTER has been followed in a number of instances. The *Practitioner*, of Chicago, has swallowed up that lonely orphan, the *Medical Waif*, and the *Analectic* has united with itself *Townsend's.—Epitome.*

We hope the process will continue until we have about one-fourth the number and four times better journals than at present.

THE Faculty of the Jefferson Medical College gave an interesting exhibition of apparatus used in anatomical research at the laboratories of the College. The exhibition was planned and arranged by a commitee appointed by the Faculty, consisting of Professors Chapman, Forbes, and Longstreth. Drs. Coplin and Williams had charge of the departments embracing "Methods of teaching Laboratory Work," and "Microbes of Normal Sections."

The Historical Department was explained by Dr. Vansant. Prof. Longstreth gave a stereoptical exhihition, to demonstrate the manner in which the subjects were placed before the students. The practical use of the instruments displayed was explained by Prof. Chapman.

THE Board of Health of Edgecombe, Me., has discovered in a hovel on the outskirts of the town, an insane woman, who for seven years has lain on a rough floor and without clothing, because her family were too miserly to pay for her care in an insane asylum.

If lunatics were to be treated in an asylum with the neglect and cruelty they receive at the hands of their relatives, what a howl of execration the latter would raise.

CAMDEN possesses a surgical wonder in a man whose forehead has been so crushed that a silver plate under the skin serves the purpose of bone; some of his ribs are gone, and his internal organs are so awry that the heart gets in its work from the right side. He was an engineer and in reversing his engine in case of an accident he was thrown into the machinery. At the time his leg was broken in four places. He now solaces his remaining faculties by morphine indulgence.

M. PASTEUR has addressed a letter to the late Lord Mayor acknowledging, in the name of the Council of the Pasteur Institute and his own, the receipt of the sum of 40,000 francs voted by the Mansion House Committee as a donation to the Pasteur Institute, with an expression of grateful thanks for the valuable donation and the "flattering" reference to the results obtained through the application of his investigations.

SCARLET fever is epidemic in Ithaca, N. Y. In one part of the town where it is particularly troublesome, it has been found that the disease originated in the family of a washerwoman, one of whose children had a slight attack of scarlatina. She kept the fact of the child's illness to herself and continued to take in washing. The result was, as might have been foreseen, a spread of the disease, and several weeks elapsed before the trouble could be traced to its source.

"IT is with the most profound consternation that I have to report these five cases of death, due without any doubt to the treatment employed by me," is the way that an honest writer in one of our foreign exchanges begins his article. It is often more instructive to read of other's errors than of their successes, and it is a praiseworthy undertaking for one to report his mistakes, but not many would have the courage to do so in such a blunt fashion.—*Medical Record.*

STATISTICS OF LEPROSY IN THE UNITED STATES. In view of the general impression that leprosy is spreading in this country, it is desirable, in the interest of the public health, to obtain accurate information upon this point. The undersigned is engaged in collecting statistics of all cases of leprosy in the United Strates, and he would ask members of the profession to aid in this work by sendihg a report of any case or cases under their observation, or coming within their knowledge.

Please give location, age, sex and nationality of the patient, and the form of the disease—tubercular or anæsthetic; also, any facts bearing upon the question of contagion and heredity. Address

DR. PRINCE A. MORROW,
Journal of Cutaneous and Genito-Urinary Diseases.
66 West 40th Street, New York.

In a Russian journal is reported the case of a woman who procured an abortion by taking about twenty-five grammes of gun-powder in a little liquor. Probably the niter was the active agent.

In another case, the same result was obtained by drinking a decoction made from about two tumblerfuls, firmly pressed down, of the outer peel of the onion. Should this bit of information become diffused through the laity, we will have the odor of onions as frequently met with, and as suspicious, as that of iodoform.

The corporators of the Philadelphia Polyclinic and College for Graduates in Medicine have elected the following new corporators: F. Percy Smith, Rachael A. Baeder, John Y. Huber, Mayor Sultzberger, Dr. Howard A. Kelly. C. A. Spreckels, Dr. J. M. Gemmill, W. G. Warden, W. L. Elkins and Charles B. Baeder. The vacancy in the Board of Trustees, caused by Dr. Nancrede being called to Ann Arbor University, was filled by the election of Charles B. Baeder.

Cholera has appeared at Mosul, a city which keeps up an active intercourse with Diarbekir, Aleppo and Damascus. As the Syrian desert intervenes between Mosul and the Syrian cities, and the winter renders the mountains difficult to cross, we are likely to have the epidemic reach Diarbekir, thence going to Trebizonde, whence it will threaten Europe. Besides this, in Persia it still prevails at Hamadan, on the road to Teheran, whence the road to Reshd, on the Caspian, is easy; and in the Russian Turkestan it is raging at Bokhara.

Diphtheria has prevailed in Weatherly, Carbon Co., Pa., since 1887. On a recent inspection by order of the State Board of Health, it was found that the epidemic was due to the want of proper precautions to prevent the spread of the disease. Visits had been freely made among families having sick members; when death occurred, the funerals were largely attended; and in some instances bedding and clothing of the victims were sold and used again without disinfection. A reform has begun and it is hoped the disease will soon disappear.

The students of the Veterinary Department of the University of Pennsylvania yesterday attended lectures for the first time since the resignation of Dr. Rush S. Huidekoper, as professor, several days ago. They returned at his request. On Monday last the students appointed a committee to wait on Provost Pepper and request him to meet them in the amphitheatre of the college. This he did on Monday afternoon, when a series of resolutions was read to him, stating that Professor Huidekoper had spent eight of his best years in the interest of the Veterinary Department of the University, and had brought it to astandard unexcelled by any similar institution in the world, while he had been shamefully treated by the Trustees and officers of the University. The students requested that the Faculty assist them in every way to induce Dr. Huidekoper to return to the department, as it would be impossible to fill his chair this term.

After listening to the reading of the resolutions, Dr. Pepper made an address to the students, in which he censured them for drafting the resolutions, and assured them that the standard of the department would be maintained. He expressed his high opinion of Dr. Huidekoper, and stated that it was only his strenuous efforts that prevented Dr. Huidekoper's resignation taking effect a year ago.

Continuing, Dr. Pepper referred to the fact that the veterinary school had for a long time been in a poor financial condition, but that it had at last reached a solid basis.—*Record.*

To Contributors and Correspondents.

All articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from December 3, 1889, to December 9, 1889.

Leave of absence for one month, to take effect on or about December 18, 1889, is hereby granted Major William D. Wolverton, Surgeon, Fort Douglas, Utah, with permission to apply at Headquarters, Division of the Missouri, for an extension of seven days. Par. 2. S. O. 114, Dept. of the Platte, November 30, 1889.

By direction of the Secretary of War, Captain John De B. W. Gardiner, Assistant-Surgeon, will be relieved from duty at Fort Reno, I. T., upon the arrival at that post of Captain James C. Merrill, Assistant-Surgeon, and will report in person to the commanding officer, Fort Supply, Ind. Ty., for duty at that post. Par. 8, S. O, 299, A. G. O., November 30, 1889.

Leave of absence for fifteen days is hereby granted Captain Walter D. McCaw, Assistant-Surgeon (Fort McPherson, Ga.). Par. 3, S. O. 276, Div'n Atlantic, December 3, 1889.

Ball, R. R., First Lieutenant and Assistant-Surgeon. Relieved from temporary duty at Fort Sill, I. T., and will return to his proper station, Fort Riley, Kans. Headquarters Department of the Missouri, Fort Leavenworth, Kansas, December 12, 1889. Special Order No. 182.

Leave of absence for ten days, to take effect upon being relieved from duty at Fort Niagara, N. Y., is granted Major John D. Hall, Surgeon. Par. 11, S. O. 285, A. G. O., Washington. December 7, 1889.

By direction of the Secretary of War, Captain Edward C. Carter, Assistant-Surgeon, will be relieved from duty at Willet's Point, N. Y., upon the arrival at that station of Major Clarence Ewen, Surgeon, and will then proceed to Fort Walla Walla, Washington, and report in person to the commanding officer of that post for duty, reporting also by letter to the commanding general Department of the Columbia.

Changes in the Medical Corps of the United States Navy for the week ending December 14, 1889.

Ross, J. W., Surgeon. Detached from the Navy Yard, Pensacola, Fla., and placed on waiting orders.

Kite, I. W., Assistant-Surgeon. Detached from Naval Hospital, Philadelphia, Pa., and to Navy Yard, Pensacola, Fla.

Rogers, B. F., Surgeon. Ordered to special duty at Norfolk, Va.

Leach, Philip, Passed Assistant-Surgeon. Ordered to duty at Naval Academy, Annapolis, Md

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Anæmia, relations of, to chlorosis. N. A. Pract., Dec. 1889.
Aus den Sitzungen der 62. Versammlung deutscher Naturforscher und Aerzte zu Heidelberg. 1889. Cent. für Chir. 30 Nov., 1889.
An anatomist on the evolution mountain as seen from a mole hill, Sawyer. Peoria Med. Monthly, Oct., 1889.
Albuminate of iron, Ouchterlony. Amer. Pract. and News, Nov. 23, 1889.
Antifebrin in tonsillitis, Sohli. Med. Rec., Nov. 30, 1889.
Alopecia areata. The etiology of, Grindon. Weekly Med. Rev., Nov. 16, 1889.
A supplemental inquiry into the frequency with which lead is found in the urine, Putnam. Boston Med. and Surg. Jour., Nov. 28, 1889.
Basic disease of the lungs, Thorowgood. Med. Press and Cir., Nov. 20, 1889.
Chronic cystitis in women, treatment of, McGuire. Univ. Med. Mag., Dec., 1889.
Courant galvanique, sur les applications du, au traitement des affections des fosses nasales, De Mendoza. Rev. de Laryn., 1 Dec., 1889.
Creolin, the use of, in cystitis of the female, Parvin. Med. News, Nov. 30, 1889.
Concetto ed indisizzo dell' igiene publica, Ruala. La Salute Publica, 15 Nov., 1889.
Chorea, the pathology of, Garrod. Lancet, Nov. 23, 1889.
Chronic tubercular endometritis, Jouin. Med. Record, Nov. 30, 1889.
Common forms of convulsions, a comparative study of, Church Western Med. Rep., Nov., 1889.
Dementia paralytica, oder progressive Paralyse, Krafft-Ebing. Wiener Med. Presse, 17 Nov., 1889.
Die Behandlung der akuten Mandel und Rachenentzündungen, einschliesslich der diphtherischen, Haberkorn. Deutsche Med. Ztg., 14 Nov., 1889.
Die Ursachen der Thrombusorganisation, Beneke. Internationale Klin. Rundschau, 17 Nov., 1889.
Dermoid cyst of the left ovary, Warren. Buffalo Med. and Surg. Jour., Dec., 1889.
Diabetes mellitus, a case of, in a child, five years old. Rachfad. N. Y. Med. Jour., Dec. 7, 1889.
Diet and uric acid formation. Ind. Med. Jour., Dec., 1889.
Epidermic diphtheria, the pathology of, Bollinger. Med. Rec., Nov. 30, 1889.
Electro-Diagnosis, Rockwell. N. Y. Med. Jour., Nov. 30, 1889.
Erythroxylon Coca, Laffont. N. Y. Med. Jour., Dec. 7, 1889.
Eucalyptus, the oil of, in some forms of malaria, Musser. Med. News, Dec. 7, 1889.
Ein weiterer Beitrag zur Kenntniss des Bacillus der Grouse-disease, Klein. Centralb. für Bakteriologie und Parasitenkunde, 15 Nov., 1889.
Ein okergelbes subphrenisches Exsudat, Leyden. Deutsche Med. Wochensch., 14 Nov., 1889.
Eye-sight, the effect of tobacco on the, Tiffany. Texas Cour. Rec. Med., Nov., 1889.
Ein neuer antiseptischer Verband, Lister. Wiener Medizin. Blätter, 14 Nov., 1889.
Face presentations, the rectification of, Bonta. Buffalo Med. and Surg. Jour., Dec., 1889.
Fibro-sarcôme du nerf optique, Gauran. La Normandie Méd., 15 Nov., 1889.
Granulations conjonctivales, observations cliniques sur les, Malgat. Recueil d'Ophtalmol., Oct., 1889.
Gratification of the mind as a remedy for sterility, Burstein. N. Y. Med. Jour., Nov. 30, 1889.
Heredity in disease, Schilling. Weekly Med. Rev., Nov. 16, 1889.
Healing of wounds without drainage, Hektoen. N. A. Pract., Dec., 1889.
Hæmorrhoids, treatment of, Agnew. N. A. Pract., Dec., 1889.
Hip-joint diseases, the treatment of, Moore. N. W. Lancet, Dec. 1, 1889.
Hydrophobia, Greenley. Amer. Pract. News, Nov. 23, 1889.
Hemorrhoids, the cure of, by excision and closure with the buried animal suture, Moray. Annals of Surg., Nov., 1889.
Intestinal anastomotic operations with segmented rubber rings, with some practical suggestions as to their use in other surgical procedures, Brokaw. Med. News, Dec. 7, 1889.
Lead, observations on the occurrence of, in Boston drinking-water, Greene. Boston Med. and Surg. Jour., Nov 28, 1889.
La bacille de Koch, comme élément de diagnostic dans la tuberculose du larynx, Ricardo-Botey. Rev. de Lar., d'Otol. Nov. 15, 1889.
Laryngeal paralysis and associated conditions, Hubbard. Tol. Med. and Surg. Rep. Dec., 1889.
Migraines préorbitaires et oculaires, traitement des, par l'application de l'électricité statique, Galezowski. Recueil d'Ophtalmologie, Oct., 1889.
Microscope, uses of the, in medicine, Bidwell. Amer. Monthly Mic. Jour., Nov., 1889.
Medico-chirurgical items, Foy. Med. Press and Circular, Nov. 20, 1889.
Menopause d'origine genitou-nasale, sur certaines phénomènes de la, Joal. Revue de Laryngologie.
Mechanical dysmenorrhœa, Goodell. Univ. Med. Magazine. Dec., 1889.
Mastoid periostitis, Bettman. N. A. Pract., Dec., 1889.
Moderate cardiac hypertrophy and dilatation, the prognostic significance of, Sheard. Can. Pract., Dec. 2, 1889.
Neue Antiseptica, Lister. Int. Klin. Rundschau, 17 Nov., 1889.
Nephro-lithotomy, Shepherd. Ann. of Surg., Nov., 1889.
Norderney als Winterstation für Lungenkranke, Rinck. Deutsche Med. Ztg., 18 Nov., 1889.
Nitrous ether for the cure of eczema impetignodes, Sullivan. Cin. Lancet-Clinic, Dec. 7, 1889.
Osteo-sarcoma of the spine, Billings. W. Med. Rep., Nov., 1889.
Practical surgery, experiences in, Meldon. Med. Press and Circular, Nov. 20, 1889.
Primary cancer of the gall-bladder and bile-ducts, Musser, Boston Med. and Surg. Journal, Nov. 28, 1889.
Perinectomy, Hadra. Annals of Surg., Nov., 1889.
Pregnant uterus, manual treatment of, Sandferg. N. A. Amer. Pract., Dec., 1889.
Psoriasis, Campbell. Can. Med. Rec., Nov., 1889.
Permanent baths, the use of, in surgical cases, Brune. Occid. Med. Times, Dec., 1889.
Poisoning by illuminating gas, Crossland. Cincinnati Lancet-Clinic, Dec. 7, 1889.
Pus in the pelvis, and how to deal with it, Price. Practice, Nov. 20, 1889.
Product obtained from milk after the separation of the cream by centrifugal force.
Quelques aperçus sur les meilleurs moyens à prendre pour dresser une échelle chromatique, Deeren. Recueil d'Ophtalmologie, Oct., 1889.
Recent researches relating to the etiology of yellow fever, Sternberg. Jour. Amer. Med. Ass'n, Nov. 30, 1889.
Recollections and impressions (medical, hygienic and general) of the Paris exhibition of 1889. Richardson. Lancet, Nov. 23, 1889.
Recherches sur la fonction visuelle de la rétine et du cerveau (suite), Angelucci. Rec. d'Ophtalmol., Oct., 1889.
Resorcin as a substitute for quinine, Erwin. Texas Courier-Record of Medicine, Nov., 1889.
Scarlet fever, Hurt. Ind. Med. Jour., Dec., 1889.
Syphilis, some practical points in the treatment of, Taylor. Med. News, Dec. 7, 1889.
Salol in typhoid fever, Prina. Peoria Med. Monthly, Oct., 1889.
Slight continued diarrhœa and astringent injections in its treatment, remarks on, Pepper. Nov. 30, 1889.
Stamina, Bell. Jour. Amer. Med. Ass'n, Nov. 30, 1889.
Sulphonal, effects of, Smith. Lancet, Nov. 23, 1889.
Sulphonal, notes on, Sutherland. *Ibid.*
Sulphonal in the insomnia of typhus, Knox. *Ibid.*

The Times and Register.

Philadelphia Medical Times. Vol. XX, No. 590. NEW YORK AND PHILADELPHIA, DECEMBER 28, 1889. The Medical Register. Vol. VI, No. 156.

10 JAN 90

PAGE

CLINICAL LECTURES.

INDIGESTION. CHOREA. ENDOCARDITIS. By J. M. Anders, M.D. - - - - - - - - 823

ORIGINAL ARTICLES.

RENAL DISEASE OF SCARLATINA. By W. M. Welch, M.D. - - - - - - - - - - - 825

A CASE OF RENAL CALCULUS. By Ernest B. Sangree, A.M., M.D. - - - - - - - 829

INSTANCES OF THE HEREDITARY INFLUENCE IN THE CAUSATION OF MULTIPLE PREGNANCY. By Charles Meigs Wilson, M.D., 829

HYDROTHERAPEUTICS.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY. By Simon Baruch, M.D. - - - - - - - - - - - - - - - - 830

THE POLYCLINIC.

MEDICO-CHIRURGICAL HOSPITAL:
Operation Upon Nasal Septum. *Pancoast* 832
Syphilitic Ulcers of Foot. *Stubbs* - - - 832

PHILADELPHIA HOSPITAL:
Ophthalmia Neonatorum. *Davis* - - - 832

ST. LUKE'S HOSPITAL, NEW YORK:
Laparotomy (Exploratory) for Abdominal Tumor. *K. B. P.* - - - - - - - - - 833

PAGE

EDITORIAL.

THE NERVOUS ELEMENT IN UTERINE DISEASES - - - - - - - - - - - - - - 834

THE HIGHER PLANE - - - - - - - - - - 835

PUBLIC SCHOOLS - - - - - - - - - - - 835

A NEW CONTRIBUTION TO OUR KNOWLEDGE OF DIPHTHERIA - - - - - - - - - - 836

THE CITY HEALTH - - - - - - - - - - 836

ANNOTATIONS.

Pathology and Treatment of Nephritis - - 837
Political Medicine - - - - - - - - - - 837
Bromoform in Whooping Cough - - - - - 837
Cæsarean Section *vs.* Perforation - - - - 837
The December Sanitarian - - - - - - - - 837
A New Journal - - - - - - - - - - - 837

LETTERS TO THE EDITOR.

An Inquiry - - - - - - - - - - - - - 838

SOCIETY NOTES.

NEW YORK ACADEMY OF MEDICINE - - - 838
Rachitic Pseudo-Paralysis *Berg* - - - - 838
Nervous Symptoms Produced by Phimosis. *Holgate* - - - - - - - - - - - 838
Excision of the Hip Joint. *Sayre* - - - 838
Treatment of Abscesses. *Ridlon* - - - 838

PAGE

Thomas' Splint. *Ridlon* - - - - - - - - 839
The Question of Excision. *Sayre* - - - 839
THE POLYCLINIC MEDICAL SOCIETY - - - 840

CINCINNATI LETTER - - - - - - - - 840

BOOK REVIEWS.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland. *Kurtz* - - - - - - - - - - - - - - - 842

PAMPHLETS - - - - - - - - - - - - 842

THE MEDICAL DIGEST.

Mechanical Treatment of Erysipelas. *Woelfler* - - - - - - - - - - - - - - - 843
Sugar in the Urine of Puerperal Women. *Ney* - - - - - - - - - - - - - - - 843
Saline Hypodermic Injections in Post-partum Hemorrhage. *Münchmeyer* - - - - 843
Operation and Prognosis of Lingual Cancer. *Volkmann* - - - - - - - - - - - - 843
The Surgical Treatment of Volvulus. *Senn*, 843

MEDICAL NEWS AND MISCELLANY, 844

ARMY, NAVY, AND MARINE HOSPITAL SERVICE - - - - - - - - - - - - - 845

MEDICAL INDEX - - - - - - - - - - 846

NOTES AND ITEMS - - - - - - - iv, xvi

Clinical Lecture.

INDIGESTION. CHOREA. ENDOCARDITIS.[1]

BY J. M. ANDERS, M.D.,

Professor of Hygiene and Clinical Professor of Diseases of Children in the Medico-Chirurgical College of Philadelphia.

INDIGESTION.

THIS little boy, gentlemen, who, you may remember, came before us two weeks ago, troubled with indigestion, returns to-day feeling better. His father reports, however, that while the complaint has not extended further than was first apparent, yet the diarrhœa has persisted, being most marked at night. The gastric region is no longer so tender on pressure as formerly. In some cases, a lack of nervous force as well as muscular power in the stomach contributes to this derangement of the digestive function; this may be the principal cause of the complaint in our patient, inasmuch as no very marked improvement is manifest. Hence, drugs to tone up the motor power of the stomach and bowels are indicated. We shall order here, tr. nucis vomicæ gtt. ij, combined with tr. gentianæ comp. gtt. xv, and enough syrup of ginger to make ʒj at a dose, to be given before meals. The acid and pepsin are to be continued after meals.

CHOREA.

For the third time, this little girl with chorea appears before you, very much improved; and considering the obstinacy of the affection it is indeed gratifying to notice that but very slight twitching remains, and this under the excitement of the moment. Before the clinic, no choreic movements were at all perceptible. She is taking the Fowler's solution in four-drop doses. The first symptom of the toxic effect of the arsenic was observed a few days ago, when there was some vomiting. However, the same dose shall be continued for a day or two longer. Intervals of the complete absence of twitching motions are becoming more numerous and prolonged, thus pointing to a proximate and favorable termination.

ENDOCARDITIS.

Near the close of last week's clinic, we showed you a case of acute endocarditis in a little boy—dwelling briefly on his condition. As this disease is one which is frequently met with, and which you should be well prepared to meet, we shall devote the remainder of the hour to a further discussion of this important subject.

At the outset it must be remembered that, as this disease is often associated with other maladies, symptoms of the latter may mask those of the former, which we are thus apt to overlook. Prior to considering the pathology of acute endocarditis, let us view briefly the anatomical structure of the endocardium. It consists of a connective tissue base, with some elastic fibrillæ interwoven and covered by a layer of flat or new cells; these latter in turn being covered by endothelial membrane. Now, the parts affected in the inflammatory process are the endocardium and the valves, although the latter chiefly. Pathological changes begin by an infiltration of new-formed cells, through the layer of flattened cells; then, from this embryo-plastic layer, the infiltration involves the fibro-elastic layer in the same manner, the cells being heaped even on the muscular fibers of the heart.

[1] Delivered in the Medico-Chirurgical College of Phila.

These various tissues ultimately swelling and softening, become destroyed as the disease progresses, whilst the new cells push out the endothelial membrane of the endocardium, forming thus the first stage of vegetations common to this affection. Consequent upon the roughening which ensues from this cell proliferation, it follows that there must be considerable friction between the blood and that side of the valve which is opposed to the current. Hence, as you are doubtless aware, we have here a factor favorable to the formation of fibrin; and thus are derived from the blood the fibrinous coagula, which adhere to and enlarge the first-formed vegetations. Where there is the greatest amount of friction, then, we find the most vegetations attached to the endocardium, they being more numerous on the auricular than on the ventricular side of the mitral valve, for instance. The chordæ tendineæ may also become involved and have fibrinous deposits on them.

There are two kinds of acute endocarditis; viz., the simple or exudative, and the ulcerative. The first sometimes pursues the ulcerative form, either from an insufficient supply of nutritious materials from the blood, or, from granular degeneration alone (Charcot) or yet, from the breaking down of vegetations, and the production of multiple abscesses. When the last named are broken off, perchance by the force of the circulation, they are called emboli, and if they become lodged in any of the arteries or capillaries—depending upon their size—we have constituted the pathological condition known as embolism. There are thus two classes of emboli, the large and small. The former may lodge in an iliac or femoral artery, or a large artery supplying the head, when hemiplegia may be produced. Small emboli are often arrested in the capillaries of the spleen, kidney, liver, brain, and in the skin, causing ecchymosis. Therefore, in cases of acute endocarditis, these hemorrhagic infarcts may cause suppuration. Such inflammatory symptoms as thirst and an irregularly high temperature coëxisting, point towards the ulcerative form of endocarditis, which is always a serious condition.

Taking up next the etiology of this disease, we may say that any blood dyscrasia whatsoever may give rise to acute endocarditis: irritating matters, specific poisons, and alterations in the composition of the blood may produce the characteristic symptoms; Bright's disease, the exanthematous and irritative fevers, rheumatism and inherited syphilis, also, figure largely as causative agents. Ulcerative endocarditis is especially apt to occur, as a secondary affection, in the course of septicæmia, pyæmia and diphtheria.

The general symptoms which first appear in simple acute endocarditis are usually palpitation, slight pain, embarrassed breathing, or mild dyspnœa and uneasiness. Enlargement of the veins of the head and neck is often observed in children; and while this was quite marked in the present case at first, it has now almost completely subsided. The boy's face, which has an ashy-gray hue, may in other cases assume lividity and become bathed in a continous perspiration. Delirium may seize the patient, especially if there is considerable fever, which seldom, however, has a temperature ranging above 102° or 103°. The character of the pulse is peculiar—at first full and strong, though not frequent, in a few days becoming small, rapid and feebler; strange as it may seem on a moment's thought, we may have a feeble pulse, with tumultuous action of the heart at the same time. The latter is a special feature of acute endocarditis, and denotes a diminished propelling power, due to the softening of the cardiac muscle. We will not detail to you the physical signs as elicited by the examination of the boy's chest last week, merely stating, by way of recapitulation, what was then ascertained in proper order. It was observed principally that the area of the heart's impulse was somewhat extended; that the contractions were exaggerated; and that there was a mitral systolic murmur, easily distinguishable. Concerning the force of the cardiac impulse in acute endocarditis, it has been noticed that when the pain increases, the contractions become more violent. Again, the heart may beat violently one day, and in a day or two thereafter its intensity may be lessened considerably. Listening over this patient's heart again, we hear a slight sound running up to the first heart sound. The swelling and consequent constriction around the valvular orifice is doubtless accountable for this. But, the systolic murmur is due to thickened and incompetent valves, as well as to the roughening on the endocardium. The narrowing of the auriculo-ventricular aperture, in addition to the mitral insufficiency, seems to be especially marked in children when the acute symptoms commence to wear off. It is said that in 50 per cent. of these cases a murmur is audible over the tricuspid valve; none can be detected here, although just above, in the region of the pulmonary artery, a slight scratching noise can be heard by listening attentively.

In uncomplicated cases of acute endocarditis, the prognosis is favorable as regards life. But, as the acute trouble may become chronic, an opinion should be always guarded. The symptoms of ulcerative endocarditis may be simulated by those of malarial infection; and when jaundice, fever followed by a chill, albuminuria or tenderness over the spleen are present, the prognosis is particularly grave. Perforation, rupture or even laceration of the valvular cusps would cause the most distressing symptoms—dyspnœa, a very high temperature, followed speedily by a typhoid state. The course of treatment to be pursued in acute endocarditis will depend greatly upon the coëxisting disease—rheumatism, for example, in which, since the blood is presumed to be acid, alkalies would be positively indicated. That the blood becomes alkaline may be determined readily by testing the reaction of the urine, which in these cases also becomes alkaline after persistent treatment in this manner. It is recommended that opium be not given so freely in endocarditis as in pericarditis. In sustaining the system and toning the bodily economy, concentrated nourishment and the exhibition of the vegetable salts of iron, are, indeed, essential. The temperature of the patient's room should be not less than 70° Fahr. The breast should be well covered with flannel; and unless absolutely necessary, should not be removed for the purpose of making repeated examinations.

Original Articles.

RENAL DISEASE OF SCARLATINA.

By W. M. WELCH, M.D.,
Physician to the Hospital for Infectious Diseases, of Philadelphia.

OF the various complications and sequelæ of scarlatina, there are perhaps none of more common occurrence—certainly none of greater importance—than the kidney affections. In studying these diseases I find it convenient to follow Friedlaender's division of them, which is as follows:

1. The initial or febrile albuminuria.
2. Changes in the kidneys of a septic character.
3. Post-scarlatinal nephritis.

Opportunities for examining the kidneys *post mortem* in the first form of the disease, or during the initial albuminuria, are not very numerous. Death, however, does sometimes occur at this stage of scarlet fever, either from accident or some concurrent disease, and in such cases the kidneys show but little anatomical changes—only such, perhaps, as are due to changes in the nutrition of the epithelium. The microscope reveals simply congested capillaries, and slight extravasations of leucocytes around them, coagulated albumen in the tubules, and an increase of the nuclear elements in the glomeruli. In the very malignant cases there is, of course, more evidence of disease—though even here, as a rule, no gross structural changes exist.

The cause of the initial albuminuria is generally thought to be some changed pressure in the capillaries of the kidneys incident to the febrile state. It is therefore spoken of as simply febrile albuminuria, and is believed by many to have only the same significance as when it occurs in typhoid fever, pneumonia, and other febrile affections. But as it is much more frequently met with in scarlatina than in other febrile diseases, I think it not improbable that it may be consequent upon some direct action of the scarlatinous poison on the kidneys.

This form of albuminuria makes its appearance during the first few days of the disease. It is much more likely to be seen when the temperature runs high—say from 103° to 105° F.—although it is not impossible for it to appear when the temperature runs lower. It usually disappears in a few days; but it may continue longer, and even assume an aggravated form during the decline of the disease. In malignant and rapidly fatal cases it is generally though not invariably present. Bloody or smoky urine is not seen at this early stage of scarlatina, except, perhaps, in rare instances, or very malignant cases.

In regard to the second form of renal disease, or that which results from changes in the kidneys of a septic character, the pathological conditions are more apparent. However, among the patients who die at an early period of this septic process, the pathological changes in the kidneys may not be markedly different from those seen in cases of initial albuminuria; but among those dying later—say as late as the second or third week of scarlatina—the kidneys are often large, flabby, and generally pale, though they may be mottled by injected capillary vessels, and sometimes by foci of extravasated blood. The pyramids show the same injected appearance, and, at their base, minute abscesses or cheesy spots are sometimes seen. When examined under the microscope leucocytes appear in great abundance surrounding the capillary vessels, and especially the glomeruli. The epithelium, of course, is markedly changed. The mottled appearance of the kidneys shows that the inflammatory process in this form of the disease begins at, and often is limited to, a number of points, instead of involving the whole organ at once, as in post-scarlatinal nephritis. The kidneys are rarely entirely disabled, as in the latter affection; and when death occurs, it is generally in consequence of septicæmia, rather than of the nephritis.

This form of renal disease is always preceded by angina of a foul, sloughy character, and by suppurating lymphatic glands and cellulitis. Suppuration of the middle ear may also precede or attend it. The quantity of albumen in the urine may be variable, though it is rarely as abundant as in the post-scarlatinal variety. Blood also may be present, but never in large quantity. There is not apt to be more than barely sufficient to give a slight tinge to the urine. Careful testings, however, show that it is *not infrequently* present, even when the eye fails to detect it. Casts and epithelium are present in only exceptional cases. The quantity of urine is generally not greatly diminished, and hence œdema, or much puffiness about the face, is not common.

The kidney lesion in this form of albuminuria is only a part of a general septicæmic condition, and death, in the majority of cases, occurs in consequence of the latter. Sometimes, however, the inflammatory process in the kidneys progresses to a general nephritis; the organs then may become choked, the urine suppressed, and death result from uræmia.

The third form of albuminuria is by far the most common, as well as the most important, and is the result of general nephritis of an acute character. It does not make its appearance until the fever has subsided, the eruption disappeared, desquamation begun, and convalescence seemingly fairly established. This form of nephritis has been characterized by various names, such as "tubal," "desquamative," "catarrhal," etc., each indicating some peculiar notion concerning its pathology. The term post-scarlatinal nephritis is now more generally preferred, because it indicates the period of scarlet fever at which this form of kidney affection occurs, without committing to any notion as to the nature of the lesion.

An examination of the kidneys of patients who have died of this form of renal disease shows that they are enlarged and hyperæmic, and present evidence of general inflammatory action. The capsule may be readily stripped off, the cortical substance is found thickened, and sometimes softened, and the glomeruli present evidence of being intensely implicated. A cut section examined microscopically shows the capillaries dilated, the glomeruli enlarged and inflamed, with proliferation and desquamation of their epithelium, hyaline degeneration of the minute arteries, and also of the capillaries of the Malpighian bodies, causing a distinct narrowing or obliteration

of these vessels. Anuria and uræmia—symptoms frequently observed in this form of disease—may be attributed to either compression of the vessels forming the glomeruli, or to the changed state of the arterioles. Klein, I believe, attributes these symptoms to the latter.

When post-scarlatinal nephritis occurs, the earlier symptoms usually make their appearance during the third week of scarlatina. This complication rarely occurs outside the limits of the fourteenth to the twenty-sixth day of the disease. Some authorities speak of cases in which the nephritis begins at a later period than the twenty-sixth day; but such instances, I am sure, are exceptional. It is not apt to occur earlier than the fourteenth day, except when the septicæmic variety of albuminuria runs into the post-scarlatinal, which, indeed, is not uncommon in the septicæmic class of cases. In such cases the albumen already present in the urine suddenly increases to a much larger amount. The other symptoms may or may not be exaggerated, but a distinguishing feature of this third variety of albuminuria is that the albumen is always present in much larger quantity than in either of the other two varieties.

Concerning the etiology of this disease, there is, I think, scarcely room for doubt that the kidneys are rendered predisposed to inflammatory action by reason of their irritated state, incident to separating the scarlatinous poison from the blood. The kidneys, after scarlet fever, have been not inaptly compared to the lungs after measles, as in either case inflammation of a fibrinous or croupous character is liable to supervene. As pneumonia may follow in mild cases of measles, so also nephritis may occur after mild attacks of scarlet fever. While patients with mild attacks of the fever are less predisposed to kidney complication than those who pass through a severe form of the disease, yet the former, through the want of proper care, or on account of too early exposure, not unfrequently suffer from this complication. The first case of post-scarlatinal nephritis I ever saw followed an attack of this character. It occurred as long ago as 1861, and, although I have no notes on the case, it made such a deep impression on my mind at the time that I shall never forget it. The circumstances were these: I was called to see a child about one year old, and found him suffering from scarlatina. The eruption was, at the time, out abundantly, and all other symptoms were well marked. My attention was called at the same time to another child, aged about three or four years, who was sitting on the floor playing with his toys. The appearance of this child was very peculiar: he looked like an excessively fat boy, so great was the anasarca. His parents informed me that, although he had been a little indisposed, the child was not at any time deemed sufficiently ill to require the services of a physician, and so none was called. The child, therefore, received no care nor treatment. On my visit the next morning I found crape on the door, and on entering the house was surprised to learn that the anasarcous child, who the day before was playing with his toys, had suddenly died during the night.

Why nephritis so frequently occurs in the declining period of scarlet fever, or during the desquamative stage, instead of earlier in the disease, is not fully understood. A disturbance of the function of the skin has been assigned as the cause, and, in a certain way, this may have something to do with the disease. There is no doubt that the renal affection, in many instances, is plainly attributable to exposure, or to currents of cold air. Chilling the surface of the body tends to check cutaneous transpiration, and thus additional work is thrown on the kidneys, which are already in a state of intense irritation, and therefore markedly predisposed to take on inflammatory action. If in mild cases of scarlatina the kidneys suffer irritation in separating the poison from the blood, in severe cases—those marked by prolonged fever, by much exudation about the fauces, and by glandular inflammation—there must be still greater irritation, for among these the worst and most fatal cases of nephritis are found. It quite frequently happens, however, that severe cases escape the malady, while mild ones are attacked. The explanation appears very plain: It is that severe attacks of scarlet fever require the patients to be kept in bed a suitable time, and in a warm room for three or four weeks, or longer, by which time the most liable period for the development of renal disease has passed; whereas, mild cases are more carelessly treated, and not infrequently exposed very freely to all kinds of weather at that period of the disease when this complication, or sequela, is most liable to appear.

In the majority of cases of post-scarlatinal nephritis, the earliest symptoms observed are slight pallor and puffiness about the face. A little investigation will then generally reveal the fact that the patient has slight headache, accompanied by languor, loss of appetite and strength, together with pain in the lumbar region. An examination of the urine usually shows that it is diminished in quantity, and contains some albumen. Ashby says he has often noticed a slight pallor or puffiness of the face in children who had no albuminuria, but in whom it appeared a few days later.

The quantity of albumen is small at first, but increases as the disease progresses, until it reaches, not infrequently, the proportion of one third, one-half, two-thirds, or even more, of the bulk of the urine. In some cases, indeed, the albumen is so great that the urine is set solid by boiling. In almost all cases there is, as the disease progresses, a gradual diminution of the amount of urine passed, and its specific gravity is usually light—varying from 1010 to 1020; but the presence of a very large quantity of albumen may raise the specific gravity to normal, or even higher. The amount of urea excreted is also diminished. The urine, on cooling, generally throws down a dense deposit, and it often presents a smoky appearance, showing that it contains a little blood, or it may be red and decidedly bloody. Examined microscopically, it shows the presence of blood-corpuscles, epithelial cells, and hyaline or granular casts, sometimes both.

In consequence of the diminished renal secretion and the altered state of the blood, transudation of

serum from the bloodvessels takes place, giving rise to anasarca, which, besides the puffiness of the face already alluded to, shows itself quite early in the feet and ankles. If not checked by treatment, it is liable to extend to all parts of the body, even to the scrotum. When excessive, the patient presents, as in my first case, the appearance of being extremely fat. The dropsy is not always limited to the cellular tissue underneath the skin, but it may also assume the form of œdema of some internal organ, or effusion into a serous cavity. In order of sequence, œdema of the lungs is most frequent; next to this there is found effusion into the pleura, the peritoneum, the pericardium, the encephalon, and in rare instances œdema of the glottis may occur. The danger from the dropsy itself depends entirely on its location. While anasarca or ascites is scarcely ever fatal, œdema of the lungs or the glottis, or intracranial, pericardial, or even pleural effusions always give rise ro alarming symptoms, and sometimes prove rapidly fatal.

The diminished amount of urine passed is sometimes the first symptom to call attention to the renal complication. As the disease advances, the amount grows less and less, until, in extreme cases, there is complete anuria. Even the urine that is voided does not as a rule contain the normal proportion of urea. In consequence of all this we may expect to find, as we frequently do, symptoms of uræmic poisoning. Among the earlier of these symptoms are headache, nausea and vomiting. Following these are somnolence, threatening coma, and convulsions. Although these symptoms are unquestionably serious, they do not necessarily betoken a fatal termination. Under prompt and appropriate treatment many patients with severe convulsions, and even in a condition approaching coma, have been so benefited in a few days as to become fully convalescent. On the other hand, not infrequently, the eclampsia continues in spite of all treatment, and the case ends in a fatal coma. It should be borne in mind that death may result in the same way from intracranial effusion. Some care is therefore often necessary to differentiate between these two conditions.

The fever in post-scarlatinal nephritis may vary considerably. Frequently there is no elevation of temperature at all. Sometimes it is normal in the mornings and shoots up a degree or two in the evenings. Not infrequently the outset of the disease is marked by a distinct elevation of temperature, which quickly subsides again to normal. Occasionally, in the midst of a normal or slightly elevated temperature, there are exacerbations of short duration. Only rarely does the temperature remain high continuously, or even for any considerable length of time. It has been noticed that an exacerbation of the temperature is sometimes followed by the passage of bloody urine; thus indicating that there had been a temporary congestion of the kidneys which was relieved by the transudation of blood into the urine. This condition may be reproduced from time to time, and at those periods when the blood in the urine is markedly diminished, or entirely absent, the temperature falls to normal. In uræmia it is generally sub-normal.

There is a notable peculiarity about the pulse in post-scarlatinal nephritis. While it is generally very rapid in the early stage of scarlatina, it is now found considerably retarded, often slower, indeed, than in health, and sometimes irregular. It may also remain slow even when there is considerable elevation of temperature. A pulse of sixty-eight in a child is not uncommon. It may, however, be accelerated by some accidental cause, or by the approach of death.

Affections of the eye are sometimes met with in this form of nephritis. Some writers have described a special form of retinitis, which is said to arise quickly and cause various degrees of loss of sight, without producing total blindness. Although the course of this affection is spoken of as protracted, the prognosis is considered favorable. This form of retinal disease is believed to be something quite different from that which so often occurs in the course of chronic renal disorder, and which is characterized by gross structural changes in the retina of a permanent nature. The affection of the eye most liable to occur in post-scarlatinal nephritis is *amaurosis uræmica*. This is an acute, suddenly-appearing symptom sometimes met with in uræmic poisoning, and must therefore be reckoned amongst the group of symptoms of that disorder. The amaurosis is happily transitory, disappearing often as quickly as it comes. On arousing from a state of unconsciousness, the patient sometimes finds himself entirely blind; this may continue for two or three days, but rarely lasts longer than ten days. The ophthalmoscope fails to reveal, so far as I know, any pathological alterations of the visual organ which could account for the sudden blindness. It has been suggested that the cause may lie in simple œdema of the retina, which is not improbable.

The duration of post-scarlatinal nephritis varies according to its intensity. In the mildest cases the symptoms may all disappear in two or three days. In a fairly marked case the albuminuria may last for two or three weeks, disappearing very gradually. Even after the disappearance of the last trace of albuminuria, some other abnormal products frequently continue in the urine for a long time. The form of nephritis characterized by anasarca and dropsical effusions may last from one to two or three months, and sometimes even longer. With the disappearance of the dropsy the albumen in the urine usually diminishes, though it often continues to be present in a small quantity for a long time, even after the patient believes that he has fully recovered. Occasionally the nephritis becomes chronic; or, months after the apparent recovery, the patient, from exposure, or some other cause, is seized with a return of well-marked albuminuria and possibly dropsy, and may die of chronic Bright's disease. When death results from the acute form of the disease, it may ensue in the first, though more frequently not until the second or third week.

Treatment.—But little attention need be given to the first form of albuminuria. If it be, as is claimed, merely febrile albuminuria, it will disappear with the fall of temperature. In the second form of albumi-

nuria, or that depending on septic changes in the kidneys, the treatment should be aimed more especially at the local and systemic conditions which give rise to the renal disorder. Fortunately, in this form of the disease the function of the kidneys is but little disturbed; it is only when general nephritis supervenes that their secreting power is seriously affected. Therefore, in the third form of the disease, or post-scarlatinal nephritis, treatment is always required, and often that of the most prompt and active character is demanded.

In the first place, it is highly important that this complication or sequela should be prevented. Therefore, during convalescence from scarlet fever, the patient should be properly clothed and kept in-doors, and in a uniform temperature for three or four weeks after the fever has disappeared, or until desquamation has entirely ceased and the new epidermis acquired sufficient thickness to afford proper protection. The urine should be examined for albumen every few days, and as soon as any is discovered the patient should be put to bed in a room having a uniform temperature of 72° to 75° F. The diet should be liquid: there is nothing better than milk. An effort should be made at once to relieve the hyperæmia of the kidneys. For this purpose warm water baths, at a temperature of 98° to 100°, continued from fifteen to twenty minutes, may be used; after which the patient should be returned to the bed and covered with blankets.

Purgatives may be used early, and even repeated later on with advantage. They should be selected from that class which produces watery stools. Perhaps one of the safest purgatives, and at the same time most useful, is the *pulvis jalapæ compositus*. This may be given in doses of ten grains to a child five years old, and repeated as circumstances may require. Its action may be increased by allowing the child to drink freely of a solution of bi-tartrate of potassa—say in the proportion of a teaspoonful of the salt to a tumblerful of water. It should be borne in mind that patients in this condition are apt to be anæmic, and therefore purgation should not be carried to excess.

Drugs producing diaphoresis should also be employed—such as citrate of potassium, acetate of ammonium or potassium, and sweet spirits of nitre. When the urine is greatly diminished in quantity, and serious symptoms threatening, there is no drug so efficient as pilocarpine. This may be administered to children from two to six years of age, in doses varying from the one-fortieth to one-twentieth of a grain, and repeated every six hours. In case the stomach will not tolerate it, it may be employed hypodermically—say in doses of one-twentieth of a grain to a child of five years. It acts both as a diaphoretic and diuretic, and it also increases the salivary secretion. Any depressing effect liable to be produced by it may be guarded against by the simultaneous administration of stimulants.

When there is great anasarca and difficult respiration, with the urinary secretion suppressed or greatly diminished, I have found no agent so useful as hot-air baths. Each bath should be continued for about one hour, and may be repeated once or twice daily, according to the urgency of the case. When properly used, these baths are far more certain to produce not only diaphoresis, but profuse diaphoresis, than any drug or agent that I have ever employed. I have seen patients gasping for breath, and whose lives seemed in imminent danger, relieved of this distressing symptom by one or two such baths.

Diuretics of not too stimulating a character are always useful in the latter stage of the disease, and they may indeed often be employed with advantage in the early stage. Digitalis is one of the most serviceable, and it may be employed from the very commencement of the malady. I think the best way of administering this drug is in the form of an infusion. It may be given in combination with acetate of potassium, as follows:

℞.—Potassii acetatis . . . . . ʒ ij
Infus. digitalis . . . . . fʒ iij
M. Sig.—Teaspoonful every three hours to a child of five years.

Meigs and Pepper recommend the following mixture:

℞.—Potassii bitart. . . . . ʒ j
Sp. juniper. comp. . . . . fʒ ij
Sp. æth. nitros. . . . . fʒ j
Tr. digitalis . . . . . ♏ xv
Syrupi . . . . . fʒ v
Aquæ . . . . . fʒ ij
M. Sig.—Teaspoonful every two hours to a child from two to four years of age.

Local measures may be employed over the region of the kidneys. Leeches have been used; but as there is always a marked tendency to anæmia, leeching is only admissible in robust patients. Dry-cupping, however, may be of service. Poultices are useful, and may be applied in any case. I am in the habit of using ground flaxseed and mustard, in the proportion of fifteen tablespoonfuls of the former to one of the latter. In this way the poultice is made somewhat more irritating.

For the uræmic convulsions, I know of nothing better than the warm water bath, bromide of potassium, or hydrate of chloral. The bromide should be given in large doses. To a child three years of age, five grains may be administered every fifteen minutes until two or three doses shall have been given, provided the convulsive movements continue that long; afterwards the dose may be repeated at longer intervals. Hydrate of chloral is doubtless more efficient. Five grains of this drug introduced into the rectum of a child from three to five years of age, will generally control the convulsive movements within fifteen or twenty minutes. Inhalation of chloroform has been recommended; it doubtless will give temporary relief. But whatever antispasmodics may be employed, it is highly important that the efforts to relieve the choked kidneys should be continued at the same time.

After the acute stage of the renal disease has abated, ferruginous tonics are found of great service. There are two preparations to which I am very partial. One is a solution of citrate of iron and ammonia, with sometimes the addition of a little carbonate of ammonia; and the other is Basham's mixture.

A CASE OF RENAL CALCULUS.

By ERNEST B. SANGREE, A.M., M.D.,
Demonstrator of Histology in the Medico-Chirurgical College of Philadelphia.

LATE one night I was called out to see a young lady, twenty-three years of age, who was suffering from what at first seemed to be an attack of lumbo-abdominal neuralgia. To abate the pain which was intense, I gave her a subcutaneous injection of morphine sulphate gr. ¼, and also a full dose of chloral hydrate by the mouth. These soon relieved her in great measure.

The outset of the pain she described as beginning over the right kidney, and from there extending along a line parallel with the ureter and down the inner aspect of the thigh. It also radiated over to the center of the abdomen, in the line of the lumbo-abdominal nerve.

On questioning her I learned that she was from the country, and in the city merely on a visit, and that she was then taking medicine for neuralgia.

These attacks had begun over a year before, with one of great suddenness and severity, coming on after a carriage ride, and they had occurred every three or four weeks since, in spite of all medication. A ride on the railway, or in a carriage over a rough road was likely to produce an onset, as was also any active exertion, such as sewing on a machine, and for this reason she had been compelled to give up her occupation—that of a dressmaker. During the last year she had lost considerably in weight. Within the same period she had noticed blood in her urine three times, though this had happened not immediately before or after an attack, but in the interval. She constantly experienced a dull pain over the right kidney, which was slightly increased by pressure.

I found upon careful examination that her urine presented the following characteristics: Sp. gr. 1.018, reaction, acid; color, light amber, and clear with the exceptions of a few shreds of mucus; no albumen, no sugar. After standing twenty-four hours a flocculent deposit appears, which the microscope showed to be composed of mucus, amorphous urates, much epithelium from the bladder, and numerous crystals of oxalate of calcium. Many of these crystals were of very large size, and though she suffered no pain in urinating, yet I think the extraordinary amount of bladder epithelium must have been due to the erosive action of these angular crystals. All forms of oxalate of lime crystallization were represented: octahedral, dumb-bell, and the different variations such as oval, spherical, and the like.

As neither pus nor blood was present, there could not be cystitis. Again, the failure to find pus, together with the comparative insensibility of the kidney to pressure, showed there was not calculo-pyelitis and that the stone must therefore be embedded in the substance of the kidney. The diagnosis was accordingly an oxalate of lime calculus in the body of the kidney.

For treatment, alkalies were given in order to keep the urine nearly neutral. She was to take plenty of diluents, and abstain from foods rich in oxalates. In addition to this she should have rest as nearly absolute as possible, in the hope that the stone may become encysted and trouble her no more. If it does not, however, and the attacks should persist, and perhaps increase in frequency and violence, making life a burden to her, then an operation for the removal of either the calculus alone or the kidney along with it must be seriously discussed.

INSTANCES OF THE HEREDITARY INFLUENCE IN THE CAUSATION OF MULTIPLE PREGNANCY.

By CHARLES MEIGS WILSON, M.D.,
Physician in charge of the Philadelphia Lying-in Charity.

THE following cases are reported on account of their rarity; two came under my personal observation, and the third was related to me by a thoroughly trustworthy person. What subtle influences lead to the habit of multiple fecundation, and how that habit is handed down from one generation to another, or may even be manifested through several succeeding generations, I am at a loss to explain. That such idiosyncrasies do, however, exist, cannot be doubted, in view of the fact that while they are rarely found, yet several instances have been recorded. On August 4, 1889, I delivered, after an easy labor, in the maternity ward of the Lying in Charity, Florence B., of two male children. They were undersized, one weighing four and one-half pounds, and the other five and three-quarter pounds Their placentæ were entirely separate; the sacs were, however, fused together. Six weeks afterwards I delivered her twin sister of two male children, both undersized and of a combined weight of nine and one-quarter pounds. Upon making inquiries of the sisters I found that their mother was a twin, and that she had twice given birth to twins. Their mother had borne female children only; hers were all legitimate pregnancies. The two sisters that I attended were both primiparæ, and were both illegitimately pregnant. I have instituted careful inquiries to trace back, if possible, whether this habit existed in any former generations of the family.

The second case I wish to record is that of a woman, Mrs. James S., whom I have thrice in succeeding pregnancies delivered of twin children, and who was herself a twin.

The third case is that of a patient who showed me corroborative evidence in the record of his family births of the fact that he was one of three succeeding sets of twins.

INDUCTION of artificial labor is done simply by a method recently brought out by Pugliatti, but which the translator has practised many years with satisfactory results. Patient is brought to the edge of the bed, a bivalve speculum is introduced, and an antiseptic injection administered. A clean, aseptic, elastic bougie is gently introduced as far into the uterus as it will pass; the remainder is coiled up in the vagina. If pains do not begin in three hours, another vaginal injection is given and followed by the introduction of a larger bougie.

—*D. Med. Zeitung.*

Hydrotherapeutics.

A PLEA FOR THE PRACTICAL UTILIZATION OF HYDROTHERAPY.[1]

By SIMON BARUCH, M.D.,
Attending Physician New York Juvenile Asylum and Manhattan General Hospital.

[Concluded from page 781.]

WINTERNITZ dwells with his usual clearness and scientific precision upon the reasons of the improvement obtained in phthisis by hydrotherapy. He quotes Dettweiler, whom you all know as the most successful phthisistherapist, in its favor. Winternitz applies continuous moist compresses to the chest, covered by dry flannel, in most cases. For the hectic fever he uses wet packs, followed by rubbing in the wet sheet, or the rain bath of one minute. Among 169 cases of phthisis of various types, treated at his institute since 1874, 76 per cent. gained in weight. The cases are given in detail, and the result shows that in 58 cases of florid phthisis with hectic fever, in sixteen a cessation of the process was obtained. In the majority of the cases not improved locally, the general condition, appetite and strength were enhanced, the fever and sweating diminished.

At the Montefiore Home, which is a hospital whose rules forbid the admission of any curable disease, the cases of phthisis are of the most pronounced types, usually refused at other hospitals. Even among these desperate cases, all of which have usually had the prevailing medicinal treatment, the result of hydrotherapy in phthisis has been striking, as a few brief histories, for which I am indebted to the efficient senior house physician, Dr. L. Ettinger, will show.

G. S., aged 28, consolidation of apex front of right lung, admitted Dec. 23, '88, with pain in chest, severe cough, yellow expectoration, severe chills, followed by fever and sweating. Dry pack, cold wash off, followed by wet sheets. Result, entire abatement of symptoms, no physical signs of consequence. Discharged, May 1, '89 (weighing 149 pounds), at his own request.

J. S. Double chest lesion. Wash off and wet sheet. Complete cessation of cough and expectoration. Weight increased from 115 to 126 pounds.

A. L. Right apex lesion. Cold wash off (water at 65° F.), followed later by wet sheet. Marked improvement in all symptoms. Weight increased under hydrotherapy, in two months from 124 pounds to 134½.

H. F. Left upper lobe. Marked emaciation, extreme anæmia, cough, expectoration, repeated hemoptysis, weight 96 pounds. Arsenic, creosote, cod-liver oil, cold wash off daily. Complete disappearance of hemoptysis, almost of cough, no fever, presents picture of health, weight 104 pounds, no râles, decrease of dullness.

N. R., aged 37. Right apex lesion. Sick four months with cough, expectoration, loss of flesh, hemorrhages and fever, very feeble, anæmic, emaciated. T. 102. P. 110. R. 31. Weight 103½ pounds. Severe hemorrhage directly after admission. Did not improve from May 19 to June 10, when daily cold wash off was begun. Improvement rapid, anæmia disappeared. Discharged at her own request, with a gain of seventeen pounds in weight.

Lilly W., aged 9. Double mitral lesion. Admitted extremely feeble, anæmic and hopeless. Received cardiac tonics, iron, cod-liver oil (all of which she had before admission). Wash off at 65° F., succeeded by wet sheet daily. Is now in excellent spirits, walks to public school daily.

Chronic rheumatism and gout, those most obstinate maladies, have long been eloquent witnesses to the value of hydrotherapy. The immense number of cases cured by Priessnitz, many of whom belonged to the highest ranks in England, France and Germany spread the reputation of hydrotherapy far and wide among the lay people. The triumphs of the German peasant were observed by an eminent German physician, Schedel, and thus communicated to the profession. These cases so often revert to the empirical hydropaths, after prolonged and ineffectual medicinal and dietetic treatment, that they form the largest contingent of patients from whom the empirics derive the greatest reputation and financial results. In France, however, such cases are usually sent to men who, like Duval, are educated hydrotherapists.

From the Montefiore Home were discharged two cases of chronic rheumatism, cured, both of whom came there, like all other cases, to spend their last days in comfort.

Constipation is one of those minor functional ailments which give us no end of trouble. After failure of medicinal agents, I have obtained such excellent results by electricity and hydriatic measures that I am tempted to a brief reference. A few cases will illustrate the treatment.

M. G., for whose history I am indebted to Dr. Ettinger, of the Montefiore Home. History of exposure to lead, being a painter; marked abdominal distention, indefinite pain, sallow, anæmia, anorexia, severe constipation, which has resisted all medicinal measures before and after entering the Home. His constipation, as well as general condition, were regarded as hopeless by all his medical attendants.

March 15th. Weight, 139 lbs. Dry pack and cold wash off daily. No effect.

20th. Wash off preceded by hot fomentations to abdomen. Enema of water at 45° F., to be retained, one-half hour before wash. Large laxative enemata necessary to move bowels daily.

April 1st. Girth diminished, abdomen soft; still requires large enemata.

April 3rd. Pil. aloes and mastich one before each meal; no effect on bowels for three days.

10th. Entire disappearance of abdominal swelling; cold enema is retained; bowels regular, once or twice daily; reduced to one pill at bedtime.

May 1st. Discharged at his own request, cured; weight, 149 pounds, a gain of ten pounds in six weeks.

M. A., æt. thirteen, inmate of N. Y. Juvenile Asylum, recorded by Mr. Henry Carpenter, student of medicine; suffered from constipation always; had taken magn. sulph., and other laxatives, also cold

[1] Read before the New York Academy of Medicine, November 1, 1887.

baths and massage, to improve general condition; four c. c. pills without effect. A second dose was followed by a scanty stool. Cascara had no effect. Her appetite was poor. On the 23d Aug., I ordered all medication stopped; an enema of ʒ vj of water at 65° was given, to be retained, and finally strong Faradic current over colon once daily for twenty minutes. A linen compress wrung out of water at 60° F. was constantly worn, renewed three times daily with a wash off. A small stool followed, an hour after first cold enema; on the second day another followed four hours after enema. A rash appeared under compress on third day; current was increased. On the fifth day she had the first normal stool; appetite began to improve. Pain was produced by enema on the twelfth day; ordered it every other day for two weeks. She is now in perfect health and her bowels regular. These enemata of six ounces of cold water, it should be noted, do not act mechanically, but as stimuli to the innervation of the intestine.

An illustration of the tonic and sustaining effect upon the nervous system of cold ablutions is furnished by the case of M. E., a patient at the Montefiore Home, for morphine habit. He was a pitiable object, emaciated and haggard to the last degree; pulse 150. The quantity consumed by him reached two ounces of Magendie's solution hypodermically each day. This was slowly and gradually reduced in the course of three months, while patient's strength was sustained by good food, stimulants and cold ablutions after dry pack. He is now in excellent condition; his face is full, eye bright, and the habit entirely removed.

The tonic effect of hydrotherapy, so well illustrated in this case, is clinically established by the general results in the Montefiore Home for Chronic Invalids. This is really a home for incurables, but does not bear that title, because it would be equivalent to Dante's inscription: "They who enter here leave hope behind." It is a positive rule that no case be admitted that has not been pronounced incurable by other hospitals or physicians, and whose incurability is not vouched for by our examining physician. The benevolent gentlemen of the visiting committee satisfy themselves personally of the facts; and yet, among these desperate and hopeless cases, the last report records six cured and thirty-five improved, eight of whom have returned to their homes and daily work. Can clinical testimony be more convincing?

Time forbids my entering upon that most fruitful of all fields for hydrotherapy—the febrile diseases. In these the third method referred to, viz., the arming of the patient for the battle with disease, is illustrated. As I have already spoken and written a good deal upon this subject, I must complete this rapid review by merely referring to the fact that statistics whose sources are unimpeachable have demonstrated that the mortality of typhoid fever has been reduced from 25 per cent. to 2 per cent. by the systematic bathing of Ernest Brand's method. I am glad to learn that Drs. Flint and Dana have introduced this method into their divisions in Bellevue Hospital, and that Dr. Peabody uses it in the New York Hospital. The latter emphasizes one point that cannot be too often reiterated. He says that "cold sponging, in many cases, is wholly inefficient; many lives have been lost by a timid temporizing with this modification (of bathing)." This is but too true. I desire to reiterate the necessity of implicitly following an exact technique in hydrotherapy. Wrapping a typhoid patient in a sheet and sprinkling her with ice-water, as was done to my knowledge in two metropolitan hospitals by able gentlemen who are teachers of medicine, is *not cold bathing*. They reduced the temperature, but the patient died. The bath must be adapted to each case; and the fact should never be lost sight of that its object is *not* to reduce temperature, but to refresh the nervous system, and enable the organism to withstand the lethal influences at work in the regular progress of the disease.

As an illustration, I may mention a case now under treatment in my service at the Manhattan General Hospital. I found him in the fifth week of a typical case, after having had hemorrhage and pneumonia, with a feeble, rapid pulse; temperature range from 101° to 104°; mental confusion; sluggish peripheral circulation; altogether an unpromising case. The usual bath at 65° for fifteen minutes would have sent him into an irremediable collapse. The nerve centers required arousing and refreshing. I ordered a sheet, partly wrung out of water at 70°, to be wrapped around him for ten minutes, and covered by a blanket, followed by an ablution with water at 65°. Temperature was reduced to 101° by this procedure; he became brighter. Compresses wrung out of water at 70° were kept on his abdomen so long as his temperature was above 102°. Patient has had no delirium since first wet sheet, to which he objects most strenuously, however.

Gentlemen, craving your indulgence for having so long detained you, I must now bring this imperfect sketch of hydrotherapy to a close. I trust that in this plea for its practical utilization, I have shown that modern hydrotherapy is no longer an empirical method. Though of such parentage, and nurtured into active life under such environment, its aims to-day are definite, and it explains every process upon well-proven premises. This is science, in its true sense; this is the goal of medicine for which ages have striven in vain; a goal, though not yet fully attained and probably not attainable, which is, nevertheless, so replete with promise that he who will strive in the same direction will be gratified by the result of his labors. This goal has not been reached in the treatment of disease, because hitherto the men who, like Hippocrates, Hufeland, Hahn, and Currie, realized the empirical value of water, were more or less in the dark regarding the organic processes of life in health and disease. The grand physiological and chemical discoveries of the present time have enabled men like Winternitz, Delmas, Pleniger, and others to place hydrotherapy on a rational basis, so that to-day we may say with Plohn, "As in no other department of medical activity, we find here a method whose advances have been individually and physiologically tested and adapted to the laws of the living organism, to be converted into a rational curative

measure for special purposes of application; whose therapeutical results are the more reliable since they have been often corroborated by empiricism, prompted by a spirit of impartial and fruitful research. That which medicine of the Nineteenth Century has struggled to attain since it awoke from the desperate period of absolute skepticism—namely, practical, prophylactic, and therapeutical action, based upon the results of theoretical research in its whole extent, thereby being in a position to give the practical physician that security of which the physicist and chemist boasts—all this hydrotherapeutics is on the way to accomplish."

In conclusion I desire to reiterate, however, what I have said before—that I do not regard hydrotherapy as a universal measure, which will displace the well-tried medicinal remedies, whose value has been carefully tested by able and conscientious men, and which I would be the last man to dispense with. But I would urge upon you to test it fairly and fearlessly. You will find it an auxiliary of no mean power, especially in those trying cases which have baffled your best directed efforts.

47 E. 60TH STREET, NEW YORK.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

OPERATION UPON NASAL SEPTUM.

A YOUNG man, seventeen years of age, with a deformity of the nasal septum, the cartilage being bent to the left and almost completely closing the left nostril. The patient being etherized, an incision is made close to the left ala of the nose. A straight bistoury is then passed into the wound and the cartilage cut from the vomer, seized with a strong pair of forceps and forcibly bent over and straightened. Having arrested the hemorrhage, the nostril is washed and plugged with iodoform gauze. The incision being so small, it does not require to be stitched. —*Pancoast.*

SYPHILITIC ULCERS OF FOOT.

Wm. S., fifty-three years old, single, a truckman or farmer's help, presents himself by the aid of a friend only, and when asked to walk, goes upon hands and knees. A case of old frostbite, got six years ago, by sleeping in an out-building.

His stockings being removed, it is seen that all the toes of one foot have been removed, and all but the smallest toe of the other foot are also minus. There are also ulcers of unhealthy hue and sluggish appearance, some flat and others in the shape of sulci. There are also large callosities below, and the anterior end of the calcaneum is much lower than the posterior end. Moreover, on placing the hands on the two feet at the same time, we notice that one is much warmer than the other, though the same warmth of foot-wear has been used. Examining still closer, it is seen that, while there is a generally bluish and forbidding color to each foot, the one of low temperature looks worse.

On inquiry, it is found that the ulcers have plagued the man for months. The unhealthy look, peculiar color, and long persistence of the ulcers hint of specific taint. Again inquiring, the patient confesses that he has had primary and secondary syphilis.

Treatment.—First, externally, thorough washing of the ulcers with a 1 to 1000 solution of the corrosive sublimate wash, using as hot water as is comfortable, then drying carefully with sublimate cotton, dusting thoroughly with iodoform, and covering with the same kind of cotton and a roller bandage. Secondly, for internal treatment, we will put him on the iodide of potash, as in the following formula.

℞.—Potassii iodidi . . . . . ʒ ij
Syrupi sarsaparillæ . . . . . ℥ ij
Aquæ puræ . . . . . q. s. ad ʒ vj—M.

Take a dessertspoonful four times a day.

We will ask the patient to report at our service on Friday. We will watch the effect of the internal treatment particularly, changing, if need be, to other of the iodides, or to the use of corrosive sublimate. —*Stubbs.*

PHILADELPHIA HOSPITAL.

OPHTHALMIA NEONATORUM.

YOU know that it is not uncommon, several days after birth, to have a slight redness of the eyes of the child, with a certain amount of mucus. If no gonorrhœal virus is present, it soon gets well. Here are two cases of purulent inflammation of the eyelids and conjunctiva, in which the lids are swollen, tumefied and red; and there is a copious secretion of pus. In this child you see it in the stage of defervescence. It was formerly supposed that inflammations of the eye rose from any micrococcus; but when you get a case of purulent inflammation of the new born, it is due to the gonococcus. Prognosis is bad in neglected cases, for ulceration, with perforation and loss of one or both eyes, occurs. During the summer just past we had a case of gonococcal infection, and, in spite of all we could do, both eyes became infected and were lost. Treatment is first prophylactic, as the vaginal douche to the mother at the beginning of labor; but the cocci shelter themselves so much in the folds of the mucous membrane that the antiseptic solution cannot reach all of them; still the douche will mitigate the severity of the case. Crede's method is to drop a few drops of a two per cent. solution of nitrate of silver in the eyes one-half hour after birth, and follow this by flushing with a very mild salt water bath. Thoroughly cleanse the eyes by a continuous stream from a douche, and run the stream from the inner to the outer canthus, to avoid infection of the other eye. Usually both eyes are infected; but if one is not, close it with antiseptic gauze and cotton which has been salicylated, to protect it from infection. A saturated solution of boracic acid may be used *ad libitum*, or you may use mercury bichloride, one to ten thousand, or a two per cent. nitrate of silver solution. If the case promises to be severe or long, put the iris at rest by atropia. May use boracic acid solution every hour, but when the nitrate of silver is to be used, apply it yourself. Always caution the family of the contagiousness of this disease. —*Davis.*

ST. LUKE'S HOSPITAL.

SERVICE OF DR. B. FARQUHAR CURTIS.

J. V. D. Young, House Surgeon.

LAPAROTOMY (EXPLORATORY) FOR ABDOMINAL TUMOR.

THE case which I present to you to-day is one of great interest. The symptoms are obscure and the difficulties of diagnosis correspondingly great. The history is as follows:

Mrs. ——, aged 33, Irish, nine years in the United States, married seven years, last confined fourteen months ago, weaned baby six weeks ago, has suffered with leucorrhœa since marriage, and dyspareunia for the last six months. Menses appeared at the age of thirteen; last menstruated, October 12.

Oct. 6. Complains of pain in right side of abdomen (iliac fossa), pain extends over whole abdomen, but is most marked in lower part. The pain is paroxysmal, bowels constipated, were moved by large doses of magnesia (for the first time in seven days).

Oct. 11. Complains of flushes of heat, thirst, chilly sensations, anorexia, nausea, vomiting, has no headache.

Vaginal examination: Cervix lacerated on right side, slightly softened, os patulous, uterus as a whole slightly prolapsed and displaced to the right.

Bi-manual palpation: On the right side a globular mass, extending up to the umbilicus and two or three fingers width to the right of the median line; the mass depresses the vaginal vault, and is somewhat painful on pressure. Practically, the same conditions exist on the left side. The uterus is immobilized by this mass.

The question before us, is the nature of this mass or tumor. The symptoms are not distinctive or even suggestive of any particular lesion. The differential diagnosis, we believe, lies between hæmatocele, parovarian cyst, and extra-uterine pregnancy. The symptoms complained of on the eleventh, heat, flushes, thirst, chilliness, etc., lead us to favor hæmatocele, as, although slight, they may be regarded as indicating internal hæmorrhage.

Since Mr. Lawson Tait called attention in his lectures on "Ectopic Gestation" to the primary tubal origin of almost all extra-uterine gestations, hæmatocele has been regarded with unusual interest. Though for many years the relation of a ruptured tubal pregnancy in causing hæmatocele was recognized in some cases, it was not until Mr. Tait called attention to this fact, that it was suspected that tubal pregnancy was so important a factor in the pathology of this lesion, and now, in cases of hæmatocele, we search most eagerly for fœtal structures to sustain or refute this view. The history of this case does not aid us at all on this point. The woman weaned her child only six weeks ago. Menstruation occurred on the sixth, apparently normal in character. The cervix is slightly softened, and os patulous, it is true, but these are not distinctive, and may readily be ascribed to other causes than pregnancy. Another fact which would tend to make the discrimination against the existence of tubal pregnancy stronger is, that there has been no long period of sterility.

Therefore, an accurate diagnosis being impossible, the woman's condition demanding immediate relief, the case is one eminently fitted for an exploratory laparotomy. The operation which we shall do to-day is, therefore, an exploratory laparotomy, for supposed hæmatocele with the possible occurrence of a ruptured tubal pregnancy.

Making an incision through the linea alba, we are now down on what we regard as the peritoneum; further examination confirms this: the peritoneum is much thickened, and the cyst wall is strongly and closely adherent. The adhesive inflammation which has bound the cyst to the peritoneum, renders it difficult to distinguish one from the other. Before opening the cyst, as we are in doubt as to its exact nature, we will aspirate with an exploring needle and syringe. The fluid, as you can see, is nothing but blood; therefore our diagnosis of hæmatocele is sustained. Incising the cyst, nothing escapes but blood.

At the bottom of the cyst, I feel a hard body. As we may suspect the primary cause to have been a ruptured tubal pregnancy, is this the fœtus? The light is very poor to-day, so it will afford me a good opportunity of illustrating the value of the electric light in abdominal surgery. This small electric lamp is run by an ordinary galvanic battery; we can place it in any position, at any angle, and by its aid search any porition of the cavity. The hard body mentioned is a tense secondary cyst, which I have caused to rupture by pressure. It contains nothing but blood, and a smaller cyst. This I also rupture, and in it I find several hard particles; on close examination, I find these to be true bone.

The correct diagnosis therefore is: tubal pregnancy of less than ten weeks' duration, rupture of the tube into the broad ligament, and subsequent hæmatocele.

We will now complete the operation by stitching the cyst wall to the abdominal wall, close off the peritoneal cavity, introduce drainage tubes, and sew up the abdominal wall in three layers with buried animal sutures.

K. B. P.

THE power of absorption of the organs has been investigated by Pisente, who arrives at the conclusion that the classical theory of the causation of ascites, that the obstruction to the portal circulation, which produces stasis of and transudation through the vessels, is the chief factor, is erroneous. By his experiments it is demonstrated that an additional factor is furnished by the diminution or the total loss of power of absorption of the liver, spleen and gastro-intestinal canal. As this is actually proven, we may conclude that the disappearance of a fluid from the abdominal cavity is determined by two factors:

a) By the cessation or diminution of the process of transudation; and

b) By the restoration of the absorbing powers of the other organs (intestinal canal) entrusted with this function.

Professor Pisente thinks that this second factor, first discovered by him, must receive deserved consideration.—*Cent. f. d. Med. Wissensch.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, Dec. 28, 1889.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.
S. BARUCH, M.D., Editor for New York.
I. N. LOVE, M.D., Editor for Missouri.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION.

Address all communications to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

THE NERVOUS ELEMENT IN UTERINE DISEASES.

A SUBJECT of greater scope, and one in which the field for speculative theorizing and practical investigation cannot be surpassed, is that of the study of the nervous element in disease. So various and protean are the forms in which the disturbances of that as yet unsolved mystery—the nervous system—loom up before the baffled and distracted physician, that, like the hydra-headed monster of mystic fame, seemingly one almost unconquerable neurotic foe is no sooner overcome and triumphantly laid in his untimely grave, ere two others as complex and intricate phases of the same phantasmic enemy spring into existence, to defy and terrorize the too-exultant victor. To undertake the development of such a subject as the neuroses, in all of their many aspects and bearings upon things medical, is a work too vast and comprehensive for other hands than those of the neurologists. We can devote here but a few lines to some speculation upon one side of the subject only, namely, its gynecological bearing, as suggested by the scholarly paper of Professor Goodell, which appeared in a recent number of the *Medical News*.

Who has not met at some time in his professional career, and often only too frequently, with the neurotic woman; and who is not thoroughly acquainted with her time-honored history of repeated visitations by each new and untried physician, with the inevitable result—failure in obtaining the eagerly-sought-for relief from her miserable condition, till, despairing of ultimate success, and yet ever lured on by the fleeting image of final restoration to health, she sinks at length into apathy and confirmed invalidism? How often do we find that we ourselves have been treating, as a case of cervical endometritis, or of uterine loss of tonicity, what is in reality the outcome of a condition of neurasthenia, allowing the teachings of a dogmatic empiricism to over-cloud our higher power of inferential reasoning!

Here, as Dr. Goodell has so emphatically laid down, is the great medical error of the day: in confounding the simple, local condition to which the attention may happen to be directed by the peculiar manifestations of the neurasthenia, with the more serious constitutional condition; in treating the former for the latter, and in thus allowing ourselves to be developed into symptomatic dogmatists rather than into conscientious rationalists.

That there is an intimate relationship existing between the sexual organism and the central nervous ganglia, is a truth as absolute as is the existence of these organisms; but in what this relationship consists, and how a diseased condition of the one will be productive of a reflex disorder in the other, we cannot say. That such is the case, however, is beyond all need of further assertion. Regarding this as conclusive, it is patent that in a broad and intelligent study of every gynæcological patient, the rôle played by the nervous system, in the production of the group of symptoms displayed, merits of primary consideration. Notwithstanding this, however, it is a curious, though self-evident, fact that, in the vast majority of instances the nervous element is either only casually thought of, or still worse, entirely overlooked; or on the other hand, the greater predominance of the nervous phenomena may entirely overshadow their true causation—a disease or perverted condition of the sexual apparatus—and the case be regarded as purely neurotic. The subject thus presents itself in a two-fold aspect, entirely sexual and entirely neurotic in their respective characteristics.

What, then, is the outcome of these considerations? How can we remedy this existing evil? This is the question which must necessarily first arise in a serious review of the field which is before us. We firmly believe that there is and can be but one solution to this problem, and that it lies in a fundamental change in the method of medical education, with a view to broadening the scope of the specialists—of the gynæcologist, in the point in hand—so that each patient coming before his notice, will be treated not simply and wholly as an uterine case, but as a complex organism of which the generative portion is but a factor and most often but a minor factor. The necessity of such a course is generally granted. As one of our leading specialists in the surgical domain has wisely said: "A true specialist must necessarily be first a thorough physician in every respect." Let the day dawn when the specialist will become more latitudinarian in spirit, leaving the narrow channels of specialism, as it is now generally understood, for the broader fields of systematic rationalism, and he will become a specialist in the truer sense of the word, and there will be less and still less occasion for the complaint of the abuse of treatment, uterine or otherwise, from mistaken diagnosis.

HOG cholera rages in Kansas.

THE HIGHER PLANE.

"The highest and only duty of a physician is to make people well."
—*Organon.*

AFTER quoting this sentence, a late number of a homœopathic contemporary observes that, "viewed in the light of this axiom, most old-school current literature is very profitless reading." In illustration, the severe writer cites one of our most able journals, of which he says that "many brilliant experiments are chronicled, many facts in physiological materia medica elicited; but very rarely anything of permanent value in applied therapeutics."

Even taking the sentence just as it stands, the logical mind will find it somewhat difficult to imagine how "many facts in physiological materia medica may be elicited," with little or no result in the way of applied therapeutics. Our contention, however, is not against this particular assertion—for it is not worth noticing—but it is against the underlying spirit—one that is all too common among the youth of these practical times, and too much encouraged by those whose years should be suggestive of wiser counsel. We allude to the rapidly-growing tendency to estimate the value of every piece of knowledge in accordance with the amount of dollars it is likely to bring in.

Public sentiment in this country, unfortunately, does not require of the medical profession a high standard of general learning.

The family physician is chosen, even among the more educated class, on account of the church or lodge to which he belongs, the street on which he lives, the society in which he moves, according to the cut of his beard, or some other agreeable physical characteristic, rather than because of any particular skill as a physician or attainments as a scholar and a man of broad culture. We have known, with excellent practice among intelligent people, physicians who said "I done," "I seen," and "them" for "those." Indeed, there is a more or less popular notion that physicians are born, that the medical curriculum, with its requisite degree, is only a legal form, simply to keep everybody from practising the healing art, and that boorishness of behavior, negligence in dress, solecisms of speech, and looseness of morals are only the natural concomitants of innate genius. Beneath these trifling accidents lies the finished physician.

How wide-spread is the belief that intemperate doctors are always the best. The physician of the novel is generally a drunkard; but always a man of supernatural brilliancy when out of his cups. Yet all this, in spite of the patent fact that one who habitually muddles his brain with alcohol cannot command equally as well as a strictly abstemious man all those powers of judgment with which nature and education have endowed him, powers that are nowhere more severely tried than in many of the positions in which the physician is placed.

Thus it happens that a young ignoramus may leave his bucolic pursuits, attend lectures at some medical school for two or three years, buy a practice, and with the assistance of a few drugs and a book of prescriptions, make a comfortable living as a professional man

What advantage will it be to him to know the histological characteristics of the intestinal canal, or the pathological appearance of the lungs in pneumonia? Will the people give him any more dollars because of such knowledge? No. Well, then, rather than spend time in reading of physiological experiments, or in studying pathological processes, he had better devote those hours to hobnobbing with Brown or Jones. They might call him in some day, if they fall out with their regular physician. He needs no more Latin than will enable him to make use of the genitive of two or three declensions in several prescriptions he may be required to write for graduation. Afterward this difficulty can be avoided by abbreviating. The knowledge he acquired at the medical school is just about the sum he retains through life, and both he and his patients are content.

But is there no difference between the life of a Newton or a Goethe and the life of a hod-carrier? Is there no such thing as a higher plane of existence? Truly there is, and that is what every individual with one spark of intelligence should strive for. The evolution of his mental forces is a duty which the physician owes both to himself and to his patients; and by the constant additions to his stock of information, the broadening of his views, the increasing the strength of his judgment, his whole life will have been spent with infinitely more pleasure to himself, with much more value to his patients, and with appreciable benefit to humanity in general.

PUBLIC SCHOOLS.

A SUBJECT that concerns the health of the majority of children in this city has of late been the theme of discussion among those interested in the system of public education. At present, there are two school sessions daily: from 9 to 12 in the morning, and from 2 to 4 in the afternoon. It has been proposed to substitute for these, one long session of five consecutive hours, to terminate at 2 p. m. All idea of shortening the sessions, is opposed by the teachers, who claim that they already have little enough time to cover the limits of the course of instruction mapped out for them. In teaching the young idea how to shoot, a prescribed amount of ammunition has to be crammed into the youthful brain, so that on a certain occasion, *i. e.*, the period of competitive examination, the charge may go off with an effective bang and flourish, regardless of physical or mental strain upon either pupil or teacher. While the one session plan has its advantages and is advocated by some, it is vetoed generally for one reason or another; but is mainly objectionable on account of its pernicious consequences upon the health of the children.

No matter how perfect the means of ventilation, the atmosphere of a school room, containing from 40

to 50 or more children for several hours, cannot fail to become impure, which has more and more effect upon all in the room, the longer they remain there. In some schools there are insufficient accommodations for a recess, and if there be any, the time allowed is too short to properly refresh the faculties and prevent exhaustion and nervousness, sure to result from such a long confinement to study and restraint upon the restless spirits of childhood.

The greater number of children attending these schools belong to families who are under the necessity of taking the principal meal of the day at the noon hour. The children coming home a couple of hours later, would miss this regular meal, and the substitution of a cold lunch, or perhaps a diet of favorite sweetmeats, or other irregular means of satisfying the appetite, would plant the seeds of indigestion, which in turn would form a foundation for other physical ills.

Many of the ailments that afflict the human frame have their origin in childhood, and are traceable to indiscretion and carelessness in those who are responsible for the care and management of the little ones. Literary education and a certain amount of social embellishment are matters of paramount importance, while health and morals are left to themselves, or fall in with the natural order of affairs, as matters of secondary consideration. Less cramming of brains, less strain upon the nervous system, more attention to physical exercise and the natural demands of the human frame, would banish bodily infirmities and establish good health, which priceless boon insures brightness of intellect, proving as a result: *mens sana in corpore sano.*

A NEW CONTRIBUTION TO OUR KNOWLEDGE OF DIPHTHERIA.

THE active researches into the etiology, pathology, and treatment of this modern scourge will, it is to be hoped, realize the ambitious expectations of those who have so zealously labored in this fruitful field. In a recent work by Dr. Bruehl, who is connected with the imperial health bureau, and which received the highest encomiums from Prof. Oertel, some points are brought out whose importance our readers will recognize. The authors call attention to the indisputable fact, proven by careful historical study, that everywhere and under all conditions the malignance of diphtheritic infection remains the same. Its deadly character is demonstrated by the official records, which show that in eight years 334,541 deaths occurred, and the remarkable fact is brought out, which is not sufficiently appreciated, that the disease is quite as prevalent elsewhere as in the larger cities.

But the most important fact which is of practical value is their claim that the etiological element for the development of predisposition to the disease, either to its contraction or further development of the infectious germs, may be sought in the frequent immediate change from an atmosphere which deprives the respiratory organs of comparatively little water, to one which abstracts from their respiratory tract a great deal of water. They deduce from this probable fact the prophylactic advice, to so construct our dwellings by proper arrangement of the heating apparatus in winter, and of the ventilation arrangements in summer, that there should be no essential difference between the moisture of the air without and within our dwellings. In addition, they recommended the hardening of children by accustoming them to exposure to all kinds of air, the improvement of waterworks, street sprinkling, draining of swamps, etc. If these observations of the author-which, it must be granted, are based upon large statistical data, are borne out by others, it will lead to the elucidation of many obscure cases of diphtheria, and probably to a successful prophylaxis.

THE CITY HEALTH.

IN the report of interments for Philadelphia, week ending December 21, we find the following:

Inflammation of the Lungs	42
Consumption " "	39
Croup	21
Inanition	19
Heart Disease	15
Typhoid Fever	15
Convulsions	14
Apoplexy	11
Diphtheria	10
Cancer	9
Debility	9
Bronchitis	9
Old age	9
Total from microbic affections	116
Tatal from all affections	336

While the number of deaths was exactly the same as the preceding week, and one less than the corresponding week of last year, it will be seen that the proportion of causal diseases has altered greatly. It seems that already the approach of influenza is making itself felt, and that those who would have died of other affections are succumbing to pulmonary diseases; to which 129 deaths are attributed. From this it appears that the true epidemic is not yet here and that the numerous catarrhal affections which now keep our physicians busy are due to local causes or are the forerunners of the true influenza. During the early part of the present week however, cases begin to appear which may be called characteristic of "la grippe;" sudden chills, with violent headache, great prostration, etc. looking very threatening, but soon subsiding.

RETENTION of amniotic remains, is treated by Eberhardt expectantly, and portions hanging from the os are removed. Those contained in the uterus are not disturbed, because the latter is free from micro-organisms. The vagina should be kept disinfected, in order to prevent decomposition of portions that may be expelled into it. If we follow Kaltenbach according to these principles, fever or other unpleasant symptoms will remain absent.

—*Zeitschr. f. Geburtshilfe u. Gynæk.*

Annotations.

PATHOLOGY AND TREATMENT OF NEPHRITIS.

IN the Italian Society for Internal Medicine Profs. Rattone and Bizzolo discussed this important theme fully. Rattone reaches the conclusion that we must substitute for the idea that nephritis always is due to a primary lesion of the kidney, the view that the latter is secondarily affected by the passage through it of substances acting as poisons and inflaming the vessels, connective tissue and epithelia. Thus the experimental and clinical conclusions of Semmola are brilliantly confirmed.

Prof. Bizzolo discussed the recently re-introduced venesection in nephritis. He regards the effect of venesection as due not to the diminution of the blood current in the inflamed surfaces, nor to the increase of the rapidity of the flow, but rather to the withdrawal of a certain quantity of toxic substances, especially in those cases in which the organism is greatly endangered by intense uræmic manifestations. It is advisable to compensate the loss of blood by transfusion of defibrinated blood or saline solutions. Diuretics are contra-indicated in some cases, but not when there is cardiac enfeeblement. In the latter digitalis, spartein and caffein are more useful. Bozzolo is an enthusiastic advocate of warm and vapor baths, but is opposed to medicinal diaphoretics; he regards pilocarpin as dangerous.

With regard to diet, his personal experience leads him not to restrict his patients to milk diet; but he lessens the consumption of meat, and forbids absolutely the use of beef, preserved meat, peptone, tea, etc., which, according to the present ideas, are true poisons to the nephritic. There are no medicinal remedies, except tannin in the hemorrhagic form, of any value.—*Int. Klin. Rundschau.*

POLITICAL MEDICINE.

OUR brethren of Minnesota do not seem to regard medicine so much as a science as a kind of political machine by which to enhance their own profits, judging from the experience of Dr. George Newgarden, recently reported in the *Press*. This gentleman, a graduate of Jefferson, applied for an examination and a license to practice to the State Board, and though he passed his examination satisfactorily, he was refused a license because he bore the diploma of a college whose course of study was three or four days short of that required by the law of Minnesota. Up to this point the State Board cannot be blamed for its action; a law that is a law should be enforced whatever its nature, and if a bad one it will soon be repealed. But it is a disgrace, if it be true, that such a law was enacted merely to compel students to attend the colleges of the State. Such an action is a direct blow to science and knocks it down to the level of the quack and pettifogger. We sincerely hope that our brethren of the West will not begin resorting to such means to boom their institutions. Let original research and a high grade of instruction be the characteristics of their colleges, and they will receive large numbers of students, though their courses of study be twice the length of those of the Eastern schools.

BROMOFORM IN WHOOPING COUGH.

THIS is recommended by Dr. Steffy in a second paper in *Wiener Med. Presse*. He has treated one hundred cases with satisfactory results. It may be best administered by dropping it into a teaspoonful of water. It falls to the bottom as a pearly mass, which is thus easily swallowed by the most refractory patients, if properly directed. For a child three to four weeks old he gives one drop; older nurslings receive three to four drops. Children from two to four years he gives four to five drops three or four times a day; increasing to six or seven drops in children seven years old. There are no unpleasant symptoms, vomiting after cough ceases gradually, the attacks are less frequent, the appetite improves and convalescence is hastened. He orders only 3.0 at a time, cautioning against exposure to sun and air. If the preparation is red, it is worthless.

CÆSAREAN SECTION VS. PERFORATION.

THIS is discussed in the *Therap. Monatshefte* by Leopold, who despite of the fact that he has lost only two cases out of twenty-five sections, advises perforation in cases in which the true conjugate measures 7.5 cm., because in twenty-two cases of the latter he has had no death.

In connection with the subject it may be mentioned that Thomson, of Dorpat, concludes from actual trials that well sterilized silk is the best material, because it is absorbed in time, while chromic acid and silk worm gut are objectionable, because of their non-absorbability, and carbolized gut because it is too quickly absorbed.

THE December number of the *Sanitarian* comes to us richly freighted with goods of value. Send for a copy. Civilization does not always go forward, but works rather in a circle; with periods of progress and intervals of backsliding. We may not for centuries see the magnificent public baths of imperial Rome reproduced, though those marvels of private luxury are fairly paralleled. And now a writer in the *Sanitarian*, after a review of the subject of the disposal of the dead, advises us to revert to the customs of the Pharaohs, and embalm them; the bodies to be preserved above ground, in a dry state, in mausoleums built for that purpose.

A NEW Journal, *Le Moniteur Medicale*, is about to appear in Paris. That it comes from the hands of M. Germain Sèe is sufficient indication of the high grade of excellence it will possess. We hope to give our readers the benefit of its contents.

NOTE.—The "Manual of Treatment, by Taylor and Waugh," is withdrawn from our offers for the present, the edition having been exhausted. It will be at least six months before a second edition can be prepared.

Letters to the Editor.

A CORRESPONDENT inquires if there is a man of ability and energy who would care to establish a sanitarium. He has a friend who is a physician living on the Erie sixty miles from New York City. His home is a fine three-story brick, fifty by sixty. There is one acre of ground, well shaded in summer, and altogether it is a beautiful and well-kept property. He would sell or rent the same for a sanitarium. The doctor himself, who is sixty-two years of age, can and would render valuable service in the management of such an institution. Our correspondent considers it a fine opening.

Society Notes.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON ORTHOPÆDIC SURGERY.

Stated Meeting, October 18th, 1889.

A. B. JUDSON, M.D., Chairman.

RACHITIC PSEUDO-PARALYSIS.

THE paper of the evening was read by Dr. H. W. Berg, who stated that in this affection the rickety child from two to five years old is unable to walk, and in some cases he cannot stand or even sit. The disability is not the result of nervous lesion, but rather the result of muscular weakness, pain in the muscles and in the bones at the points of muscular attachment, flaccidity of the ligaments, and softness of the bony levers. Such a child wishes to be let alone. He instinctively prefers to keep quiet. This condition may be distinguished from infantile paralysis by the absence of local atrophy and cold; and real paralysis, not so readily, however, from post-diphtheritic paralysis where the differential diagnosis will rest on the preceding occurrence of diphtheria, the recent origin of paralysis, and, above all, on the difficulty of swallowing and speaking dependent on involvement of naso-pharyngeal and laryngeal muscles. Spastic paralysis, even when mild, has an exalted muscular activity which serves to distinguish it from rachitic pseudo-paralysis; and the paraplegia of Pott's disease cannot be mistaken if the kyphosis is obvious. The prognosis is uniformly favorable. These are the cases which give such good results after indiscriminate circumcision. The object of treatment should be to counteract the effect of rachitic malnutrition. These children should have a great deal of milk; cod liver oil should be given unmixed; and phosphorus in the following prescription:

℞.—Phosphori . . . . . gr. j.
Alcohol. absolut . . . . . ♏ cccl.
Spt. menth. pip . . . . . ♏ x.
Glycerinæ . . . . . oz. ij.
M. et Sig.—Six minims t.i.d. to be increased one drop weekly until ten drops are given.

Dr. W. L. CARR had seen a number of cases in which a striking lack of muscular power was symptomatic of rickets, although bone changes were not obvious. A number of these children had been fed at the table or on patented foods. Proper attention to diet soon brings about a restoration of muscular powers without tonics.

DR. R. J. DEVLIN recalled well marked cases of this affection in children who had been exclusively fed on milk from a healthy mother.

NERVOUS SYMPTOMS PRODUCED BY PHIMOSIS.

DR. T. H. HOLGATE said that in his experience with non-rickety children, the relief of preputial irritation by discriminating operative interference had removed serious nervous troubles. In one case, which had been presented to the Academy, inability to walk or stand had been relieved in this way in a child who was entirely free from evidences of rickets.

DR. R. H. SAYRE related a similar case of a boy, who from some central lesion, had not walked for some years. After partial circumcision he could walk with the aid of two canes. A trouble of twelve years' standing had thus been relieved in six weeks.

DR. BERG closed the discussion. He agreed with Dr. Carr in thinking that rachitic inability to walk is sometimes present without the usual rachitic deformities. He recognized the fact that urinary troubles occur as the result of contracted prepuce, but he had never seen a case of lesions of the nervous centres cured by circumcision. He recalled a case of difficult micturition and inability to walk in a rickety child whose phimosis had not been relieved because the operation had been refused. The difficulty in micturition persisted, but the child walked within eight weeks after being put on proper diet.

EXCISION OF THE HIP JOINT.

DR. R. H. SAYRE presented a little boy on whom Dr. L. H. Sayre had operated by excision of the hip joint. About a year ago the patient had presented himself with hip badly deformed from long standing disease. The thigh was flexed on the trunk at a right-angle and abducted. A deep abcess was opened behind the trochanter, and the acetabulum and femoral head were found to be badly eroded. The femur was divided above the lesser trochanter, at right-angles with the axis of the shaft, and the deformity was thus reduced by excision instead of by simple tenotomy, which had been proposed at first. The wound was stuffed with iodoform gauze, and after two months of the wire cuirass, a long traction splint was applied, and the boy took a long journey to his home. At the present time there is no abduction, and but a trace of flexion with some motion in the joint.

TREATMENT OF ABSCESSES.

DR. JOHN RIDLON asked whether an operation would have been advised for the abscess alone. He had found that many abscesses are certain to disappear when the hip is properly treated mechanically.

DR. SAYRE said that as the abscess was causing but little disturbance, he would have postponed operating on it if the child could have been kept under observation.

Dr. Judson thought that opening an abscess, if done at all, should, as a rule, be followed by excision—as in the case related by Dr. Sayre—on the ground that the presence of diseased bone is a greater evil than the presence of pus. He had seen no bad results follow letting the abscesses alone.

Dr. A. M. Phelps said that there were some cases of abscess which he would probably not open at once, but he believed the operation perfectly harmless, and desired to speak emphatically against the opinion that it is a dreadful and a dangerous thing to open these abscesses.

Dr. H. L. Taylor thought that if rest and protection are secured for the joint, the occurrence of abscesses is not of serious import. The aspirator had failed in his hands, apparently because it leaves shreds of necrotic tissue, which prevent the abscess from closing. It seems wise, in most cases, to open freely, clean out easily-removable débris, and close the wound. If sinuses remain, injections with a saturated solution of iodoform in ether will sometimes cause them to close.

Dr. L. A. Sayre said that on the principle that an empty house is better than a bad tenant, he always evacuates an abscess as soon as found, and by doing this antiseptically, and securing thorough drainage, there is no danger of bad results.

Dr. R. T. Morris said his usual custom is to open these abscesses at once, washing out with peroxide of hydrogen, removing débris, and establishing drainage. He related a recent case in which this procedure, followed by traction in the line of the deformity, had secured a good result. He had recently performed excision in another case, in which disease of the acetabulum and femur had been produced by the application by the physician in attendance of traction in a straight line, according to Thomas' method. In excising the hip, he usually makes a section through the great trochanter, in such a way as to allow the lesser trochanter to go into the acetabulum, and so prevent the formation of a flail joint.

THOMAS' SPLINT.

Dr. Ridlon did not think Thomas, of Liverpool, made traction in any line.

Dr. Phelps said that Mr. Thomas would treat a case when the leg is flexed at right angles, by lashing the patient to the splint, and then with his wrench bending the splint down as nearly as possible to a straight line. That is a form of traction which produces great intra-articular pressure, and would, if continued for any length of time, produce destruction of the joint.

Dr. Ridlon said that he had used Thomas' hip splint in some twelve or fifteen cases with great satisfaction. He found it cheap and easily applied. It had not caused destruction of tissue, but, on the contrary, had relieved symptoms and promoted recovery.

Dr. L. A. Sayre said it seemed as if the profession were determined to misunderstand him, for he had endeavored for years past to make clear what he meant by traction in the line of the deformed limb: it is to make traction in such a way as to separate slightly the bone from the base of the acetabulum, and so prevent pressure, gradually changing the line of traction until the limb is brought parallel with the other limb, and then apply the splint; whereas, if one employed leverage, as Thomas does, this pressure in the joint is only increased. Not until the limb is in proper position can the splint be applied to advantage. One objection to Thomas' splint is that there is no traction for overcoming muscular rigidity, and hence, it seems to be fixation only, and as such does not compare in point of efficiency with a properly-applied plaster of Paris splint; for here the weight of the limb will produce some traction, and the plaster of Paris gives the necessary fixation. Another objection is that the patients wearing Thomas' splint cannot sit down, whereas, with a properly-applied splint, they can sit down with great comfort.

THE QUESTION OF EXCISION.

Dr. R. H. Sayre said that in the case presented, the original intention had been simply to open and drain the abscess; but the diseased condition of the bones necessitated excision. As regards the conditions under which he would advise excision, if the leg were straight and the abscess causing but little disturbance, he would postpone the operation, provided the patient could be kept under observation; but if the latter condition could not be secured, he would be disposed to remove whatever disease already existed rather than allow the case to go from under observation with the disease ready to extend at any time.

Dr. Berg thought the good condition of the patient in the present case justified operative procedure for the correction of deformity.

Dr. Taylor thought that excision might be required in neglected cases, of which there probably always will be a considerable number; but the operation should be looked upon rather as treatment of the results of neglect than as treatment for hip disease.

Dr. Phelps practiced excision by an open wound, leaving the periosteum to reproduce bone. The German surgeons remove the periosteum and capsule, and try to secure union by the first intention. Their results are shortening, flail joints, and relapses in a large per cent. of cases. He related two recent cases of excision in patients thirty four and twenty-three years of age. In these cases, the femoral head was destroyed, and the acetabulum extensively diseased, a condition in which removal of the disease is the most rational treatment. In one of the cases the head was found separate from the shaft. He had frequently found this condition, and believed that the head lying loose in the joint cavity is to be considered as a foreign body. It is better to remove it than to leave it to undergo decomposition and lead to septicæmia and amyloid disease. A more useful limb is left if the exsection includes the trochanter. In general, he thought excision under the age of ten is a calamity. In the case presented, however, he thought the result was good, as extreme deformity had been corrected.

Dr. Judson thought that in excision we have no certainty of removing, together with the diseased

bone, those portions which contain latent foci. He had found no method of determining whether the focus which has burst into inflammation is the only outbreak to be feared, or whether it is to be followed by others. In some patients, a single abscess closes the morbid process; in others, one abscess follows another, showing that osteitis is lighted up successively in the neck, the head, the shaft, and the bones of the pelvis. An excision may fortunately remove all that is diseased, with a good immediate result; or it may leave dormant foci, which come into activity one after another, and lead to a tedious and unfavorable result. Ultimate good results are obtained in these difficult cases by management with the hip splint, and without excision.

THE POLYCLINIC MEDICAL SOCIETY.

THE Polyclinic Medical Society gives, under its auspices, a lecture, or holds a meeting of its Therapeutical Section, every Tuesday evening, at 8 o'clock, at the College building, N. W. corner Broad and Lombard streets, during the season. The lectures pertain to subjects of a clinical and scientific character, and its monthly meetings are devoted to the physiological and practical investigation of therapeutic agents. The whole course is free to members of the profession and to medical students. The following lectures and meetings are announced for 1890:

January 7. Dr. Alexander MacCoy, The Clinical Features of Tuberculosis of the Larynx.

January 14. Dr. B. F. Baer, Abdominal Surgery.

January 21. Dr. Thomas G. Morton, Modern Treatment of Club-foot

January 28. Meeting of Therapeutical Section.

February 4. Dr. Edward P. Davis, Use of the Obstetric Forceps.

February 11. Dr. John B. Roberts, The Anatomy of Facial Expression.

February 18. Dr. J. C. Henry Simes, Prostatorrhœa.

February 25. Meeting of Therapeutical Section.

March 4. Dr. R. W. Seiss, Inflammation of the Eustachian Tube.

Cincinnati Letter.

IN rheumatism, Prof. J. T. Whittaker recommends the salicylate of soda to be given in doses of seven and one-half grains every three hours until the pain disappears. He lays great stress on the frequent repetition of the dose. After the pain has ceased, the dose should become less frequent.

A woman came under the care of Dr. Joseph Ransohoff at the Cincinnati Hospital, recently, who was suffering from constipation, due to the taking of laudanum in large and frequently repeated doses. Some fourteen months since she had, on account of stricture of the rectum, been operated upon, and an artificial anus made by abdominal colotomy, in our neighbort ing city of Louisville. The operation left behind i- a very successful substitute for the old anus, a sphincter being formed, and, excepting under the influence of opium taken for the relief of the pain, her actions were good. There was, however, a considerable raw surface about the site of the operation. Dr. Ransohoff determinded to try to open up nature's old way, which he did before the class in the amphitheatre. The lower part of the rectum was excised, and the gut brought down and sutured to the anus in front and at the sides; but not in the rear. The object in leaving it open in the rear was to obviate the occurrence of abscess, as it is through this accident that about one-half of the cases of excision meet with their deaths. The cavity of the gut was packed with iodoform gauze. The patient suffered considerable pain after the operation, but is at this writing on a fair way to recovery. The doctor in his remarks before the class said that this was, as far as he knew, only the second operation of this kind where there was present an artificial anus.

Dr. H. L. Taylor, editor of the Cincinnati *Medical Journal*, is in the South for the benefit of his health.

The improvements at the Cincinnati Hospital are about completed and make a very fine showing. The arrangements for the reception of patients, the bathing of the same, and transferring to the various wards, are excellent. The post mortem room is another feature which is hard to improve. Arrangements are being completed by which the patrol wagon on entering the hospital yard will strike a bar in the ground, which will pull a trigger, open the gates into the hospital, ring a bell in the attendant's room and turn on the electric light. The patrol wagon now goes inside of the hospital, and does not unload its freight under the gaze of the gaping crowd as formerly. On motion of Dr. C. L. Armstrong at the last meeting of the board of trustees of the hospital, a chair of Laryngology and Rhinology was added. Motions to establish chairs of Photography and Neurology were laid over, and a motion to establish a chair of Orthopedic Surgery was lost.

Emmett's operation was performed by Dr. T. A. Reamy, Professor of Clinical Gynecology in the Medical College of Ohio, and Gynecologist to the Good Samaritan and Cincinnati Hospitals, before the class at the Good Samaritan Hospital recently. He emphasized the fact that he did not insert first the stitch nearest the apex of the denudation, but the second and third from the apex. His experience had been that it was very difficult to tell just how much tissue you were taking, and just how perfect the coaptation would be on inserting the highest stitch first. The doctor after a thorough trial of all kinds of sutures has settled down on catgut in this operation. He advises that a suture large enough to fill the entire tract of the needle be chosen. He advises the cutting of the thread long, as a short stubby suture is more apt to get between the surfaces which are in coaptation, and prevent their union.

The Medical Treatment of Dysmenorrhœa was the subject of a paper before the last meeting of the Cincinnati Obstetrical Society, by Dr. E. W. Mitchell, Professor of Internal Medicine in the Cincinnati Policlynic. Remedial measures he divided into those of relief and those of cure. Of the former, opiates are the most powerful for relief and for evil. They should

be avoided. Chloral, if used at all, should be with caution, because of the danger of forming the chloral habit. The prolonged use of the bromides in anæmic subjects has a depressing effect on the general health, and under these circumstance is not good treatment. For the relief of the paroxyms they are of value, and may, sometimes, as in spasmodic cases, be advantageously combined with belladonna or hyoscyamus. With cannabis Indica the writer has often obtained immediate relief, especially so in cases where the flow is free. Antipyrin is a valuable addition to our means of relieving pain. Tincture of cimicifuga and pulsatilla have both been found to give relief in some cases. Oxalate of cerium in six-grain doses has been recently recommended in fleshy robust women with scanty flow. Hygienic treatment is among the best of all curative treatments. Nutrition, exercise, healthful mental and moral surroundings are of the utmost importance. Young girls must receive special attention with regard to these matters, and all undue drains upon their vital forces, as to close confinement in school, at music or art lessons, late hours, and the dissipation of society must be discontinued. Local treatment is seldom necessary. The trouble in these cases is lack of development of the utero-ovarian system. The demands of our modern education and the excitements of "society" keep the demands of the brain and nervous system for nutriment so active, that there has not been sufficient to complete the growth of the sexual system. She now comes to perform an adult function with an infantile organ. The effort is imperfect and painful. The reproductive organs must be given a chance to catch up with the rest of the system in its development. Cases where neurasthenia or mal-nutrition are prominent are best treated by a course of "rest cure," seclusion, milk diet, massage and electricity. The existence of anæmia usually indicate iron, and arsenic is valuable as a tonic. Electricity, both general and local, has rendered him good service. Apiol and manganese he believed to have some specific influence upon the utero-ovarian system. The bin-oxide is probably quite as efficacious as the permanganate and, being easier to give, is preferred. Of the eight cases reported, apiol, bin-oxide of maganese, galvanism and iron had given relief, in cases uncomplicated with appreciable pelvic disease. When constitutional measures do not relieve, examination and dilatation, or other surgical measures indicated, should be made. The general practitioner is perhaps as prone to persist in medical treatment alone, when surgery is needed, as are some specialists to undue haste to examine and operate.

At the Cincinnati Hospital the custom in the obstetric ward is to give a vaginal douche of bichloride of mercury, 1–4,000, at the commencement of labor, and one after the delivery of the placenta. Unless symptoms demand it this is not repeated any more. It is customary to give a half drachm of fluid extract of ergot after the delivery of the placenta.

The treatment of threatened abortion is becoming a matter of considerable importance, partially on account of the change in the mode of living of the women of the present day, and partially because of the alarming frequency of criminal abortion. An interesting case is reported by Dr. E. S. McKee, of Cincinnati, which is worthy of mention. Was called hastily to see a woman suffering from uterine cramps. She was found in the seventh month of pregnancy and seriously threatened with abortion. Dioviburnia of the Dios Chemical Co., St. Louis, was prescribed in dessertspoonful doses four times a day. The pains subsided and the threatened abortion passed off. About one month later was called again and found the same condition of affairs, except that the woman was now in the eighth month of labor. She begged for that medicine which had relieved her so much before, and was again given the Dioviburnia, in the same dose. This threatened miscarriage also passed by, and the woman was in due time delivered of a fine, healthy child. After the delivery was safely over she confessed to her attendant that she had on both these occasions made desperate efforts to bring on a miscarriage. The remedy has done quite well in other cases, but this is probably the one most marked. It merits further trial.

The obstetric clinic of the Medical College of Ohio, which is now under the efficient management of Dr. E. G. Zinke, is assuming proportions thought impossible in modest America. Dr. E. G. Zinke's predecessors worked with little success, but this year already thirteen patients have been delivered before the students, and a number of others are waiting. This is a very important clinic, and the most difficult of all for which to find material.

The appetite for gynecological surgery in Cincinnati has become so whetted that one gynecologist complains that another operator followed a case of his to her hotel on her arrival in the city, and by fair words and an offer to do the work free, induced the patient to go under his care; this, too, after gynecologist number one had examined the patient, agreed on the fee of two hundred and twenty-five dollars and closed the bargain.

Another gynecologist complains that he made a like bargain with a patient for a like sum, but she was enticed into a neighboring city where the operation was done for one hundred dollars. Such methods of doing business were not taught us by our fathers, and do not redound to the credit of the profession.

Hospitalismus is epidemic in Cincinnati. The mania for starting hospitals in the last few years has become alarming. So far as memory serves us, the following are comparatively new, the list being quiet complete, though a few may have escaped: Reamy's Hospital, Reed's Hospital, Rickett's Hospital, Lodge Street Hospital, United States Marine Hospital, German Protestant Hospital, Christ's Hospital, Ohio Hospital for Women and Children, Ohio State Hospital for Women, Hall's Hospital, Free Hospital for Women. If this does not look like bidding for paupers, what does it resemble? True some of these are of a private nature.

The removal of the second ovary is frequently a question of no little delicacy to decide. A case of this kind of peculiar interest was one which was operated on by Dr. T. A. Reamy, of Cincinnati, in his private hospital. True, it is becoming much more

common now than formerly, to perform the ovariotomia duplex, but the fact that the double operation has now become but little if any more dangerous, intrinsically, than the single one, does not relieve us of the moral side of the question.

A matter of no little difficulty is it to tell on inspection, whether the second ovary shall be removed or not in a given case. It is not always easy to decide, whether or not we have to deal with a beginning neoplasm which renders extirpation advisable, or whether there is merely an unusual development of follicles on account of which the organ may be enlarged two or three-fold. If there is no doubt of the presence of a neoplasm, the second ovary is as a rule to be extirpated. This, however, is only a plain statement, and is subject to many modifying circumstances. For instance in the case of Dr. Reamy just mentioned, the lady was young, intelligent and wealthy. She was engaged to be married. She had been suffering intolerable pain for a long time, not only during the menstrual, but also the intra-menstrual period. As all the pain was in the left ovarian region, the promise was made the patient that the right ovary should not be disturbed, unless positive evidence of disease presented on exposure. Yet her hearty consent was given to remove it if necessary. While no disease was found demanding the taking out of the ovary, yet to make sure of a thorough cure the temptation was to remove. The few moments parley was fraught with importance. Dr. Reamy asked the advice of the gentlemen present. One would remove it, another would not remove it; the latter gentleman the proud father of three fine boys. Still another inclined to a double operation, fearing a return of pains. Dr. Reamy, after a few moments' careful consideration, allowed the ovary to remain and the woman the right to become a mother as well as a wife.

The case of Sir Spencer Wells is well known. He was in doubt whether to remove both ovaries where one had two cysts, the size of a cherry. The ovary was left undisturbed, and the patient married, bearing four children.

Schroeder, in cases where a new growth was recognizable, and ovulation very desirable, resected the second ovary, allowing healthy tissue to remain, and closed the wound with a few stitches.

It is probably not the removal of the second ovary, which makes the operation any more difficult or dangerous, but rather the fact that the most unfavorable tumors, from an operative standpoint, are most frequently bilateral. If the desire is to abolish ovulation and menstruation, as for instance in fibroids accompanied by hemorrhage, then the second ovary should be removed, even though healthy. In the case of Dr. Reamy, just referred to, the left ovary and tube was removed; the tube was not occluded, but thickened and congested. The fimbriated extremity was adherent to the pelvic peritoneum, and the ovary was considerably atrophied; the cortex of the ovary was much thickened and unusually firm. This condition was so marked that Dr. Reamy thought it would offer reasonable explanation of the unbearable dysmenorrhœa. Interference with the discharge of the Graafian follicle, consequent upon the change, he had often verified. He stated that the late Dr. James B. Hunter, of New York, had emphasized this view in a paper read before the American Gynæcological Society, in 1886. The patient made an excellent recovery.

Dr. Reamy has had a case of laparotomy at his clinic at the Good Samaritan Hospital, before the students of the Medical College of Ohio, every clinic for four successive clinics, a fact which he says has not been equalled by any other college in America.

Book Reviews.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland at its Ninety-first Annual Session, held at Baltimore, Md., April, 1889. Pp. 264. JOHN B. KURTZ, Baltimore, 1889.

Glancing through these transactions, we are pleased to note the general practical character of the papers. The address by the president, John Morris, M. D., dealt with the all-absorbing question of Crime at the present day. Dr. William Osler delivered the annual address, taking for his theme the License to Practise. Two of the papers upon surgery were in connection with affections of the nervous system. Dr. Canfield read the paper upon practice, taking for his subject the Relations of Dusty Occupations to Pulmonary Phthisis. Obstetrics and gynæcology were poorly represented, only Dr. Neale having a new obstetrical forceps to show. Hydrophobia was discussed by Dr. William H. Welch; hypnotics and antipyretics, by Dr. Whitfield Winsey; aphasia, by Dr. Samuel J. Fort; and some experiments with ethylic alcohol, by Dr. John C. Hemmeter. Dr. George H. Rohé explained a painless and efficient method of extirpating vascular and pigmented nævi; and Dr. A. K. Bond related a case of aneurism of the abdominal aorta, bursting into the pleural cavity. Such are the more important papers which appear in the above transactions. The only criticism to be made in regard to most of them, is the notable absence of personal experience and the relation of positive facts. Scientific discussions are without doubt of immense value, but their value is still more enhanced when they are based upon original investigation.

Pamphlets.

Misplacements of the Uterus; history of cases showing how in many instances they are produced; the accompanying conditions; microscopical examinations. By Mary A. Dixon Jones, M.D., Brooklyn, N. Y. Pp. 32. Reprint from the Pittsburgh *Medical Review*, October, 1889.

The Mode of Entrance of the Bacillus Tuberculosis into the System. By Lawrence F. Flick, M.D. Pp 9. Reprint from the TIMES AND REGISTER, October 19, 1889. Medical Press Co., Limited, Philadelphia, 1889.

How to take Care of the Lungs. By Lawrence F. Flick, M. D. Paper read before the Alumni Association of the Philadelphia College of Pharmacy at its Fifth Social Meeting, February 12, 1889. Pp. 14. Burk and McFetridge, printers, Philadelphia, 1889.

THE Belgians drink more spirituous liquors than any people in Europe.

The Medical Digest.

MECHANICAL treatment of erysipelas was practised in twenty-four cases by Professor Woelfler, with success in twenty-one cases, chiefly of the face and body. Adhesive plaster was carefully applied in strips.—*Wien. Klin. Wochensch.*

SUGAR in the urine of puerperal women was found in four-fifths of all cases examined by Dr. Ney, who regards it as a physiological condition. It begins with the accession of the lacteal secretion, and is more pronounced in those women in whom the latter is more abundant. Mastitis and fissures which result in stasis of the milk, favor the appearance of sugar in the urine. There is none present in women who have no supply of milk. Infants thrive best when nursed by women who have the most sugar in their urine, because in these the lacteal secretion is most abundant and nutritious. Hofmeister had shown that the sugar found in the urine of puerperæ was milk sugar, not grape sugar. It is carried into the blood by transudation from overfilled milk tubes, and excreted by the kidneys.—*Arch. f. Gynæk.*

SALINE HYPODERMIC INJECTIONS IN POST-PARTUM HEMORRHAGE.—In the Dresden Lying-in Hospital the plan of introducing a large quantity of a solution of common salt under the skin has been very successfully employed in several severe cases of post-partum hemorrhage. The solution is of the strength of 0.6 per cent., and the quantity injected is a liter, or a little under a quart. The spots selected for the injection are the infra-clavicular and the inter-scapular regions. During the progress of the operation the swelling produced under the skin must be manipulated by a sort of shampooing movement so as to disperse the liquids as much as possible. The water with which the solution is made must be sterilized or well boiled. The advantages of the plan are that it can be easily carried out by any medical man, as it is far less difficult than transfusion, besides which it is not so dangerous. Dr. Münchmeyer considers the plan so suitable for private midwifery practice that he suggests a little apparatus, which is made on purpose for it, that should always be carried in the obstetric bag, together with the proper quantity of common salt. Boiled water can always be procured, and this, when cooled down to the temperature of the body, 98.6° F., will do very well, though in hospital clinic he employs a more strictly sterilized solution.

—*Lancet.*

OPERATION AND PROGNOSIS OF LINGUAL CANCER.—During the past thirteen years ninety-one extirpations of the tongue for cancer have been done in Volkmann's clinic. In fifty-six partial excisions the mortality was 0 per cent., in thirty-five complete ones 5.7 per cent. These favorable results induced Volkmann to publish the technique and after-treatment he pursues.

Volkmann does not tie the lingual artery, nor do tracheotomy. When it is possible to bring the tongue with its tumor in front of the teeth, he excises through the mouth; in the severe cases Langenbeck's method of temporary section of the lower maxilla is practised by means of an ordinary saw. The palato-glossal arch is severed each time, and later a drainage tube is put into the tonsil-niche. After thorough extirpation, the wound is united by bringing mucous membranes as near as possible together. The maxilla is united by silver wire, and produces either bony or ligamentous (useful) union; sometimes partial necrosis. The œsophageal tube is not used. Operation close to the epiglottis is declined. After the thirty-two severe cases, the average duration of life was twelve months; one man lived over six years. Among the fifty six partial excisions seven remain alive; the shortest period of survival, eight months; the longest six years.—*Krause, Ctbl. f. Chirurgie.*

THE SURGICAL TREATMENT OF VOLVULUS.—Dr. Nicholas Senn, in an elaborate article on this subject, has deduced the following conclusions:

1. The predisposing causes of volvulus are either congenital or acquired, and consist in elongation of certain segments of the intestine, abnormal length of mesentery and adhesions.

2. Irregular distribution of intestinal contents and violent peristalsis are the most important exciting causes.

3. Volvulus is most frequently met at the sigmoid flexure and the lower portion of the ileum.

4. Secondary volvulus on the proximal side of other forms of intestinal obstruction is not a rare occurrence; it is also frequently developed during an attack of peritonitis.

5. As a rule, the symptoms are more acute and intense if the volvulus is located above the ileo-cæcal region.

6. Vomiting in cases of volvulus of the sigmoid flexure is not a constant symptom.

7. The most important physical sign of volvulus is a circumscribed area of tympanites, which corresponds to the location of the volvulus; but this sign is only of value before general tympanites has set in, and, therefore, enables the surgeon in many cases to make an early and positive diagnosis.

8. All cases of volvulus should be treated by laparotomy, if reposition cannot be accomplished by rectal insufflation of hydrogen gas.

9. Reposition should not be attempted without evisceration.

10. Evacuation of intestinal contents by a free incision should be practised in every case where general distension of the intestines is present.

11. Enterectomy becomes necessary if any considerable portion of the intestinal wall has become gangrenous.

12. Irreducible volvulus should be treated by establishing intestinal anastomosis, with permanent exclusion of the seat of obstruction from the active fæcal circulation.

13. Recurrence of volvulus can and should be guarded against by shortening the mesentery, by folding it upon itself parallel to the long axis of the bowel and suturing the apex of the fold to the root of the mesentery.—*Medical News.*

Medical News and Miscellany

TYPHOID malaria is prevalent in Jersey City.

LUDLOW, Ill., has several cases of diphtheria.

ANOTHER Yale student has died of typhoid fever.

Dr. W. E. McChesney has removed to Tonawando, N. Y.

A new medical society has been organized in Pittsburgh.

THE Edinburgh School for Medicine has twenty-two women students.

ST. LOUIS physicians are making experiments to test hypnotic influence.

CELERY has been used by the Egyptians as a specific for sea-sickness.

THE *American Analyst* says there is an alarming increase of alcoholism in Europe.

A NEWTON, L. I., butcher furnishes the New York people with sausages made of horse flesh.

As a substitute for quinine the *American Garden* recommends onions for the cure of malaria.

FOURTEEN per cent. of the lunatics under treatment in France owe their insanity to alcoholism.

EDMUND YATES states that twenty-eight officers of the German army committed suicide in one month.

ANOTHER victim of cigarette smoking; this time in Connecticut, where there is an existing cigarette law.

THROAT specialists say that American tobacco is more irritating to the throat than the high grades of Turkish tobacco.

IN Iowa even a prescription fails to obtain liquor for those who ever use it as a beverage. Rattlesnakes are dead stock there.

IN these days of microbes what dire calamities lie in wait to slaughter the innocent gamin as he smokes his prized cigar stump.

THE new City Hospital at Baltimore, under the care of the Sisters of Mercy, was opened on Monday with impressive ceremonies.

THE quantity of artificial infant food annually consumed in the United States amounts in value to from $8,000,000 to $10,000,000.

THE low rates of mortality of the past few seasons show that an increased unhealthfulness does not result from humidity of the atmosphere.

NEW YORK recently has had the lowest rate of mortality that has been reached in the period covered by the annals of the Health Department.

LONDON HOSPITAL cautions people against going too long without food, and allowing the period of hunger to pass, and fatigue and depression to set in, when the desire for food is gone and with it the ability to properly digest a meal.

THE Association of American Anatomists meets at the University of Pennsylvania on December 26, 27, and 28, under the Presidency of Dr. Leidy.

THE *London Hospital* urges the necessity of sufficient sleep for the brain-worker. So does the interested party. The trouble is to get the sleep.

IT IS said that children swap chewing gum from mouth to mouth. Diphtheria was communicated in this way to a number of playmates recently.

THE leaders of a gang of opium smugglers that have infested Puget Sound, were arrested with two thousand dollars worth of opium in their possession.

DR. SARGEANT, of Harvard College, says that those who have been most successful in heavy gymnastics are also subject to nervous complaints.

To break up a cold and prevent a cough, the *British Medical Journal* prescribes twenty grains of salicylic acid in liq. ammon. acet. three or four times a day.

"MORTON'S TOE" is a disease that comes from wearing tight shoes, where the end of one of the nerves of the foot is squeezed between two of the toes.

SAYS a journalist—our grandfather's clock may do for us now, but our grandfather's physician never would in the world, and our grandfather's surgeon still less.

THE split in the St. Louis Medical Society appears to be irreparable, the faction which imported political methods being left quietly to enjoy them alone by the other members.

LUMBAGO.—A valuable internal remedy:

℞.—Ext. Cimicifugæ fl . . . . . 1 oz.
Celerina (Rio) . . . . . 7 oz.
M. Sig.—Teaspoonful every four hours.

THE Brooklyn Board of Health has caused the arrest of three faith curists who attended a mother and child sick with diphtheria, to the exclusion of medical treatment.

If the European influenza is not a forerunner of cholera, it may be followed by an epidemic of the Brazilian type, that, like itself, will first affect the St. Petersburg court.

CINCINNATI owns two babies, born within a week of each other, provided with well formed teeth. N.B.—A wise provision of nature in preparing them for tough Cincinnati beefsteaks.

CORRECTION.—In a letter received from Dr. A. M. Fernandez, he requests us to make the following corrections in a report recently published in this journal: "I did not give morphine to my patient; I did not call nature 'Dame nature;' the 'fourthly,' as he calls it, was born before Dr. Wilson's arrival; the figure indicating the circumference of the head of one of the fœtuses is wrong; I never said 'we succeeded perfectly,' nor 'that there is a similarity between my case and the bond of union in the celebrated Siamese twins.'"

PROF. WESTPHAL, of Berlin, a brilliant lecturer and distinguished authority on mental disease, has himself fallen a victim to the disease he so successfully combated in others.

A YOUNG physician who desires a location can hear of a good one by addressing this office. The applicant must be a practical temperance man, though not necessarily a teetotaler.

THE French Academy of Medicine has proved that of all the essences that can be used in the preparation of absinthe, the essence of wormwood is the most toxic and consequently the most dangerous.

THE Isle of Man is particularly free from consumption and kindred ailments, although the fishermen's huts have earth floors, which in rainy weather become mud and seem peculiarly contributive to lung diseases.

THE search for smuggled opium carried on in San Francisco is a failure, owing to precautions taken by the smugglers, who have ceased operations, the supply of opium stored being sufficient for a year without occasioning any embarrassment in the trade.

A CANADIAN practitioner, through absent-mindedness, prescribed bisulphate of morphine instead of quinine. The drug clerk, perceiving an error, substituted sulphate of morphine. The result was fatal, and a double suit is pending to settle the question of who caused the death.

A Plymouth, Pa., father, who lost two children by the fever epidemic of 1885, brought suit against the Plymouth Water Company for providing impure water, thereby causing disease and death; but the case was non-suited, evidence being brought to prove that the nurse contaminated the water.

THE mother of a medical student in Vienna who was afflicted with blood-poisoning, had all knowledge of her suffering kept from her son lest it injures his chances of success, and died from a too long delayed amputation on the same day that he passed with honor his examination for a doctor's degree.

DR. WHARTON SINKLER was elected President of the Nurses' Protective Association. The object is to give sick benefits to all nurses who are indisposed, and to afford them protection—though it is not stated from what. If it be from the fatal malady which deprives us of our best nurses—matrimony—the Association has our hearty support.

A GERMAN railway engineer, whose presence of mind saved a disastrous collision, has since become a wreck from the effects of the great nervous strain. His legs are benumbed, there is a diminution of nervous sensibility over the entire body, and his digestion and memory are impaired. Besides this he is afflicted with an inability to sleep.

THE Open Court Publishing Company, of 169–175 La Salle Street, Chicago, Ill., announces the immediate appearance of the authorized translation of M. Th. Ribot's "Psychology of Attention." The monograph of M. Ribot, who is now Professor of Experimental and Comparative Psychology at the College de France, and Editor of the *Revue Philosophique*, has been characterized by a prominent French critic as the most important production of the French philosophical press for the present year.

ABOUT one hundred professional nurses from the hospitals of the city met in the lecture-room of the College of Physicians, to form a beneficial association for members of their profession. Dr. Wharton S. Sinkler, of the Philadelphia Hospital, presided, and brought forward several schemes for paying sickness and death benefits to the members of the new society. A committee consisting of Henry Hodgeson, Max Neuman, Miss S. G. Haydock, of the Woman's Hospital; Miss I. G. Shaeffer and Miss Josephine Durkee, of Blockley Hospital, was appointed to examine the constitutions proposed, and to submit reports on them at the next meeting, which will be held on December 17, at the College.

THOSE who claim to see grave dangers to the community in hypnotism may thank us for giving a remarkable proof of the correctness of their assumption. It can no longer be doubted that one person of powerful intellect can obtain such a control over another individual as to compel the latter to do certain acts irresistibly and unconsciously. Thus, we have hypnotized the editor of the Texas *Health Journal*, and compelled him to republish, word for word, a review, without credit, of Sajous's Annual, which appeared some time ago in THE TIMES AND REGISTER. Unfortunately, the demonstration is incomplete, as we forgot to hypnotize the printer, and the result is a racy originality as to spelling, which is all his own.

To Contributors and Correspondents.

ALL articles to be published under the head of original matter must be contributed to this journal alone, to insure their acceptance; each article must be accompanied by a note stating the conditions under which the author desires its insertion, and whether he wishes any reprints of the same.

Letters and communications, whether intended for publication or not, must contain the writer's name and address, not necessarily for publication, however. Letters asking for information will be answered privately or through the columns of the journal, according to their nature and the wish of the writers.

The secretaries of the various medical societies will confer a favor by sending us the dates of meetings, orders of exercises, and other matters of special interest connected therewith. Notifications, news, clippings, and marked newspaper items, relating to medical matters, personal, scientific, or public, will be thankfully received and published as space allows.

Address all communications to 1725 Arch Street.

Army, Navy & Marine Hospital Service.

Changes in the Medical Corps of the United States Navy for the week ending December 21, 1889.

KITE, J. W., Assistant-Surgeon. Promoted to be a Passed Assistant-Surgeon.

STONE, E. P., Assistant-Surgeon. Promoted to be a Passed Assistant-Surgeon.

NORTON, O. D., Assistant-Surgeon. Promoted to be a Passed Assistant-Surgeon.

HENRY, CHARLES P., Assistant-Surgeon. Placed on the Retired List.

PICKERELL, GEO. McC., Assistant-Surgeon. Ordered to Navy Yard, Washington, D. C., for temporary duty.

Medical Index.

A weekly list of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

Acute pelvic inflammation, the abortive treatment of, Hardon. Atl. Med. and Surg. Jour., Dec., 1889.
Aneurism in each popliteal space, Michael. Maryland Med. Jour., Nov. 23, 1889.
Azione biologica della bebirina, Weinert. Giornale Medico, Ottobre, 1889.
Brain specimens, chiefly illustrating localization, Mills. Univ. Med. Mag., Nov., 1889.
Cocaine in labor, Wagner. Therap. Gaz.. Nov. 15, 1889.
Cystic tumor of conjunctiva produced by striking the eye with bristles of a hair brush, Phillips. Atl. Med. and Surg. Jour., Dec. 1, 1889.
Catarrhal neuralgia. Med. Rec., Dec. 7, 1889.
Creosote, record of, Strong. N. Y. Med. Times, Dec., 1889.
Case of tubal pregnancy treated successfully by electrical fœticide, G. M. Edebohls. Med. Rec., Dec. 7, 1889.
Catarrhal neuralgia, A. G. Hobbs. *Ibid.*
Case of cerebral tumour successfully removed by trephining, R. Parker. British Med. Jour., Nov. 30, 1889.
Consecutive cases of abdominal section, Mayo Robson. *Ibid.*
Case of mania transitoria, Bell. Ther. Gaz., Nov. 15, '89.
Duration of contagion in scarlet fever, Wood. Therap. Gaz., Nov.,15, 1889.
Delirium tremens, Johnson. Southern Clinic, Dec., 1889.
Dermatitis papillares, Heitzmann. Jour. Cutan. and Genito-Urinary Diseases, Dec., 1889.
Dürfen syphilitisch-infizirte Aerzte ihre ärztliche Thätigkeit fortsetzen? Neisser–Breslau. Deutsche Medizinal-Zeitung, 21 Nov., 1889.
Die temporäre Resektion des Schädeldaches on Stelle der Trepanation, Wagner. Centralblatt f. Chirurgie, 23 Nov., 1889.
Du rôle de la bacteriologie dans la clinique, Jaccond. La France Méd., Nov. 26, 1889.
Ears, examining in troublesome coughs, Palmer. N. C. Med. Jour., Nov., 1889.
Etiology and prophylaxis of typhoid fever, Fuller. Brooklyn Med. Jour., Dec., 1889.
Elastic ligature, in rectal fistulæ, Crowell. Brooklyn Med. Jour., Dec., 1889.
Experimental research as to actionof natural and artificial salicylic acids and their salts of sodium, Charteris and Maclennan. Brit. Med. Jour , Nov. 30, 1889.
Fibroma diffusum of the labia minora, Collyer. Amer. Jour. of Obstetrics, Dec., 1889.
Gynæcology and abdominal surgery, some practical points in, Walker. Can. Pract., Nov. 16, 1889.
Hæmatoma of sterno-mastoid in infants, Macdonald. *Ibid.*
Herpes Zoster, clinical notes on, Greenough. Boston Med. and Surg. Journal, Dec. 5, 1889.
Hypodermic use of mercurials in the treatment of syphilis, L. Wolff. Therap. Gaz., Nov. 15, 1889.
Intestinal diseases of children during hot weather, Hooper. Jour. Amer. Med. Ass'n, Dec. 7, 1889.
Impaired vision as the result of sunstroke, Baker. Journal Amer. Med. Ass'n, Dec. 7, 1889.
Introduction to a discussion on placenta prævia, J. Braxton Hicks. British Med. Jour., Nov. 30, 1889.
Influence of opium on uric acid, in health and disease, Haig. Br. Med. Jour., Nov. 30,1889.
Laboratorio di bacteriologia e microscopia della direzione di sanita publica, Storza e Caporaso. Gior. Med., Ott., 1889.
La controestensione combinata colla sospensione in un caso di sciatica, Gottardi. *Ibid.*
Lupus erythematosus, a case of, presenting unusual complications, Hardaway. Jour. Cut. and Gen.-Ur. Dis., Dec., 1889.
Mycosis fongoïde of Alibert, Blanc. Jour. Cut. and Gen.-Urin. Dis., Dec., 1889.
Notes on Hoang-Nan, Shoemaker. Ther. Gaz., Nov. 15, 1889.
One cause of typhoid Parker. Med. Record, Dec. 7, 1889.
Pemphigus foliaceus (Cazenave), relapse, *Ibid.*
Purulent peritonitis, Jewett. N. C. Med. Journal. Nov., 1889.
Pus accumulations in the female pelvis, the origin and treatment of, Ashby. Maryland Med. Jour., Nov., 1889.
Perityphlitis, treatment, Allen. Cleve. Med. Gaz., Nov., 1889.
Physical education, McKenzie. Canada Lancet, Dec., 1889.
Primary cancer of the gall-bladder and bile-ducts, Musser. Bost. Med. and Surg. Jour., Dec. 5, 1889.
Peritonite suraiguë au cours d'une double pyosalfingite blennorrhagique latente, Thiroloix. La France Méd., Nov. 28, '89.
Puerperal convulsions, E. P. Hind. Ther. Gaz., Nov. 15, 1889.
Position after delivery as a cause of uterine displacements, Campbell. Therap. Gaz., Nov. 15, 1889.
Reflex nervous phenomena, due to preputial contractions, Bruce. Canada Lancet, Dec., 1889.
Report of one hundred and eighty-seven cases of midwifery in private practice, Zakrzewska. *Ibid.*
Some clinical notes on the work of M. Apostoli, Hobart. Boston Med. and Surg. Journal, Nov. 28, 1889.
The American Academy of Medicine, Connor. Jour. Amer. Med. Ass'n, Nov. 30, 1889.
The possible danger of injury to the middle ear cavity by the use of nasal atomization, Richardson. *Ibid.*
The Morton lecture, Marshall. Lancet, Nov. 23, 1889.
Tubercular peritonitis with tuberculous Fallopian tubes, Ricketts. Amer. Pract. and News, Nov. 23, 1889.
Typhoid spine, Gibney. N. Y. Med. Jour., Nov. 30, 1889.
Typhoid fever, diagnosis, Fuller. Brooklyn Med. Jour., Dec., 1889.
Typhoid fever, treatment of, McCorkle. *Ibid.*
Typhoid fever, complications and sequelæ of, Madden. *Ibid.*
The national formulary and some of its oddities, which are easily overlooked, Stevens. Brookl. Med. Jour., Dec., 1889.
Uterine treatment, the abuse of, through mistaken diagnosis, Goodell. Med. News, Dec. 7. 1889.
Ueber die klinische Bedeutung des Erythema nodosum und verwandter Hautausschläge, Bäumler. Internat. Klinische Rundschau, 27 Oct., 1889.
Uterine fibroids, Prentiss. Amer. Jour. Obstetrics, Dec., 1889.
Uterine canal, of eighty cases of rapid dilatation for dysmenorrhea and sterility. Townsend. *Ibid.*
Uterine fibroids, instance of failure in the treatment of, by electricity, Apostoli. Med. Age, Nov. 28, 1889.
Vital and medical statistics, Billings. Med. Rec., Nov. 30, 1889. (Lecture II), *Ibid.*, Dec. 7, 1889.
Vicarious hemorrhage, Ker· Ocid. Med· Times, Dec., 1889.
Vaginal hysterectomy for cancer, Reed. Cinc. Lancet-Clinic, Dec. 7, 1889.
Vaginal hysterectomy recovery, Sataw. Sei-i-kwai Med. Jour., Sept., 1889.
Wann und in welchem Umfange ist die lokale Behandlung von Nasen- und Halskrankheiten in Badeorten indizirt? Haupt. Deutsche Med. Ztg., 21 Oct., 1889.
Welches Stethoskop soll der Arzt gebrauchen? Pel. Berliner Klin. Wochenschrift, 28 Oct., 1889.
What civilization is doing for the human female, Smith. Can. Med. Rec., Nov., 1889.
Wound infection, the bacterial cause of, Renz. N. W. Lancet, Dec. 1, 1889.
Zur Behandlung des Erysipelas migrans (Wanderrose), Rosenthal. *Ibid.*, 21 Oct., 1889.
Zur älteren Geschichte der klinischen Helminthologie, Hubert. Deutsches Archiv, Oct., 1889.
Zunge, über Aktinomykose der, Maydo. Internat. Klinische Rundschau, 20 Oct., 1889.
Zur Genese der Höhlen im Rückenmark, Miura. Archiv für pathol. Anat. u. Physiol. und für Klin. Med., 2 Spt., 1889.
Zur Lehre von der Hetrologie der Entstehungsweise und den Formen der acuten Peritonitis, Pawlowsky. *Ibid.*
Zur Würdigung der Suggestivtherapie, Hirt. Wiener Med. Presse, 10 Nov., 1889.
Zweizeitige Inzision eines Leberechinokokkus, Hendenreich, Nancy. Deutsche Med. Zeit., 21 Nov., 1889.

INDEX FOR 1889.

ADDRESSES.

Argument for commutation of sentence. Case of People *vs.* Sarah J. Whiteling, Alice Bennett, M.D., 265
Introductory address, J. M. Anders, 529
Ninth inaugural address, Clark Bell, 217
Opening of Medico - Chirurgical and Philadelphia Dental College, 1889
Some phases of cancer, T. A. Reamy, 313
Valedictory address to graduating class of Medico-Chirurgical College, James E. Garretson, A.M., M.D., 317

CLINICAL LECTURES.

Amputation of thigh for elephantiasis arabum, J. W. Croskey, M.D., 553
Artificial fecundation and position during coition, Dr. Luteaud, Paris, 1
Chorea, L. H Mettler, A.M., M.D., 172
Chronic lead poisoning, William F. Waugh, M.D., 799
Clinical lecture, F. S. Dennis, M.D., 697
Thomas G. Morton, M.D., 673
Charles K. Mills, M.D., 745
William Murrell, M.D., F.R.C., 721
Epilepsy, L. H. Mettler, A.M., M.D., 241
Feeding of children, S. S. Stryker, M.D., 193
Gastric carcinoma, Jas. Tyson, M.D., 169
Granular lids—enucleation of ball, Peter D. Keyser, M.D., 769
Heart disease, John Aulde, M.D., 363
Hemiplegia, Wharton Sinkler, M.D., 49
Indigestion. Chorea. Endocarditis, J. M. Anders, M.D., 823
Locomotor ataxia treated by suspension. Clinical lecture of Prof. Charcot, 292
Medical clinic, W. F. Waugh, M.D., 625
Frank Woodbury, A.M., M.D., 289
Mitral Regurgitation. Angina Pectoris, James B. Walker, M.D., 145
Neuritis, Wharton Sinkler, M.D., 289
Newer treatment of diseases of nervous system, Dujardin-Beaumetz, 121
Pyo-nephrosis—rupture of kidney—carcinoma, Charles McBurney, M.D., 771
Surgical clinic, H.E. Goodman, M.D., 337
J. William White, M.D., 364
Syringomyelia, M. Dejerine, 265
Tar and apomorphine in the treatment of winter cough, William Murrell, M.D., F.R.C.P., London, 169
Treatment of urethral strictures by electrolysis, Robert Newman, M.D., 337
Varicocele, G. Frank Lydston, M. D. Part I, 409. Part II, 433

ORIGINAL ARTICLES.

Abscess of spleen—the result of injury, William P. Fleming, M.D., 201
Accidental complications of typhoid fever, Cassius D. Wescott, M.D., 296
Acute pneumonia, E. B. Crone, M.D., 463
Wm. Porter, M.D., 320
Antipyretics, analgesics, and hypnotics, I. N. Love, M.D., 606
Antiseptic surgery in the country, John B. Wheeler, M.D., 702
Atrophy, hypertrophy, and deviation of septum, C. H. Von Klein, M.D., 699
Auto-infection—illustrative cases, John J. Berry, M.D., 201
inoculation in tuberculosis, Lawrence F. Flick, M.D., 3.
Bright's disease without urinary symptoms, W. W. Knight, M.D., 559
Cactus grandiflorus, C. L. Gregory, M.D., 367
Can a doctor make a living without advertising? F. E. Stewart, M.D., 220
Case in which croton oil liniment was accidentally applied to the eyes, a, David Webster, M.D., 30
Case of abnormal development, W. D. Bidwell, A.M., M.D., 4
worth, Kan., 4
Case of Dr. Brown-Sequard, the, John V. Shoemaker, A.M., M.D., 725
Case of enormous fibro-cystic tumor of the uterus. Laparotomy—recovery, X. O. Werder, M.D., 558
Case of extensive brain lesions with ill-defined symptoms, J. J. Berry, M.D. 441
Case of laparotomy for extra-uterine pregnancy, X. O. Werder, M.D., 30
of old fracture of the patella cured by wiring the fragments, W. C. Wile, A. M., M.D., 417
of renal calculus, Ernest B. Sangree, A.M., M.D., 829
Causes of acquired insanity, Joseph Jones, M.D., 457
Cerebro-spinal meningitis, F. T. Kidder, M.D., 29
Chloroform in labor, I. N. Love, M.D., 347
Clinical notes, Wm. B. Atkinson, M.D., 325
observations on effects of direct and indirect traumatisms of the brain, R. Harvey Reed, M.D., 385
Clinical uses of electricity, John V. Shoemaker, A.M., M.D., 411.
Cocaine in hemorrhagic fever, N. P. Hackett, M.D., 156
in urethral surgery, Martin Rively, M.D., 251
Comparative study of common forms of convulsions, Archibald Church, M.D., 601
Compound comminuted fracture of ulna at the elbow joint, P. N. Barker, M.D., 176
Concealed menstruation from imperforate hymen, Cheves Bevill, M.D., 176
Congenital absence of a portion of the anterior abdominal wall, J. M. Barton, M.D., 175
Constipation, Wm. F. Waugh, M.D., 679
cause and treatment, A. W. McKinney, M.D., 100.
Criminal responsibility in narcomania, Norman Kerr, M.D., F.L.S., 751
Cure for constipation, S. Benton, 298
Cure of crooked and otherwise deformed noses, John B. Roberts, M.D., 194
Curse of schools, Walter D. Bidwell, A.M., M.D. (Harvard), 484
Defence of electrolysis in urethral strictures, with documentary evidence, Robert Newman, M.D., 1
Dietetics, J. F. McLaughlin, M.D., 269, 313
Dietetic treatment of patients after abdominal operations, E. E. Montgomery, M.D., 246
Digital divulsion of pylorus for cicatricial stenosis, J. M. Barton, M D., 73
Diphtheria, J. R. Powell, M.D., 28
J. A. De Armond, M.D., 200
J. T. Potter, M.D., 369
G. Herbert Davis, M.D., 488
Disease of inebriety, Edward C. Mann, M.D., 52, 73, 104
Disease of Shrapnell's membranes, Arthur Hartmann, M.D., 366
Double amputations—complications, A. P. Frick, U. S. A., 440
Dyspepsia and anorexia cured by static insulation, H. Montague, M.D., 199
Electricity in gynecology, G. Apostoli, M.D., Paris, France, 49
W. H. Walling, M.D., 172
in the removal of superfluous hairs, Frederick W. Oliver, M.D., 273
in skin and venereal diseases, John V. Shoemaker, A.M., M.D., 534
Electrolysis for the removal of superfluous hairs, H. Montague, M.D., 52
in morbid alterations that are produced in the prostate by gonorrhœa of the urethra, John D. S. Davis, M.D., 25
Enormious multilocular ovarian cyst successfully removed, W. S. Stewart, M.D., 5
Enucleation of tuberculous glands, Thos. W. Kay, M.D., 121
Enumeration of the blood corpuscles, Samuel Wolfe, M.D., 728
Epicystic surgical fistula for cystoscopic exploration, J. D. S. Davis, M.D., 27
Erysipelas of the larynx, Max Thorner, M.D., 174
Experience in intubation, L. Ott, M.D., 123
Facial erysipelas complicating a varicose ulcer of the foot, W. A. N. Dorland, A.M., M.D., 775
Fatal case of double phlegmasia dolens, with remarks on the nature of the disease, A. K. Bond, M.D., 247
Feeding of puerperal convalescents, Charles Meigs Wilson, M.D., 244
Fermentation — its cause and effects, Ernest Laplace, A.M., M.D., 748
Few cases of maternal impressions transferred to offspring, S. T. Straley, M. D., 57
Food in treatment of pulmonary consumption, S. Solis-Cohen, M.D., 248
Four narrow escapes from death from hyper-anæsthesia, at surgical operations, Llewellyn Eliot, M.D., 176
Future of medicine, Wm. T. Plant, M.D., 436
Glyceritum pepsini vitulini, Frank Woodbury, M.D., 249
Habitual constipation in women and its effects, S. J. Wimmer, M.A., M.D., 630
Hæmatoma of the vulva in the non-puerperal state, K. B. Page, M.D., 577
Heroic dose of chloral, A. C. Free, M. D., 678
Hiccough, with notes on treatment. Frederick W. Putnam, M.D., 145
Higher medical education, O. M. Snyder, M.D., 51
Hunting the germ of yellow fever, Frank S. Billings, M.D., 53, 78, 102, 124, 150, 177
Hydriodic acid, J. V. Shoemaker, M.D., 246
Hygiene of pregnancy, Sebastian J. Wimmer, M.A., M.D., 222
Hysterectomy for large fibro-myoma, D. Benjamin, M.D., 153
Hysteria in younger children, Samuel Wolfe, M.D., 148
Importance of careful diagnosis of pregnancy, with the history of a case of retroflexion going to full term, W. S. Stewart, A.M., M.D., 294
Indications for, and limitations of, eperation for removal of the uterine appendages, E E. Montgomery, M.D., 315
Influence of medical journals on march of science, T. D. Crothers, M.D., 317
Instances of the hereditary influence in the causation of multiple pregnancy, Charles Meigs Wilson, M.D., 829
Insufficiencies of the ocular muscles and their treatment with prisms and by graduated tenotomies, Read Jennings McKay, M.D., 627, 651
Jugulation of acute diseases, L. A. Merriam, M.D., 367
Kemmler case, T. D. Crothers, M.D., 608
Large nævus of the forearm—treatment, A. C. W. Beecher, M.D., 320

Luxation of the fourth cervical vertebra resulting in hemiplegia. Reduction and cure, Ernest Laplace, M.D., 582
Malarial pneumonia, J. P. Francez, M. D., 345
Man and his development, Dr. Thomas J. Moore, 507
Measles in the second week of infancy, T. Ridgway Barker, M.D., 680
Mechanical writing in the prevention and cure of writer's cramp and allied disorders, W. R. D. Blackwood, M.D., 365
Medico-legal cases, Henry A. Riley, Esq., 25, 583
Mode of entrance of the bacillus tuberculosis into the system, Lawrence F. Flick, M.D., 579
Nasal cavities, E. E. Hamilton, M.D., 365
Nature of urethral fever, Edward M. Ground, M.D., 393
New ano-rectal speculum, Robert W. Martin, M.D., 537
Name proposed for the ventricular bands, Ephraim Cutter, M.D., LL.D., 462
Notes on a case of nasal caries, complicated with meningitis, successfully treated by means of the surgical drill, Wm. C. Jarvis, M.D., 98
on certain symptoms of typhoid fever, George A. Hewitt, M.D., 128
Observations in clinical therapeutics, J. A. Robison, M.D., 387
Operation for opaque staphyloma, M. M. Mitivier, M.D., 250
Opium addiction, W. S. Watson, M.D., 267
Overcrowding, J. M. Anders, M.D., 150
Paracentesis in internal hydrocephalus, Samuel Ayres, M.D., 269
Personal reminiscences on the subject of anæsthesia, H. Culbertson, M.D., 147
Phlebitis, A. R. Smart, M.D., 361
Phthisis and its natural cure, John A. Lanigan, M. D., 202, 249
Physiological morality. A contribution to social science and preventive medicine, Frank S. Billings, M.D., 343, 368, 389, 6
Physiology of digestion—the nutritive organization, W. Wood, M.D., 241
Pneumonia; a method of cure, Enos. T. Blackwell, M.D., 385
Prerequisites to marriage and laws to enforce them, E. L. Detweiler, M.D., 80
Principles that should guide us in the rational treatment of gonorrhœa, Bransford Lewis, M.D., 505
Problem of infant feeding, I. N. Love, M.D., 250
Proper food of infancy and childhood, B. F. Hart, M.D., 291
Proper use of ergot in labor, F. O. Donoghue, M.D., 655
Pulmonary hygiene, J. G. Mays, M.D., 338
Rational treatment for diphtheria, A. E. Hoadley, M.D., 800
Recent medical cases, Henry A. Riley, Esq., 321, 416
Relation of education to insanity, Geo. D. Stahley, A.M., M.D., 178, 193
Removal of epiphyseal exostosis of humerus, James B. Hungate, M.D., 101
Renal disease of scarlatina, W. M. Welch, M.D., 825
Report of eighteen cases of inflammation of the breast, Elizabeth M. Farrand, M.D., 197
on cases of the Alexander operation, D. T. Gilliam, M.D., 222
on progress of electro-therapeutics, W. R. D. Blackwood, M.D., 125
of the special committee on diseases of the alimentary canal, A. J. Baxter, M.D., 392
Review of cases of tuberculosis, Lawrence F. Flick, M.D., 97
Review of progress in medical and surgical electricity, William R. D. Blackwood, M.D., 295, 773
Rheumatic pericarditis, Joseph M. Patton, M.D., 555
Secondary perineorraphy, E. J. Kempf, M.D., 271
Simultaneous amputation of both arms —recovery, W. W. Keen, M.D., 30
Sodium silico-fluoride, J. W. Croskey, M.D., 217
Some observations on the proper form of a bougie, M. Rively, M.D., 512
points on piles, William R. D. Blackwood, M.D., 246
Splenic fever, B. F. Lamb, M.D., 344
Stricture of the urethra, W. A. Proctor, M.D., 272
Studies on alcohol, E. Chenery, M.D., 7, 31, 57, 80
Suction for elevating depressed and fractured bones of cranium, extraction of bullets, and other purposes, George J. Ziegler, M.D., 6
Surgical dressings, C. W. Brown, M.D., 481
shock—its pathology and treatment, Henry Jarrett, M.D., 806
Suspension in locomotor ataxia, R. A. Kinloch, M.D., 415
Tablet triturates, Ephraim Cutter, M.D., LL.D., 177
Time element in office practice, F. W. Higgins, M.D., 460
Training of nurses, Hal C. Wyman, M.S., M.D., 106
Treatment of chronic nasal catarrh, C. F. McGahan, M.D., 649
of neuralgia, E. P. Hurd, M. D., 675
of uterine fibroids by Apostoli's method–intrauterine electrolysis, Delétang, M.D., 6
Treatment of intestinal obstruction, J. M. Baldy, M.D., 101
Two cases of removal of spontaneous dislocated lenses from the anterior chamber of the eye, Peter D. Keyser, M.D., 124
Unique presentation of a fœtus, E. P. Bernardy, M.D., 52
Use of quinia in labor, Daniel Strock, M.D., 323
Vinegar and vinegar yeasts, E. & J. A. Cutter, 272
What is the doctor's duty to his patient suffering with maliguant disease? Wm. W. Parker, M.D., 77
not to do, and what to do in the treatment of malarial fever, B. O. Kiester, M.D., 152
Window in typhoid fever, A. K. Minich, M.D., 156

HYDROTHERAPEUTICS.

S. Baruch, M.D.:

Contra-indications to cold bath treatment of typhoid fever, 610
Hydrotherapeutics, 632
Hydrotherapy in typhoid fever, 441
Plea for the practical utilization of hydrotherapy, 729, 753, 776, 807, 830
Queries and objections answered. Contra-indications considered, 514
Rationale of technique in fevers, 561
Technique in acute cases, 464

THE POLYCLINIC.

Cooper Hospital:
Concussion of spine, Godfrey, 223
Dislocation of the spine, Godfrey, 252
Paralysis following injuries to the spine, Godfrey, 204
Jefferson Hospital:
Abscess from ligature, Barton, 323
of the right breast, Barton, 375
of tibia, Barton, 299
Boils, Allis, 128
Chancre, Hearn, 128
Cystotomy, Nancrede, 298
Hemorrhoids, Nancrede, 346
Hare-lip, Allis, 127 Nancrede, 346
Hip disease—enforced recumbency, Allis, 204
Hip-joint disease—a point in diagnosis, Allis, 204
Hydrocele, Allis, 127
Osteotomy, Nancrede, 299
Prospective digital divulsion, Barton, 299
Removal of astragalus, Barton, 323
Salivary calculus, Nancrede, 299
Wiring a fracture, Barton, 299
Manhattan General Hospital, New York:
Acute endocarditis—hydrotherapeutic treatment, Baruch, 418
Subacute rheumatism treated hydrotherapeutically, Baruch, 418
Medico-Chirurgical Hospital:
Abscess of cheek, Stubbs, 394
Acne rosacea, Shoemaker, 154
Acute pleurisy, Waugh, 56
Albuminuria in pregnancy, Stewart, 395
Arthritis, Pancoast, 128
Asthma with spinal curvature, Woodbury, 32
Astigmatism, Fisher, 750
Auto-intoxication, Waugh, 179
Bacillus tuberculosis in sputa, Laplace, 756
Blood stasis, Pancoast, 178
Brazilian bean, Shoemaker, 178
Care of the new-born, Keyser, 83
Cerebral syphilis, Waugh, 33
Chancroids, Stubbs, 84
Chorea, Anders, 489, 584
Chronic catarrhal pneumonia, Woodbury, 31
Cicatrix of cornea, Keyser, 83
Collyria, Keyser, 128
Consumption, Woodbury, 395
Crossed hemiplegia, Woodbury, 732
Dactylitis syphilitica, Shoemaker, 178
Degenerated hearts, Woodbury, 154
Diabetes insipidus, Woodbury, 658
Diagnosis of hip disease, Pancoast, 83
Discission of cataract, Keyser, 83
Diseases of the stomach, Waugh, 395
Double orchitis, Stubbs, 394
Eczema capitis, Stewart, 33
Emaciation, Waugh, 155
Embolism, Woodbury, 705
Emphysema, Waugh, 9
Endocarditis, Anders, 586
Entero-colitis, Anders, 585
Enucleation, Keyser, 83
Epithelioma of nose, Pancoast, 755
Escape of pus into peritoneum, Montgomery, 128
Excision of uvula, Garretson, 155
For bad breath, Garretson, 83
For chancre, Garretson, 155
Gastric catarrh, Woodbury, 658, 704
disorders, Woodbury, 682
Glandular swelling, Pancoast, 252
Hip-joint disease, Pancoast, 83
How to cut for a needle, Pancoast, 9
to give ether, Pancoast, 9
Hydrocephalus with spontaneous opening, Woodbury, 32
Hyperidrosis, Shoemaker, 56
Hystero-epileptic attack, Mettler, 465
Impetigo contagiosa, Shoemaker, 56
Indigestion, Anders, 489
Injection, Garretson, 155
Laparotomy, Montgomery, 33
Leadwater and laudanum as an antiphlogistic, Garretson, 756
Ligature in the treatment of fistula in ano, Pancoast, 635
Lupus vulgaris, Shoemaker, 154
Malarial cachexia with fever, Woodbury, 779
Mammary fibroma, Pancoast, 9

Mitral disease, Woodbury, 732
regurgitation, Anders, 490
Mouth wash, Garretson, 155
Multilocular sclerosis, Woodbury, 682
Muscular spasm from overwork, Woodbury, 32
Nervous diarrhœa, Waugh, 252
Neuralgia, Stubbs, 33
Neurasthenia, Woodbury, 704
New growths, Laplace, 756
Non-bacillar phthisis, Waugh, 322
Obstinate epistaxis, Mettler, 466
Old syphilis, Shoemaker, 154
Operation for catarrh, Keyser, 396
for the radical cure of hydrocele, Pancoast, 755
upon nasal septum, Pancoast, 832
Ozæna, Pancoast, 33
Pain over the right eye, Waugh, 305
Peribomian tumors in children, Keyser, 83
Pigmentation pregnancy, Stewart, 33
Psoriasis, Shoemaker, 154
Pulsating bronchocele, Waugh, 563
Puncture of the brain, Woodbury, 705
Removal of cystic tumor, Montgomery, 395
of glands, Garretson, 705
uterine fibroids, Montgomery, 298
Sarcoma, Garretson, 9
of lower jaw, Garretson, 83
Scrofuloderma, Shoemaker, 56
Seborrhœa sicca, Shoemaker, 56
Spasmodic croup, Woodbury, 154
Spina bifida, Pancoast, 33
Staphylorraphy, Stubbs, 128
Syphilitic ulcers of foot, Stubbs, 832
Tænia, Waugh, 56
Tenotomy, Goodman, 83
Tinea favosa, Shoemaker, 56
Tonic, a, Pancoast, 33
Touching the urethra, Pancoast, 155
Treatment of hemiplegia, Waugh, 586
Tubercular syphilis, Shoemaker, 56
Urethrotomy, Goodman, 755
Uterine cancer, Montgomery, 681
Vaccination, Waugh, 394
Value of sulphur, Shoemaker, 83
When to trephine, Godfrey, 178
White swelling, Laplace, 756
Whooping-cough, Waugh, 395
Wild hairs, Keyser, 83
Wounds of knee joint, Laplace, 756
Montefiore Home, New York:
Laparotomy, ovarian cyst, Dennis, 658
Remarks on applications to larynx, in tubercular laryngitis, K. B. P., 611
Suspension treatment of posterior spinal sclerosis, K. B. P., 779
Mt. Sinai Hospital, New York:
Fifty-three successive ovariotomies without a death, Mundé, 681
Laparotomy for dermoid cyst of left ovary, Mundé, 539
Parametritic abscess and incision, Mundé, 563
The "toilette" of the peritoneum, Mundé, 539
Orthopedic Hospital:
Deformity of the wrist, Goodman, 84
Resection of bone, Morton, 84
Singular cure for epilepsy, Morton, 84
Sweet oil in Pott's disease, Goodman, 100
Synovitis, Goodman, 84
Talipes, Goodman, 100
To detect fluid in joint, Goodman, 84
Pennsylvania Hospital:
Acute enteritis, Longstreth, 396
Administration of ether, Hunt, 322
After-treatment of abdominal section, Hunt, 84
Buboes, Ashhurst, 419
Cirrhotic liver, Longstreth, 84
Diphtheria, Longstreth, 84
Empyema, Ashhurst, 419
Enucleation of eye-ball, Morton, 682
Erysipelas, Longstreth, 419
False teeth, Longstreth, 298
Fractured patella, Morton, 706
ribs, Morton, 756
Heart trouble, Longstreth, 84
Hip-joint amputation, Ashhurst, 298
Impacted fracture, Ashhurst, 84
Jaundice, Meigs, 706
Medical maxim, a, Longstreth, 84
Miscarriage, Longstreth, 322
Nephritis, Longstreth, 252
Operation upon the ears, Keen, 491
Pediculi capitis, Longstreth, 298
Pleurisy, Meigs, 706
Railway spine, Hunt, 396
Rheumatic fever, Longstreth, 322
skin eruption, Longstreth, 419
Typhoid fever, Longstreth, 298, 322, 396
Ununited fracture, femur, Morton, 706
Philadelphia Hospital:
Abscesses in diarrhœa, Ransley, 9
Aortic aneurism, Curtin, 756
Arthritis, Ransley, 9
Bed sores, Walker, 34
Bubo, Ransley, 9
Chronic parenchymatous nephritis, Walker, 130
Cocaine for irritable gums, Walker, 106
Codeine, Musser, 706
Colotomy, Steinbach, 274
Compound fracture of superior maxillary, Ransley, 105
Congenital syphilis, Hirst, 780
Constipation, Stryker, 82
Coxalgia—death from ether, Ransley, 129
Cystitis complicating pregnancy, Hirst, 682
Diarrhœa, Stryker, 82
Double hæmatoma, Hirst, 732
Dysentery, Curtin, 780
Exophthalmic goitre, Wilson, 273
Fracture of femur, Ransley, 273
of lower jaw, Steinbach, 82
General dropsy, Walker, 105
Gonorrhœal rheumatism, Porter, 706
Hæmophilia, Davis, 810
Hare-lip, Stryker, 82
Herpes zoster, Wilson, 130
How to open an abscess, Ransley, 130
Icterus neonatorum, Stryker, 81
Infantile mammary abscess, Hirst, 780
Iodine eruption, Stryker, 129
Locomotor ataxia, Sinkler, 33
Mammary abscess, Stryker, 81
Ophthalmia neonatorum, Stryker, 82
Davis, 832
Otorrhœa, Stryker, 274
Paralysis agitans, Sinkler, 8
Parenchymatous tonsillitis, White, 705
Pelvic abscess, Hirst, 780
Phthisis pulmonalis, Curtin, 705
Post-glandular mammary abscess, Marshall, 105
mortem specimen, Walker, 274
Progressive pernicious anæmia, Wilson, 130
Pyuria renalis, Walker, 34
Removal of a cicatrix, Ransley, 154
Retention of urine, Stryker, 129
Stomatitis, Stryker, 82
Strangulated hernia, Steinbach, 273
Syphilitic rupia, Ransley, 154
Teething, Stryker, 129
"Threatened typhoid," Walker, 34
Tonic, Stryker, 129
Typhoid fever, Wilson, 130
Urethral fistula, White, 706
Version before labor, Hirst, 682
Whooping-cough, Stryker, 273
Polyclinic:
Chronic pneumonia, Mays, 84
Red Cross Field Hospital, Johnstown, 466
Roosevelt Hospital, New York:
Excision of jaw for sarcoma, McBurney, 681
Hydrarthrosis of the knee-joint—incision, drainage, and plaster-of-Paris dressing, Hartley, 538
Internal and perineal urethrotomy for strictured urethra. Second operation on same patient, Hartley, 538
Osteotomy for genu valgum, with osteoclasis for incuration of the tibia, Hartley, 539
Remarks on case of strangulated hernia, McBurney, 681
St. Luke's Hospital, New York:
Laparotomy, exploratory, for abdominal tumor, K. B. P., 833
Spasmodic stricture of urethra, dilating urethrotomy, K. B. P., 634
Stricture of urethra—perineal urethrotomy without a guide, K. B. P., 634
University Hospital:
Acute rheumatism resulting in ankylosis, Pepper, 8
Ascites, Pepper, 128
Chronic malaria, Pepper, 129
Hypochondriasis, Pepper, 204
Lumbago, Pepper, 128
Ovarian tumor, Goodell, 154
Paraplegia from spinal concussion, Ashhurst, 8
Phthisis tuberculosis, Pepper, 203
Splenic leukæmia, Pepper, 203
Typhoid fever, Pepper, 128
Will's Eye Hospital:
Enucleation of eyeball, Keyser, 106

EDITORIALS.

Agnosticism in medicine, 14
Alcohol, the use and abuse of, 182
Alopecia Areata, 39
Altering the returns, 133
American Medical Association, 228, 253
Analgesics in the relief of pains of purely nervous origin, the new, 732
Announcement, 253
Annual holocaust, the, 158
Antipyretics in septic fevers, 492
Army medical corps, the, 469
Articles of partnership, 371
Asylum investigations, 131
Athletics and scholarship, 157
Automatism in medicine, 636
Bichloride of mercury, the use of the, 63
Bishop case, the, 86
Blood-letting in congestive neurasthenia, 637; in pneumonia, 13
Bookkeeping, 14
British Medical Association, 15
Care of the children, the, 446
Cerebral localizations, the, 612
Charity, the abuse of, 757
Chloral hydrate in severe chorea, 398
Chronic alcoholism, 64
City health, the, 836
Clubs for working women, 159
Cocillaña, 614
Code of ethics in Germany, 783
Co-education in medicine, 505
Cold baths in typhoid fever, 202
Comments, 156
Consumption in cows, 158
Coronilla, 638
Correction, a, 113
Cosmopolitan journal, a, 324
Couveuse, 205
Creolin, the antiseptic value of, 86
Croup, the treatment of, 39
Dangers from electric wires, 182
Dead failure, a, 112
Decision of the pardon board, 326
Dedication ceremonies, 111
Diarrhœa of infants, the remedy for the mycotic summer, 811
Diet and disease, 181
Diphtheria, a modern view of, 136
new contribution to knowledge of, 836
Disseminating disease, 229
Doctor "limited" (?), the, 229
Doctored returns, 137

Dr. Dabney in Va. Med. Monthly, 206
Gower's resignation, 158
Wilson, death of, 278
Editorial change, 134, 230
Election of Dr. Keen, 64
Electricity in gynæcology, 683
Electro-therapeutics, 470
Endorsing medical examiner's bill, 252
Error of specialism, an, 399
Ethical advertising, 159
Evolution in diseases of the nervous system, 445
Feeble step, a, 588
Generous donors, 203
Health of Philadelphia, the, 781
Hemorrhoids, excision and closure with buried animal suture, 613
Higher plane, the, 835
Hooping-cough, treatment of, 62
Hydrochloric acid in indigestion, 422
Hydrotherapeutics, 300
Hydrotherapy, Semmola on, 540
Hyperacidity, 229
Hyperidrosis of the feet, 470
Hypnotism, 517
therapeutic value of, 62
Hysteria, 150
Imaginative faculty, the, 468
Immediate causation of labor, the, 587
Immunity from specific fevers, 38
Indications for adonidin, 182
Inflammation of the breast, 228
Jaborandi in erysipelas, 63
Journalistic veracity, 782
Justice or mercy? 204
Keep the students in Virginia, 181
Kiappyr, a new fermented milk, 397
Laying the corner-stone of the New York Academy of Medicine, 564
Life tenure in medical offices, 300
London hospitals, the, 230
Manipulative treatment, 374
Massage in gynecology, 398
Medical allusion in works of fiction, 350
athletics, 541
boycotting, 13
examiner's bill, 326
inspection of factory operatives, 276
New York in 1800, 396
oratory, 564
Press Company, Limited, 370
utopia, a, 661
Medicine for mothers, 63
Mercury in consumption, 660
Metric system, the, 421
Milk sickness, 588
Mr. Wheelhouse, medical education, 420
Modern materialism, 63
Mortuary statistics and life insurance, 85
Mycotic origin of infantile diarrhœa, 734
Mystical miseries, 203
Need of good English, 252
New cloak for vice, a, 708
Jacksonville, the, 326
Old dedication copies of medical works, 397
Opium as a purgative, 157
Opposition to examination, the, 86
Pathological transcendentalism, 183
Pepsin preparations, 277
Perfumes and ozone, 447
Personal journal, 400
Plea for pediatrics, 707
Polyclinic, 180
Preliminary education of medical students, the, 372
Proposed medical legislation in Pa., 134
Public baths, 397; duties, 277; schools, 835
Quackery at home and abroad, 349
Recent literature of pepsin, 253
Recitation *vs.* lectures, 347
Register's combination, the, 396
Regulation of Prussian midwives, 87
Report, Ill. State Board of Health, 204
on the yellow fever epidemic, 110
Resistance of the organism, 300
Restriction of medical practice, 277
Rheumatism, manifestations of, 276
Rupture of the perineum, 87
Sale of proprietary medicines containing alcohol, 85
Salol, a new use for, 277
intestinal disorders of children, 518
Salutatory, 12
Sectarianism in medicine, 659
Seductive scheme, 205
17,113 in 1887, 15
Sir Morell Mackenzie censured, 111
Sloyd training, 63
Small parks for cities, 159
Snubbed by Dr. Mackenzie, 202
Social evil, a, 399
Somatic and cellular death, 112
Staff at Blockley, the, 811
State Board of Health for Florida, 86
Steam-heated railway coaches, 277
Strychnine in dipsomania, 422
Study of medicine, the, 493
Summer's rest, the, 186
Suspension in locomotor ataxia, 230
Therapeutic test in tertiary syphilis, 373
Time to clean, a, 38
Tobacco heart, 85
Tonsillitis, the treatment of, 38
Training of nurses, 112
Transmission of tuberculosis, 541
Typhoid scare, a, 301
The sanitary benefits of underground drainage, 275
The Virginia Examining Board, 205, 708
134, 181, 133
Unilateral Esculapians, 135
Unjustly censured, 159
Uterine diseases, nervous element in, 834
Vital statistics of Philadelphia, 37
Voltaic electricity in cancer, 109
Warning, a, 758
Williamson school, the, 684

ANNOTATIONS.

Acquitted of felonious assault, 589
Action of salicylates on the uterus, 685
Aims and limits of hydrotheraphy, 400
Ainhum, a Brazilian disease, 784
A. M. A. meeting, the, 182
American Public Health Association, 520
Amylene hydrate, 566
Antacids, 471
Anti-Pasteurists, 325
Are there any allopaths? 64
Art studies in medicine, 13
Atonic cases post part. hemorrhage, 685
At the foot, 64
Aural examination for railway employees, 229
Blind deaf-mute, the, 110
Bogus diploma mills of Vermont and New Hampshire, 589
Book infection, 158
Bromide of gold in various nervous affections, 423
Bromoform in whooping-cough, 837
Brown-Sèquard's discovery, 255
Cæsarean section *vs.* perforation, 837
Calomel as a diuretic, Erb, 520
Carbonic acid, Weber, 521
Catarrhal salpingitis, 589
Catramina, 760
Chloralamid, 520
Chloralanoid, 448
Circumcision enforced by law, 349
Ciudad Bolivar Mexico, 760
Civilization *vs.* barbarism, 759
Co-education, 615
Cows' milk approximating human, 254
Creasote in phthisis, Von Brunn, 520
"Curse of schools, the," 542
December sanitarian, the, 837
Denture of the future, the, 64
Diseases of the prostate, 374
Dislocation of the eyeball, 378
Dispensary nuisance, the, 13, 471
Dissection wounds, 39
Druggists' Circular's attack, 347
Dr. Cureall, 472
or not, 65
S. Lustegarten, 400
Electric door-openers in asylums, 40
Electrolysis *vs.* urethrotomy, Newman, 181
Eleventh census, the, 122
Elixir of life, the, 372
Epidemic of roseola, an, 759
Expression in trachoma, 373
Fallibility of experts, the, 661
Female inebriates, 110
Fresh-air funds, 182
General carcinosis, 377
Good in everything, 372
Hammock cure, the, 662
Human and bovine tuberculosis, 110
Ideal man, the, 519
Inebriety as a disease, 324
Influence of electric light on eyes, 378
Injection treatment of syphilis, 685
Intra-pulmonary injection, 86
Iodoform oil injections, 685
Johnstown, 132
Johnstown's health, 158
Know your milkman, 278
Large family, a, 110
Lehigh Valley Medical Association, 638
Leprosy, 471; in Hawaii, 379
London post graduate courses, 639
Long hours, 423
Management of ingrowing nails, 448
Medical index, a, 302
Medico-legal chair, a, 182
Milk as a vehicle for the transmission of tubercle germs, 542
sugar in cardiac dropsy, 302
Mississippi Valley Med. Association, 324
Mistaken economy, 206
Modification in the composition of the blood due to nervous influences, 379
Mothers' marks, 181
Motor activity of human stomach, 377
Naphthalin in fetid diarrhœa, 379
National Asso. Dental Faculties, 373
Nephritis a sequel of hooping cough, 378
New antiseptic, 735
danger, 182
journal, 735, 837
mechanical treatment for tabes, 639
remedy for dysentery, 759
view form of substitution, 278
York analyst of drugs, 760
Non-bacillar phthisis, 348
retention of urine by young girls and women, 566
tubercular hæmoptysis, 709
Notes on acquired leprosy, 373
Obscure epidemic influences, 13
Oklahoma, 39
Oldest book in the world, the, 65
Olive oil for gallstones, 812
One of the dangers of tea-drinking, 372
Opening addresses at colleges, 542
Our medical colleges, 158
Over-crowding in the profession, 40
Passive respiratory movement, 40
Pathology and treatment of nephritis, 837
Phelp's operation for club-foot, 639
Pilocarpin in ear disease, 380
Pilocarpus, 380
Political medicine, 837
Practical medicine, Moore, 521
Press protection, 207
Quack advertisements, 229
Quinine habit, the, 278
Realism in art, 471
Recent discoveries in morphine and strychnine elimination, 400
Reportorial ingenuity, 423
Restoration of liver structure, 521
Rickets, 255
Right-sided aphasia in a left-handed person, 40
Russia's working classes, 495
Services, the, 12
Six months' term enough, a, 87

Slightly sweeping, 472
Some weak points in medical education, 520
State of blood after epileptic attack, 378
Sterilizing milk, 255
Substitution—a card, 348
Sugar for wound treatment, 615
Suit for malpractice, 278
Suppurative calculous cholecystitis, 378
Suprapubic cystotomy, 374
Tasteless quinine, 65
The Tennessee State Board, 183
The Timby system, 87
Too careful, 472
Tracheotomy and intubation in diphtheria, 685, 686
Treatment of morphinismus, 639
of neurasthenia, 615
of scrofulous glands, 709
of typhoid fever by cold baths, 590
of whooping cough, 302
Tribute, a, 157
Two cases of pyæmia in infants, 379
Unification of weights and measures used in formulæ, 422
Urinary tumor, perforation of cæcum, 379
Urine and the fluid of ascites in cirrhosis of the liver, 377
Use of oysters in summer, the, 519
Uterine catarrh—local application of morphine, 590
myoma, 471
Virginia Medical Monthly, 709
Women as invalids, 157
in men's dress, 783

LETTERS TO THE EDITOR.

Abnormal condition in labor, Bloom, 90
Absent uterus, Baskerville, 424
Acetanilide in rheumatism, Wood, 472
Anomalous cases in practice, T. G. Stephens, 14, 280
Antagonism of forces, Randle, 184
Antifebrin, Penney, 183
Saylor, 449; Endicott, 566
neuralgia and gonorrhœa, Cox, 183
Care of the insane, Clark Bell, 542
Case of criminal abortion, Frankhauser, 590; croup, Kelley, 41
precocious menstruation, Jagoe, 543
senile gangrene, Davidson, 496
whooping cough treated by sulphur fumigation, Gerhard, 112
Cincinnati letter, McKee, 161, 206, 279, 303, 351, 498
Co-education in medicine, Jacobi, 618
Concealed hemorrhage at the fifth month of pregnancy, Ward, 449
Concussion, Tarver, 280
Correction, Mundenhall, 89 Mundé, 760
Count Waldeck, Beecher, 639
Division of tendo-achillis, Davenport, 16
Dosimetry, Hole, 113
Double amputation of the feet, Stephens, 567
Dropsy, Saylor, 66
Elixir, Beecher, 448
Feeding of infants, Cook, 349
Flexions and versions of the uterus, Barker, 114
Higher medical education, Barlow, 185
How chloroform reduces temperature, Poole, 230
Idiosyncrasy for ipecac, Sangree, 352
Inquiry, J. M. A., 813, 838
L'Elixir de vie, Blackwood, 374
Maternal impressions, Saylor, 760
Medicating air, Borroughs, 325
Montgomery White Sulphur Springs, Medical Observer, 350
Multiple articular abscesses in infants—recovery, Wm. S. Cary, 15
Notes from practice, J. E. Meachan, 16
Novel design for treatment of fractured clavicle, Trimmer, 590
Oleomargarine, 66
Paraldehyde in asthma, Scott, 351
Peculiar case, a, Wimmer, 710
Phlegmasia dolens, Ludlum, 325
Positivism in medicine, Snyder, 230
Practising in Paris, 17
Precautions in vaccinating, Farver, 473
Radical cure of fistula in ano and hemorrhoids by electricity, Shotwell, 375
Retention of urine, Bidwell, 279
Rupture of the uterus during labor, Meredith, 784
Sample, a, Davison, 229
School hygiene, Atkinson, 496
Strong solution of argentic nitrate as an injection, Sangree, 686
Sulpho-carbolate of zinc in diarrhœa, Rively, 497
Supposed neuralgia, Rosenthal, 567
The teeth in neuralgia, Rosenthal, 662
Treatment and management of inflammatory diarrhœa in children, Hutts, 303
phthisis pulmonalis, Houston, 736
Typhoid fever, W. O. Mendenhall, 14
with dysentery, 41
Utica, N. Y., Blumer, 423
Virginia State Medical Society, 521
What was the trouble? Sangree, 736

CORRESPONDENCE.

Camden letter, 763
Cases which trouble us, 186, 328
Challenge of Drs. G. E. Brewer and W. K. Otis to Dr. Robert Newman, 303
Chorea, 400
Cincinnati letter, 618, 840
Dr. George B. Young's letter, 281
Keyser's letter to Dr. Shrady, 137
Vansant's letter, 304
D. Williams, 9, 106
Wm. C. Wood's letter, 209
Fly's foot as a germ medium, the, 353
Inflammation of the breast, 352
Letter from Geo. Minges, 353
London letter, Mettler, 225
Medical examining board, a, 88
Medico-Legal Society, 255
New treatment of locomotor ataxia, 255
Paris letter, Linn, 88, 208, 274, 443, 656, 711
Phthisis, 401
Points on piles, 353
Provident Dispensary gouge, the, 88
Recent work at the Pathobiological Laboratory State University, 328
Treatment of tonsillitis, 114, 139
Virginia State Examining Board, 186
Visit to the "Medico-Chirurgical Hospital" of Philadelphia, 113

SOCIETY NOTES,

Abortive treatment of acute pelvic inflammation, Hardon, 738
Abscesses in hip disease, their prevention, significance, and treatment, Lovett and Goldthwaite, 592
Academy of Medicine, 667
Acute arthritis of infarcts, Townsend, 595
Address on pædiatrics, Larrabee, 255
Administration of quinine where there is defective hearing, Sessions, 665
Allegheny County Medical Society, 567
American Medical Association, 255
Orthopedic Association, 591
Rhinological Association, 662
Amputation of the penis, Bloom, 524
Analysis of twenty-one cases of hip disease treated by the Thomas splint, Huddleston, 594
Atrophy, hypertrophy, and deviations of the septum, Von Klein, 665
Case of caries of the ankle treated conservatively, Foster, 592
Catarrhal neuralgia, Hobbs, 666
Cautery *vs.* the snare, Thompson, 523
Chronic tonsillitis, Ingalls, 524
Complications occurring in the clinical history of ovarian tumors, Douglas, 785
Congenital dislocation at hip, Ridlon, 593
Contagiousness of phthisis, Porter, 524
Cows' milk for infant food, Brush, 256
Differential respiration, Wilson, 524
Diphtheritic paralysis of the palate, and paralysis of the ciliary muscle of the right eye, Swineburne, 667
Direct herniotomy, Roberts, 737
Do sanitary interests of the United States demand annexation of Cuba? Lee, 787
Double monsters, Fernandez, 666
Early diagnosis of chronic kidney lesions, Bond, 522
Ectopic gestation, Price, 688
Ergot in parturition, Boltezer, 788
Excision of the hip joint, Sayre, 594
Experimental study of distraction of the hip joint, Brackett, 593
Extraction of cataract, with cases showing results of operation, Roberts, 687
Fibro-cystic tumor of uterus, Werder, 568
Fixation and traction in the treatment of hip joint disease, Ridlon, 594
Formation of artificial urinary canal, Wishard, 523
Gunshot fractures of the femur, Brownrigg, 786
Gynæcology in its relation to obstetrics, Robinson, 740
Harlem Medical Association, 667
Ideal surgeon, Middlekamp, 788
Ileo-colostomy. Davis' catgut mats used for approximation, Davis, 616
Immediate disregard to malposition of the thigh in the treatment of hip disease, Barton, 593
Improved Cæsarean section, *vs.* craniotomy, Haggard, 739
urethragraph, Stewart, 568
Importance of constitutional treatment of rhino-pharyngeal inflammations, Knode, 665
Intestinal anastomotic operations with segmented rubber rings, with some practical suggestions as to their use in other surgical procedures, Brockaw, 761
diseases of children during hot weather, Hooper, 257
Is Senn's gas-test infallible, and always devoid of danger? 522
Jefferson Co. Med. Society, Ala., 616
Knock-knee—club-foot—deformity following hip disease, Wyeth, 544
Leucocythemia, Wilson, 616
Management of infants during the first year, Greenley, 256
Menstruation and pregnancy after removal of both ovaries, Engelmann, 761
Mississippi Valley Medical Society, 322
Nervous symptoms produced by phimosis, Holgate, 838
New exercise in the treatment of lateral curvature of the spine, Steele, 595
N. Y. Academy of Medicine, 543, 710, 838
County Medical Association, 666
State Medical Association, 540
Society, 569
Observations based upon an experience of seventy two miscellaneous abdominal sections, Johnson, 787
Ocular reflex symptoms in nasal diseases, Moore, 664
Olive oil in gall-stones, Mays, 667
Open abdominal treatment, Hadra, 785
Orthopedics of infantile paralysis, Ryan, 523
Perineorraphy, Johnstone, 739
Philadelphia County Medical Society, 687
Physiological and therapeutic action of certain drugs in the treatment of the upper air-passages, McClellan, 666
Podalic version in cases of contracted pelvis, Harrison, 666
Polyclinic Medical Society, 840
Therapeutical Society, 667
Prevention of short leg of hip-disease, 591

Psoas contraction as a symptom, 591
Purulent conjunctivitis, Thompson, 523
Pus in pelvis; how to deal withit, 739
Question of excision, Sayre, 839
Rachitic pseudo-paralysis, Berg, 838
Reasons why many physicians fail in treating chronic rhinitis, Rumbold, 663
Reflex symptoms of rhinal diseases, with reports of cases, Dreese, 664
Relation of the thoracic and abdominal walls to the spinal column, Weigel, 591
Remarks on certain obscure and minor forms of pelvic cellulitis simulating malarial fever, Brown, 787
Report of brain abscess, emptying into the naso-pharynx, Gillette, 662
of cases of caries of the ankle treated by excision, Scudder, 592
of gynæcological work, with especial reference to methods, Maury, 737
Rest in treatment of hip disease, 592
Southern Surgical and Gynæcological Association, 737, 761, 785
St. Charles County (Missouri) Medical Association, 788
Sterility in woman, its etiology and treatment, McKee, 523
Surgical treatment in diseases of the nose, De Vilbiss, 665
Sympathetic diseases of eyes from inflammation of nasal passages, 523
Therapeutic measures in rhinology, 664
Thomas' splint, Ridlon, 839
Tonsillitis leptothrasis benigna, Wolf, 667
Treatment of abscesses, Ridlon, 838
chronic nasal catarrh, McGahan, 665
of contracted bladder by hot water dilatation, Stone, 786
of cystitis in women, McGuire, 786
of ectopic pregnancy, Wathen, 739
of insane in relation to science, 523
of pulmonary phthisis, 524, 567
Tropho-neurosis as a factor in the phenomena of syphilis, Lydston, 785
Tubercular peritonitis, Ricketts, 525
Typhoid fever, Peabody, 710
in a child æt. nine, Jacobi, 711
spine, Gibney, 591
Twenty consecutive cases of abdominal section, McMurtry, 785
Two double silk ligatures, Henry, 617
When shall treatment be dispensed with in spondylitis? Ryan, 594

BOOK REVIEWS.

Annual of the Universal Medical Sciences, Sajous, 424
report of Marine Hospital Service, 278
Archives de physiologie pathologique, 137
Atlas of venereal and skin diseases, 400
Bournemouth as a health resort. 379
Cancer and complications, Jennings, 546
Cazeaux and Tarnier. The theory and practice of obstetrics, P. Cazeaux, 231
Chemical experiments for medical students, Christopher, 401
Classification, dietary and treatment of diseases of the skin, Purdon, 379
Clinical atlas of venereal and skin diseases, including diagnosis, prognosis and treatment, Robert Taylor, A.M., M.D., 41
lectures on mental diseases, Clouston, 691
College botany, Prof. E. S. Bastin, 376
Compendium of dentistry for use of students and practitioners, Parreidt, 232
Congestive neurasthenia, or insomnia and nerve depression, Whittle, 231
De la dermatite herpétiforme de Duhring par le Dr. Brocq, 16
Disordered digestion and dyspepsia, Woodbury, 473
Electrician's pocket companion, Jamieson, 668
Electricity in the diseases of women with special reference to the application of strong currents, G. Betton Massey, M D., 303
in diseases of women, 113
Essentials of the physical diagnosis of the chest and abdomen, Anderson, 281
Evil said of doctors, Minor, 740
Experimental study in the domain of hypnotism, Kraff-Ebing, 764
study of intestinal anastomosis, Brokaw, 595
Exploration of the chest in health and disease, Stephen Smith Burt, M.D. 161
Federal government of Switzerland, Moses, 498
Fibromes uterins, La Torre, 499
Fifty clinical charts, Wilson, 40
Fifteen hundred cases of fistula, piles and other diseases of the rectum: a review, Samuel Benton, 278
Functions and disorders of the reproductive organs, Wm. Acton, 161
Hand-book of skin diseases, Arthur Van Harlingen, M.D., 232
History of higher education in South Carolina, 330; Wisconsin, 330
of education in Florida, Bush, 330
in Georgia, Jones, 330
in North Carolina, Smith, 330
Human physiology, Landois and Stirling, 260
Hygiene of the nursery, Starr, 262
Inebriety, its etiology, pathology, treatment, and jurisprudence, Kerr, 401
Insane in foreign countries, William P. Letchworth, 352
International medical annual and practitioners' index, 375
Kritik der vaccinations statistik, und neue beitrage zur frage des impfschutzes, Körösi, 763
Laboratory guide in urinalysis and toxicology, Witthaus, 401
Leçons de gynæcologie operatoire, par Vulliet et Lutaud, 16
Lectures on massage and electricity in treatment of disease, Dowse, 281
on nervous diseases, Ranney, 184
on obstetric nursing, Parvin, 425
L'Enseignement et l'organisation de l'art dentaire aux Etats-unis; rapport adressé à M. l'Ministre de l'Instruction Publique, par le Dr. Kuhn, 16
Lesions of the sacral and lumbar plexuses, Mills, 425
Living matter; growth and decline in animal organisms, C. A. Stephens, 184
Manual of minor surgery and bandaging, Heath, 714
of instruction in prompt aid to injured, Doty, 375
of chemistry for the use of medical students. Symonds, 425
Manuel de médecine, Malgaigne, 329
Masso-therapeusis, or massage as a mode of treatment, William Murrell, 160
Materia medica and therapeutics, John B. Biddle, M.D., 376
Merck's index, 376
Medical Bulletin Visiting List, 1889, 40
Register of New York, New Jersey, and Connecticut, 1889, 546
Summary, physicians' call-book 714
Nervo-vascular system, Price and Eagleton, 498
Old hospital and other papers, St. John Roosa, 304
Orthodontia or malposition of the human teeth; its prevention and remedy, Guilford, 619
Outlines of the clinical chemistry of urine, MacMunn, 473
Papers on dermatology, Mapother, 400
read before the Medico-Legal Society of New York, 305
Pathology and treatment, displacements of uterus, B. S. Schultze, M.D., 160
clinical history, and diagnosis of affections of the mediastinum, Hobart A, Hare, B.Sc., M.D., 206
Photographic illustrations of skin diseases, Geo. H. Fox, A.M., M.D., 40
Physicians' leisure library, Davis, 305
Physician himself, the Cathell, 450
Physiology of the domestic animals, Smith, 329
Pocket medical formulary, C. Sumner Witherstine, M.S., M.D., 185
Popular Science Monthly, 43, 160, 278, 375
Practical treatise on nervous exhaustion, G. M. Beard, A.M., M.D., 184
Psychic life of microörganisms; a study in psychology, Alfred Binet, 327
Psychology as a natural science applied to the solution of occult psychic phenomena, Raue, 304, 400
Rectal and anal surgery, Andrews, 232
Report of Penna. State College, 40
Retrospect of medicine, Braithwaite, 570
Saunders' question compends, No. 1, Hare, 546. No. 7, Morris 546
Secondary mixed infection in infectious diseases of children, Holmes, 352
Strathpeffer Spa; Fox, 281
Students' aid series, Nall, 714
Suggestive therapeutics, nature and uses of hypnotism, H. Bernheim, M.D., 327
Surgical hand-book for practitioners and students, Caird and Cathcart, 352
Synopsis human anatomy, Young, 281
Syphilis of nervous system, Wood, 499
System of obstetrics, Hirst, 449
Swine-plague, Salmon, 232
Textbook of human physiology, Flint, 379
medical jurisprudence and toxicology, J. J. Reese, M.D., 161
practical medicine, Loomis, 788
Third annual report of the State Board of Health of Ohio, 305
Tongue in diagnosis, Benson, 278
Traitment des fibromes uterins, Delétang, 499
Transactions of the College of Physicians of Philadelphia, 450
Mich. State Medical Society, 278
Louisiana State Medical Society, 668
Medical and Chirurgical Faculty of Maryland, Kurtz, 842
of the New York State Medical Association, 1888, Carroll, 525
of the Southern Surgical and Gynæcological Association, 401
Treatise on headaches and neuralgia, J. Leonard Corning, M.A., M.D., 15
Urine, the common poisons, and the milk, Holland, 352
Wood's medical and surgical monographs, 15, 113, 304, 376, 570

Current literature, 41, 64

ABSTRACTS AND MEDICAL DIGEST.

Abdominal wound followed by fistula, 401
Abortive treatment of carbuncle, 572
Absorption of the tissues of the oral cavity from pressure, 139
Acne vulgaris and rosacea, Lassar, 451
Aconite root, 254
Actinomycosis hominis, Ammentorp. 717
Action of medicaments on the utero-ovarian system during menstruation, Atthill, 380
of chloride of ethylene, 17
of sulphonal, 239
Active solution of santonin, 285
Acute eczema, Lassar, 451
exacerbations during chronic bronchitis, 307
African kola nut, 281
Akromegaly, 331

Alcohol in diabetes mellitus, 273
in erysipelas, 211
Alcoholic inebriety, 139
Alleged contagiousness of cancer, 426
Analyses of water, Anderson, 280
Anemonin, 546
Angina pectoris, 596
Anthrarobin, 236
Anti-blennorrhagic remedies, 211
Antigastralgic drops, 89
Antipyretics, 660
Antipyrin, 306
and analgesin compared, 17
in chorea, 356
incompatibles, Carles, 716
in ocular therapeutics, 17
in the treatment of diabetes, 597
Antiseptics in ophthalmology, 260
in nasal surgery, 234
Antiseptic medication, Corput, 452
properties in human saliva, 717
sponges, 668
vinegar, Dujardin-Beaumetz, 381
Anthropology, 92
Antithermic analgesics, 549
Apostoli's method, Smith, 491
Arsenical wall paper, 499
Arterial murmurs, Phillips, 224
Artificial respiration in opium poisoning, 260
impregnation, 188
tympanic membrane, Cousins, 526
Asthma and the uterine system, 596
Astigmatism in epilepsy, 44
Astragalus mollissimus, 180
Australian wine, Lancet, 281
Bacilli in dietary products, Lancet, 280
Bacteriological prize, 499
Beef teas, Laffan, 274
Belgium, her insane institutions, 356
Best exercise for children, 116
Bi-iodized salicylic in rheumatism, 764
Biology of the pneomococcus, 741
Bitten by a hydrophobic soldier, 691
Blennorrhagia, 39, 596
Blood pressure, temperature, and exhalation in intermittent fever, 741
Bone grafting in man, 198
Bronchiectasis with affection of tibiæ, 401
Brown-Séquard on testicular liquid, 284
Bryonia alba, 286
Calming inflamed skin, Lassar, 451
Calomel as a diuretic, 139
as a diuretic in hepatic cirrhosis, 714
Can carbolic acid cut short enteric fever? 164
Cancer, Haviland, 526
of the stomach, Phelps, 281
Carbolic injections in anthrax, 669
Cardiac failure, Bowie, 499
Case of bronchial calculus, Moscato, 474
of cancer of the eyelid, 356
of cavernous ovaries, 354
of tuberculosis of the vagina without co-existent tuberculosis of other pelvic organs, 333
of re-section of the rib and pleura, for osteochondroma of rib, 500
Castor oil chocolate, 669
Catechu draught, 223
Chest measurements, Mashkovski, 333
Chironia angularis, 190
Chloride of ammonium, 499
of methyl, 403
Chloroanæmia, action of iron in, 333
Chloral in eclampsia, 620
Chlorate of potassium, Coghill, 717
Chloroform and locomotor ataxy, 765
Cholera in Bagdad, 704
bacilli, 526
Chorea attributed to iodoform, 597
Chromic acid for sweating feet, 282
Chronic cold abscesses of glands, 691
Chrysarobin in hæmorrhoids, 621
Cider and typhoid fever, Olinir, 426
Clinical report on sulphonal, 18
Cod-liver oil substitute, 336
Cocaine in vomiting of pregnancy, 596
hallucinations, 715
pills for toothache, 284
Coffee as a vehicle for antipyrin, 764
Compound for whooping-cough, 40
Compression of aorta, Hoyos, 282
Congenital stenosis of pylorus, 476
Consequences of toxic animal foods, 273
Constipation in women, 236
in infants, 70
Contagion of tertiary syphilis, 550
Continuous secretion of gastric juice with decrease of free acid salts, 333
Contraction after burns, Webb, 356
Cremation, 42
Criticism of science, 20
Creasote, 621; formulæ, 620
Creolin in dysentery, Sossowsky, 475
Crude pyroligneous acid in chronic pharyngitis, 17
Cure of bunions by phenic acid, 715
Cure of grave alcoholic hepatitis, 42
Curette and paralysis of the uterus, 404
Death from sublimate after abortion, 621
or abortion, 546
Deaths in London streets, 224
Deodorization of iodoform with tar, 715
Decussation of the conducting fibers of the cord for voluntary movements, 180
Detection of arsenic in the bones, 714
Diagnosis of tumors of the corpora quadrigemina, 308
of cerebro-spinal meningitis by puncture of the liver, 669
Diagnostic tampon and its value in recognition of chronic endometritis, 452
Diarrhœa of phthisis, 90
Dietetic management of keratitis, 283
Diet in chronic Bright's disease, 283
of English soldiers, 262
Diminution of urea in cancer, 549
Diphtheria, 452, 789
Diphtheritic, diphtherial, Macalister, 452
gastritis, or gastric diphtheria, 476
Disease of the nipple, Darier, 224
Disinfection by sulphurous acid gas, 550
Disinfectants for the feces, Foote, 265
Dislocation of the eyeball, 318
Distribution of visceral new growths, 571
Double-jointed people, 333
Dry or moist eczema of scalp, 451
coryza, 381
Dystrophia musculorum, 402
Eau de Cologne, 668
drinking, 404
Economy of nervous energy, 256
Eczema, 621
of all kinds, Lassar, 451
partly cured by vaccination, 164
Electricity in gynæcology, 692
in phthisis, 212
Electrodiagnosis, 190
Electrolysis in surgery, 669
in the treatment of stricture of the rectum, Newman, 283
in stricture of the urethra, 43
Elixir of saccharin, 190
Endo-auscultation, Branchi, 224
Epidemic of phthisis, Marfan, 789
Epithelioma on site of chancre, 105
Ergot in childbed, Pinzoni, 500
in labor, Schatz, 691
Erysipelas, Calvelli, 596
treated with pure alcohol, 476
Erythrophlæin in the eye, 259
Etiology of acute pneumonia, 257
Ether in heart failure, Heitler, 284
Examination of the genitals, 741
Exalgine, 402
Expectorant, 309
Experimental contribution to the infectiousness of tuberculous cattle, 274
Extreme cardiac depression in typhoid fever treated with cocaine, 223
Extirpation of the pancreas, 546
and diabetes, Minkowski, 356
Faradization in ascites, 428
Fatty degeneration of the heart, 353
Feeding in fever, 140
in pregnancy, Wimmer, 281
For acne, Gailleton, 572
aural furuncle, Cholewa, 764
burns, 237
the gastralgia of neurasthenia, 89
infantile eczema, Delapert, 572
phthisis, Rueff, 574
Friction for varices, Kobert, 403
Frost-bites, Lassar, 451
Galactorrhœa, Rosemtery, 426
Gargle in quinsy, 595
Gelatin as a food, 235
Genuine honey, 765
Genesis of unilocular ovarian cysts, 356
General carcinosis, 377
Geographical distribution of disease in Southern India, Bidie, 404
Glycerin, 571
Goitre, 547
Gonorrhœa, 223
Guaicol in phthisis, 284
Gum-chewers' paralysis, 620
Heart in typhoid fever, Pagliano, 764
Heart tonics, Bucquoy, 452
Hellebore in heart, 190
Hepatic incompetence in children, 20
Heredity, 69
Hints in urinary disease, Ultzman, 573
Historic notes, 12
Hoàng-nan, 437
Homeriana in phthisis, 304
Hooping-cough, 42, 309
Hôpital Ricord, 764
How to distinguish antifebrin from phenacetin, 238
Hurried dinners, 280
Hydraces in psoriasis, 547
Hydrate of chloral, Blainville, 574
Hydrofluoric acid in phthisis, 355
Hydrophobia, 17, in Brazil, 115
Hydrotherapeutics for dyspepsia, 475
Hydroxylamin in skin diseases, 216
Hypnotic eccentricities, Tessié, 789
Hypnotism, 117
Hypodermatic injection of salt water, of camphorated oil in adynamia and weakness of the cardiac muscle, 92
Hypo-hematosis, Maurel, 764
Hysteria in men and women, 620
Hysterectomy for fibroids in Vienna, 475
Hysterorrhaphy, 17
Ill effects of antipyrin, Winsgrave, 428
Illicium parviflorum, Barral, 596
In albuminuria, Pharmaceut. Era, 714
Incompatibility of antipyrin with chloral hydrate, Blainville, 547
other drugs, Charles, 574
Incontinence of urine, 355
in children, Descroizilles, 353
Inebriate asylums, Crothers, 765
Infantile asphyxia, 89
morality, 140
typhoid fever, 89
diarrhœa, Critzman, 381
Influence of alimentation on the composition of milk in women, 281, 547
of chloral upon the resisting power of respiratory nervous centers, 43
of the epileptic paroxysm upon the elimination of medicine, 43
of electric light upon the eyes, 378
of internal heat on convulsions, 190
of nervous excitation on saliva, 89
of permanganate of potassium on menstruation, Stephenson, 402
Injection for uterine cancer, Cheron, 353
Instantaneous remedy for lumbago, 596
Intercricothyroidean laryngotomy, 231
Interesting figures, 236; case, 44
Internal use turpentine in diphtheria, 789
Intertrigo, Lassar, 451
Intestinal occlusion treated by electricity, Hérard, 380
Intubation of the larynx in diphtheritic laryngitis, 256

Intussusception, 237
Iodide of potassium in heart disease, 716
Iodine for warts, Mosse, 717
Is leprosy hereditary? Ortman, 597
oatmeal digestible? 68
Judicial medicine in Austria, 403
Jugulating pneumonia, Petrescü, 499
Labor complicated by the administration of one-fifth grain of strychnine, 475
Lactose, a new diuretic in diseases of the heart, Sée, 353
Laxative saline mixture, 404
pills, 381 powder, 381
Light in the sick-room, Richardson, 476
Loomis' Diarrhœa mixture, 282
Mammary cancer, 547
Manganese in dysmenorrhœa, 402
Manual evacuation of the bladder, 320
Massage of abdomen and lumbar region as a diuretic, Polubinski, 333
Matinal diarrhœa, Chauvet, 715
Means of disguising taste of quinine, 91
Mechanical treatment of erysipelas, 843
Medical effects of unroasted coffee, 141
education and practice, 210
misconceptions about lithium, 692
Mercuric chloride as antiseptic, 789
Mercury for hypodermic injection, 765
Method of treating phthisis, 526
Microbes, 187
never conveyed in the air, 620
Migraine, 286 and 692
Mixed anæsthesia, 120
typhus and typhoid fevers, 428
Mixture for fissures of the breast, 280
for whooping-cough, 42, 72
Modern waste of health, Oswald, 333
Modifications of egg-albumen, 500
Motor activity of human stomach, 334
Moral and sanitary use of housetops, 98
Morphine and codeine, 188
Muscular antagonism, 189
Naphthol in granular conjunctivitis, 188
camphor, Pharm. Jour., 570
Nasal catarrh, 282 and 381
insufflations, 42
myxomata, 305
Nature of infantile pneumonia, 403
Need of drinking more water, Jacobi, 280
Nerve-stretching in tabes, 310
Nitro-glycerin *vs.* alcohol, 282
Nephritis, sequel of whooping-cough, 378
Neurasthenia or nervous exhaustion, 44
New antidote for morphine, 353
antipyretic pyrodine, a warning, 70
name preferred, 42
procedure for tattoo-marks, 257
theory of inflammation, 19
treatment of aneurysm, 353
use of the phonograph, 404
sign of pericarditis, 309
Nitrate of ethyl and spirit of nitre, 209
Note on the dilution of cow's milk in infant feeding, Smith, 274
Number of physicians to inhabitants, 236
Nutritive value of blood, Hunter, 402
Ointments, 547
Oil of yellow sandalwood in diseases of the genito-urinary system, 402
Obesity and sterility, 716
Oleate of zinc in gynæcology, 43
One year of acetanelide, Love, 403
On action of erythrophlæin on heart, 256
Operation of lingual cancer, 843
for incontinence of urine, 380
Ophthalmic migraine, Piéchaud, 381
Osseous grafting, Poncet, 789
Overfeeding of infants, Love, 280
Ozæna vera, 474
Pampoukis and solon chomatianas, 332
Paraldehyde and sulphonal, Hay, 402
Paranoia; delusions of jealousy, 493
Parasitic troubles, Lassar, 451
Pathology of gout, Legrand, 427
of miners, Fabre, 597
Pathological inferiority of left side, 452
Pepsin, Bourget, 356
Pernicious vomiting of pregnancy, 692
Pharmaceutic specialties in England, 237
Phenacetine, Mahnert, 284
and antipyrin, 355
Phosphorated cod-liver oil, 333
Phosphorus poisoning, 43
Physiological action of hedwigia, 259
of sand baths, Vratch, 765
Picrotoxin as antidote to morphine, 310
Pills for threatened miscarriage, 381
Pilocarpine in hystero-epilepsy and maniacal excitement, 474
Plasmodium of Marchiafava and Chilli, Golgi, 741
Poisoning from butter, 282
by hydrochloric acid, 190
Poisoned by rye bread, 504
Political and moral sciences, 572
Pomade for chapped hands, 620
Post-mortem sweating, Cones, 224
Powder for ozœna, 333
Powder stains on the skin, 353
Precautions against tuberculosis, 281
Prevention of urethral fever, 209
of dental caries, 381
Preventive treatment of erysipelas, 550
Prognosis of cirrhosis of the liver, 426
Propagation measles and diphtheria, 307
Prophylaxis of typhoid fever, 89
Proteus hominis capsulatus, 310
Pruritus, Lassar, 451
Puerperal eclampsia, 17
Purgative chocolate, Giraud fils, 381
Pus in urine, 621
Pyrodine, the new antipyretic, 43, 70
Quinine and hæmoglobinuria, 332
Reaction of degeneration in a case of primitive sciatica, 42
Rebellious night sweats, 621
Relation of malarial and typhoid fevers to phthisis, Seaverus, 224
Remarks on gall-stones, their treatment with olive oil, 19
Remedy in early quinsy, 499
Remote effects of otitis, 92
Result of inhalation of pure chloride of ethylene upon the eye, 90
Retinal hemorrhages, malarial 190
Rhinoscopic examinations, Dorn, 546
Roman baths at Treves, 259
Rupture of the right phrenic nerve, 526
Saccharine, Paul, 427
hydroxylamine, 190
Salicylate of mercury, 403
Saline hypodermic injections in post-partum hemorrhage, Münchmeyer, 843
Seasickness, 286
Seborrhœa sicca, 148
Secondary post-partum hemorrhage, 572
Senile microbio-mania, Malinconico, 426
Sexual development, Tait, 452
Significance of cough and the use of expectorants, 240
Singular error in diagnosticating a breech presentation, Koviot, 497
So-called elixir of life, Loomis, 427
Some late formulas, 332
points in of typhoid fever, 285
tenotomies for the heterophoria, 43
Somnal, Can. Phar. Jour., 692
Sozoiodol, 211
Squibb's diarrhœa mixture, 282
Starving the teeth, Analyst, 284
State of blood after epileptic fit, 378
Statistics of dreams and sleep, 356
Sterilized lint, Regnier, 717
Streptococcus diphtheriæ, Prudden, 426
Subcutaneous escape of lymph, 282
Subdural hemorrhage from abnormally situated cerebral veins, 402
Success of M. Pasteur's system, 491
Succinamide of mercury in subcutaneous injections in syphilis, 190
Sugar in urine of puerperal women, 843
Sulfonal, Boethrick, 595
Summer complaint, 244, 281, 282
Suppositories for endometritis, 596
Suppository for cystitis, 141
Suppurative calculous cholecystitis, 378
Supposed bacillus of cancer, 335
Surgical notes, 356
treatment of volvulus, Senn, 843
Sycosis menti, 44
Sympathetic ganglia, the, White, 426
Symptoms of cocaine poisoning, 90, 237
Syphilitic alopecia Besnier, 550
Tabes dorsalis, Inglis, 403
Terebene in the cough of phthisis, 115
Test for mercury in the urine, 115
for sugar in the urine with the phenylhydrazins, 91
Therapeutic action of jaborandi, 91
Thermo-palpitation, Ketli, 764
Thielemann's diarrhœa mixture, 282
Thymol in typhoid fever, 259
in diabetes, 237
Tincture drosera in hooping-cough, 142
Tolerance of the tissues, Chauvel, 764
Toxic action of edible mushrooms, 305
Treatment of brick-dust deposit, 116
of dropsy with milk diet, 68
of burns of the eye, Trousseau, 597
of chlorosis, 595
of diphtheria, Gaucher, 115, 572, 620
of diphtheritic conjunctivitis, 574
of eczema, Unna, 428
of epilepsy by constant current, 189
for excessive menstruation, 381
of iodism, 789
of itch at Hospital St. Louis, 285
of leprosy, Donnet, 491
of ataxia by suspension, 335
of nævi by electrolysis, 188
of obesity, Revue de Ther., 715
of puerperal septicæmia by curetting the uterus, Chartier, 380
of phthisis, 164
of piles, 235
of placenta prævia, Hicks, 572
of scarlatina and complications, 260
of typhoid fever, 69.
Tribune fresh air fund, 333
Tubercular, tuberculous, Macalister, 452
Tuberculous cattle, Klein, 281
infection through ear-rings, 499
Tuberculosis in surgical aspects, 404
Turpentine in croup, Léwentaner, 353
baths for rheumatic pains, 333
in the bronchitis of children, 90
Ueber die methode um der contagiosität der tuberc. sputa vorzebeugen, 235
Uncomplicated pertussis, Irwin, 491
Upon the ferments in the urine, 91
the test for albumen in the urine, 90
Ural; a new hypnotic, Poppi, 427
Urea and uric acid in urine of ill, 239
Urine and the fluid of ascites in cirrhosis of the liver, 331
Uses of antifebrin, Salhi, 596
Use of ice, the, 426
Uterine carcinoma, Kaltentach, 426
tuberculosis, 621
Vaccinal syphilis, Herrieux, 550
Vaccination against tuberculosis, 741
of the newborn, Wolff, 381
on the leg, Med. Press and Circ., 717
Valerianic ether, 620
Value of creolin in ophthalmic cases, 258
Vascular nævi, Holgate, 262
Vaseline with morphine, Richardson, 550
Velpeau's diarrhœa mixture, 282
Volatile oil of coriander, 403
Weil's disease, 330
Women's food after confinement, 283
What to eat, Analyst, 284
Year's work in abdominal surgery, 331